International Journal of Innovative Psychology & Social Development 14 (3):303-316, July-Sept, 2026

© SEAHI PUBLICATIONS, 2026 www.seahipublications.org ISSN: 2467-8546

DOI:10.5281/zenodo.22091820

Relationship Between Borderline Personality Disorder And Self harming behaviours Among Female Adolescent Students In Obio/Akpor Local Government Area Of Rivers State

Adeyinka Beatrice Chigozim

Department of Educational Psychology, Guidance and Counseling
University of Port Harcourt, Port Harcourt, Nigeria

ABSTRACT
This study investigated relationship between borderline personality disorder and self harming behaviours among female adolescent in Obio/Akpor Local Government Area of Rivers State**.** The design for the study is correlational research design. The population of this study consists of 7659 SS2 adolescent female students in 28 public senior secondary schools in Obio/Akpor Local Government Area of Rivers State. A sample size of 447 female adolescent students was gotten using Taro Yemen formula. Multi-stage sampling procedure was adopted for the study. Two adapted instruments were used for the study, The first was A-20 items instruments titled "Borderline Personality Disorder Questionnaire (BPDQ)" and The second was A-30 items instruments titled; "Self Harming Behavior Questionnaire (SHQ)". Research instruments were validated by the supervisor and other two experts in the field of Measurement and Evaluation, from Department of Educational Psychology, Guidance and Counselling University of Port Harcourt. Both Face and content validities of the instrument were done. Cronbach Alpha statistics was used to determine the internal consistency of the instrument. The reliability coefficients of 0.88, 0.70, 0.86, 0.71 for borderline personality disorder, risky sexual behaviour, drug abuse and self burning behaviour respectively which establishes that the instruments are reliable enough for the study. Pearson Product Moment Correlation (PPMC) was used to answer all the research questions, P-value associated to PPMC was used to test the corresponding null hypotheses at 0.05 level of significance with the use of Statistical Packages for Social Sciences (SPSS) version 23. The study concluded that Borderline Personality Disorder (BPD) is associated with certain maladaptive behaviours among female adolescent secondary school students in Obio/Akpor Local Government Area of Rivers State. The study then recommends among others that schools should provide early psychological screening, counselling, and drug-abuse prevention programmes for female adolescents showing characteristics of BPD, since a significant relationship was found between BPD and drug abuse behaviours.
Keywords: Borderline Personality Disorder Self Harming Behaviours, Risky Sexual Behaviour, Drug Abuse and Self Burning.

INTRODUCTIONS

Borderline Personality Disorder (BPD) is a severe and enduring mental health condition characterized by pervasive instability in mood, self-image, and interpersonal relationships. This disorder often manifests in adolescence or early adulthood, a critical developmental period marked by significant emotional and

psychological changes. One of the most distressing and dangerous behaviours associated with BPD is self-harm, which is particularly prevalent among female adolescents. Borderline Personality Disorder (BPD) is a significant public health concern due to its high prevalence and severe impact on individuals and society. It is a complex and multifaceted mental health disorder affecting approximately 1-6% of the general population. It is characterized by intense emotional experiences, impulsivity, fear of abandonment, and unstable interpersonal relationships. Among those diagnosed, self-harming behaviours, including cutting, burning, and other forms of self-injury, are alarmingly common. Studies indicate that up to 75% of individuals with BPD engage in self-harm, with female adolescents being particularly vulnerable (Leichsenring et al., 2021).

Self-harming behaviours in the context of BPD serve as maladaptive coping mechanisms to manage overwhelming emotions, dissociation, or feelings of emptiness. These behaviours provide temporary relief from emotional distress but can lead to severe physical injuries, increased risk of suicide, and significant psychological impairment. Understanding the specific dynamics that contribute to the high prevalence of self-harming behaviours in female adolescents with BPD is crucial for developing effective prevention and intervention strategies.(Selby et al., 2020). BPD is characterized by a pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships, and self-image. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), outlines nine criteria for diagnosing BPD, including intense fear of abandonment, unstable relationships, identity disturbance, impulsivity, recurrent suicidal behaviour or self-harm, affective instability, chronic feelings of emptiness, inappropriate anger, and transient stress-related paranoid ideation or severe dissociative symptoms (American Psychiatric Association, 2013). Individuals with BPD often experience intense emotional pain and suffering, which can lead to significant impairment in social, occupational, and other important areas of functioning. Genetic predisposition and neurobiological abnormalities play significant roles in the development of BPD and self-harming behaviours. Neuroimaging studies have identified structural and functional abnormalities in brain regions involved in emotion regulation, impulse control, and stress response, such as the amygdala, prefrontal cortex, and anterior cingulate cortex (Ruocco et al., 2013). These neurobiological alterations may contribute to the heightened emotional sensitivity and impulsivity observed in individuals with BPD.

Linehan's biosocial model posits that BPD arises from the interaction between biological vulnerability and an invalidating environment (Linehan, 1993). Individuals with BPD experience heightened emotional sensitivity and have difficulty regulating their emotions. When exposed to environments that dismiss or invalidate their emotional experiences, they may develop maladaptive coping strategies, such as self-harm, to manage their intense emotions. Cognitive-behavioural theories also highlight the role of distorted thinking patterns, such as black-and-white thinking and catastrophizing, in perpetuating self-harming behaviours.

Sociocultural factors, including gender norms, cultural expectations, and social dynamics, significantly influence the expression and perception of self-harming behaviours. Female adolescents may face unique stressors related to body image, societal expectations of emotional expression, and relational dynamics, which can exacerbate their emotional distress and increase the likelihood of self-harm. Cultural attitudes towards mental health and help-seeking behaviours also play a crucial role in shaping the experiences of female adolescents with BPD.

Research has consistently documented the high prevalence of self-harming behaviours among female adolescents with BPD. Studies indicate that self-harm is a chronic and recurrent behaviour in this population, with many individuals reporting multiple methods and episodes of self-injury. The relationship between BPD and self-harm is further complicated by comorbid conditions, such as depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse, which can exacerbate the frequency and severity of self-injurious behaviours (Zanarini et al., 2011).

Research has identified several risk factors for self-harming behaviours in female adolescents with BPD, including early childhood trauma, abuse, and neglect. Adverse childhood experiences (ACEs) are significantly associated with the development of BPD and subsequent self-harming behaviours. These experiences can disrupt the development of healthy coping mechanisms and contribute to the emotional

dysregulation characteristic of BPD. The prevalence of self-harm is widespread, impacting a larger number of individuals than one might anticipate. Self-harm encompasses any actions in which an individual inflicts harm upon themselves, often as a means of coping with challenging or distressing thoughts and emotions. This behaviour commonly manifests through cutting, burning, or engaging in nonlethal overdoses. However, it extends to any conduct resulting in injury, regardless of the severity or risk involved. Essentially, any behaviour causing harm or injury as a method of managing intense emotions can be identified as self-harm.

In contemporary understanding, self-harm is now categorized into nonsuicidal self-injury (NSSI) and suicidal behaviour (SB). These manifestations are prevalent in psychiatric populations, gaining particular significance within the framework of borderline personality disorder (BPD). They serve as observable indicators of deeper issues related to emotion regulation, impulse control, and interpersonal relationships. Consequently, individuals diagnosed with BPD face an increased likelihood of participating in NSSI or SB, along with a heightened risk of premature mortality. Research suggests that the prevalence of NSSI in adolescents is approximately 17% and 6% in adult samples of the general population Klonsky (1985), and prevalence rates of 95% and 90% have been reported for adolescent and adult samples with BPD, respectively Goodman, Tomas, Temes, Fitzmaurice, Aguirre, & Zanarini (2017). The most prevalent forms of NSSI are deliberate cutting (e.g. with knifes, razors, or broken pieces of glass) among women and hitting one's body among men (Klonsky, Muehlenkamp, Lewis, & Walsh, 2011).

Self-harm usually starts as a way to relieve the build-up of pressure from distressing thoughts and feelings. This might give temporary relief from the emotional pain the person is feeling. It's important to know that this relief is only temporary because the underlying reasons still remain. Soon after, feelings of guilt and shame might follow, which can continue the cycle. Because there may be some temporary relief at the start, self-harm can become someone's normal way of dealing with life's difficulties. This means that it is important to talk to someone as early as possible to get the right support and help. Learning new coping strategies to deal with these difficulties can make it easier to break the cycle of self-harm in the long term. While it is true that anyone can be affected by self-harm, Adolescents are more likely to self-harm than others because of the stage they are in their lives which makes them more sensitive to things that are happening with friends, family or at school, or a combination of these. Someone's reason for self-harm can be very different from other people who self-harm.

According to Nock (2009), some of the reasons that young people report as triggers or reasons that lead them to self-harm include difficulties at home, arguments or problems with friends, school pressures, bullying, depression, anxiety, low self-esteem, transitions and changes, such as changing schools, alcohol and drug use. When a few of these issues come together, they can quickly feel overwhelming and become too much for one person to deal with. As one young person said, many people self-harm to 'get out the hurt, anger and pain' caused by pressures in their lives. They hurt themselves because they didn't know what else to do and didn't feel like they had any other options

Self-harm not only precedes borderline personality disorder (BPD) but also interacts with BPD features, such as affective and interpersonal instability. In this context, the fundamental symptoms of BPD can be viewed as contributing to the perpetuation of self-harm, this study will further investigate how self-harm behaviours such as Risky sexual behaviour, self-mutilation/cutting, Drug misuse and abuse, Anorexia nervosa, compulsive exercise and self-burning relates with borderline personality disorder among female secondary school students in Obio Akpor Local Government Ares of Rivers State. In our daily lives, we often encounter individuals whose perceptions of the world and interactions with others may seem disconnected from what we consider as the norm. These individuals can be our neighbors, co-tenants, friends, colleagues, or even our spouses. It takes time to recognize and understand that these individuals may be experiencing a condition known as borderline personality disorder (BPD).

Borderline personality disorder (BPD) is characterized by a pervasive pattern of intense negative affect, maladaptive impulsive behaviour, and interpersonal difficulties. Emotional dysregulation is often described as the central feature of BPD. Theoretical accounts generally suggest that people with BPD have a biologically based tendency to experience negative emotions that are easily triggered, intense, and long lasting Linehan. Although a vast body of research has shown that the cause of BPD across the life

span is characterized by high rates of symptomatic remission, the majority of patients never fully recover with respect to psychosocial functioning, Soloff, & Chiappetta (2019).

BPD is a mental health condition that profoundly affects how a person thinks, feels, and behaves, causing disruptions in their everyday life. Borderline personality disorder is the most commonly recognized personality disorder, characterized by difficulties in regulating emotions and relating to others. Individuals with BPD may struggle with emotional control, leading to the emergence of intense and often negative emotions that are noticeable to those around them. The erratic nature of emotions and behaviours associated with BPD can lead to difficulties in personal and professional relationships and may contribute to a sense of isolation to them to seek the necessary help and support. Much of the dysfunctional, impulsive behaviour seen in BPD, including self-harm, substance abuse, and angry behaviour toward others, has been conceptualized as maladaptive attempts to reduce or avoid intense negative affect Chapman et al., 2006, Nock and Prinstein, (2004). Individuals with borderline personality disorder often experience intense and rapidly shifting mood swings. These mood swings can fluctuate between positive and negative emotions within a matter of hours, causing significant distress. While the specific pattern of mood swings varies from person to person, many individuals with this condition tend to feel better in the morning and worse as the day progresses. However, this pattern can be reversed in some cases. Specific negative emotions or mood states commonly elevated in BPD include anger, anxiety, shame, and depression (Koenigsberg et al., 2002).

One common characteristic among those affected by this condition is the unpredictability of their mood swings, which can lead them to transition rapidly from elation to despair. Negative emotions, such as shame, terror, panic, and rage, can be particularly intense for individuals with borderline personality disorder. Additionally, they often experience prolonged feelings of loneliness, a sense of unfulfillment, emptiness, and despair. It is important to recognize and understand the intense emotional turmoil experienced by individuals with borderline personality disorder. Providing them with support, empathy, and access to appropriate mental health resources can play a crucial role in helping them navigate their emotions and improve their overall well-being.

As mentioned previously, individuals with borderline personality disorder often experience shifting emotions and may engage in self-destructive behaviours. These behaviours can include self-harm as a means to seek attention, as well as substance abuse. This behaviour seems to occur at higher rates among adolescents and young adults with 15% to 38% of college students reporting to engage in Self harming behaviours, Kuentzel JG et al (2012). In female adolescents, this disorder can lead to feelings of low self-esteem and constant uncertainty about their long-term goals in life. Their career plans, friendships, relationships, and even personal values can be unstable over time, often conflicting with the values held by others and resulting in conflicts. These adolescents often practice self-harm behaviours because self-mutilation is often an attempt to manage intense feelings Gratz (2007).

Borderline personality disorder is more commonly diagnosed in females than males, and potential causes of the condition can include genetic predisposition and past traumatic experiences. Research indicates a link between childhood trauma, such as physical, emotional, or sexual abuse, and the development of borderline personality disorder later in life. Sexual abuse, in particular, has been identified as a significant factor, which may explain the higher incidence of the disorder in females. Individuals who are diagnosed with borderline personality disorder retrospectively reported high and severe rates of emotional and sexual abuse, as well as increased parental loss and neglect McLean & Gallop, (2003); Roberts et al., (2008). However, it is essential to consider multiple factors, including structural abnormalities in the brain and other environmental influences, when diagnosing the condition.

Individuals with borderline personality disorder often exhibit fluctuating behaviours, such as being talkative or extremely quiet interchangeably. They tend to have a subjective view of truth and may distort events or manipulate others to support their arguments or emphasize their points. Despite potential academic challenges, they strive to prove their intelligence and understanding of various subjects. They are often unwilling to take responsibility for their actions and readily blame others, criticizing them for not meeting certain values. Identity disturbances are some of the core domains of borderline personality disorder comprising of an unstable self-concept and high self-criticism –DSM 5. Self Esteem, a global

attitude of feeling of self, Sedikides & Gregg (2003), is also very low in persons with BPD Bungert et al., (2015). The value system these individuals hold affects their perception of others and their own self-worth. They may experience a sense of fragmentation and episodes of real or imagined victimization. In relationships, they may create crises and assume the role of the victim, which can lead to friction and emotional turmoil. Their feelings towards others can quickly shift from admiration or love to anger or dislike, particularly if they feel disappointed or perceive a loss of esteem. Reasoning with individuals with borderline personality disorder can be challenging as they firmly believe they are correct, leading to increased stress, conflicts, and difficulties in finding common ground within relationships. This phenomenon is referred to as "splitting." The study investigated the relationship between borderline personality disorder and self-harming behaviours among female adolescents. Factors such as risky sexual behaviours and drug misuse and self-cutting were investigated to assert their relationship with borderline personality disorder.

Risky Sexual Behaviour is one of the borderline personality disorders to be investigated in the study to determine its relationship with self-harming behaviours among female adolescents. According to the World Health Organization (WHO), risky sexual behaviour is defined as "any sexual activity that increases the risk of negative physical, emotional, or social consequences, including unintended pregnancy, sexually transmitted infections (STIs), and emotional distress." This can include having unprotected sex, having sex with multiple partners, engaging in sexual activity while under the influence of drugs or alcohol, and engaging in sexual activities that are illegal or considered taboo. Other examples of risky sexual behaviour may include exchanging sex for money or other resources, engaging in sexual activities that are non-consensual or coerced, and having sex with someone who has an STI.

Drug misuse refers to the use of drugs in a way that is different from what is prescribed or intended, even if the drug is obtained legally. This includes taking a drug in higher doses than prescribed, taking someone else's prescription drugs, or using drugs for purposes other than their intended use (such as using prescription painkillers to get high). While drug misuse is not necessarily indicative of a substance use disorder, it can increase the risk of addiction and other negative consequences. For decades, clinicians and researchers have recognized that borderline personality disorder (BPD) and substance use disorders (SUDs) are often diagnosed within the same person (e.g., Gunderson JG). Drug abuse refers to the chronic use of a drug despite negative consequences on physical, mental, or social well-being. This can include using drugs in dangerous situations, experiencing withdrawal symptoms when not using, and continuing to use drugs even when they are causing problems at work, school, or in relationships. Drug abuse is considered a serious problem that can lead to addiction, serious health problems, social isolation, legal troubles, and even death. Adolescent females are particularly vulnerable to substance use disorders. This vulnerability may be due to a combination of genetic, environmental, and cultural factors, as well as unique developmental factors such as puberty and social pressures." - National Institute on Drug Abuse (NIDA), 2014. Adolescent girls with borderline personality disorder may use drugs as a way to cope with the intense emotional pain and distress associated with this condition (Marsha, & Linehan, 2023). There is evidence to suggest that female adolescents with borderline personality disorder (BPD) are at higher risk for drug use and abuse compared to their peers without BPD.

Self burning is one of the independent variables to be investigated in the study to determine its relationship with self harming behaviours among female adolescents .Self-burning, also known as self-immolation, is the intentional burning of one's own body. It is a serious form of self-harm that can lead to serious injury or death (American Psychiatric Association, 2013). There are a number of reasons why people might self-burn. Some people use it as a way to cope with intense emotions, such as anger, sadness, or despair. Others use it to punish themselves or to feel in control. Still others use it to gain attention or to express their pain, but people with BPD are at an increased risk for developing this behaviour. People with Borderline Personality Disorder (BPD) often resort to self-harm as a means of coping with intense emotions and impulsive actions. Self-burning, a form of self-harm, may serve as a mechanism for releasing endorphins, which can induce mood improvement. Additionally, self-burning might be employed as a distraction from negative thoughts and emotions. Self-burning is a dangerous and unhealthy way to cope with difficult emotions. Adolescent females are at an increased risk for self-

burning. According to the National Institute of Mental Health, approximately 17% of adolescent girls in the United States have engaged in self-harm at some point in their lives.

The relationship between borderline personality disorder and self-harming behaviours among female adolescents is a multifaceted and complex issue that demands a holistic and integrated approach. By examining the biological, psychological, and sociocultural dimensions of this relationship, one can gain a deeper understanding of the factors contributing to self-harm and develop effective interventions to support affected individuals. The need for ongoing research, targeted treatment, and informed policy measures is paramount in addressing the challenges faced by female adolescents with BPD and promoting their mental health and well-being.

The study is hinged on the Biosocial Theory developed by Marsha Linehan in 1990. The theory posits that borderline personality disorder (BPD) develops through the interaction between biological vulnerabilities and environmental factors. This perspective is particularly relevant to understanding the development and maintenance of BPD and associated self-harm behaviours among adolescents. According to the theory, individuals may possess biological predispositions that make them highly sensitive to emotional stimuli, while environmental experiences can either reinforce or worsen this vulnerability, resulting in persistent difficulties with emotional regulation.

Biological vulnerability is reflected in genetic, neurobiological, and temperamental factors. Research suggests that genetic factors contribute to the development of BPD traits, while neurobiological abnormalities, including dysregulation of the serotonin system, may contribute to the emotional instability associated with the disorder (Crowell et al., 2009). Adolescents with BPD may also demonstrate temperamental characteristics such as heightened emotional sensitivity, intense emotional reactions, and difficulty returning to emotional baseline following distress (Linehan, 1993). These biological and temperamental vulnerabilities can increase susceptibility to intense emotional experiences and make adolescents more likely to adopt maladaptive coping strategies, including self-harm, when they experience overwhelming emotions.

Environmental factors are equally important in the Biosocial Theory. Adolescents who experience childhood trauma, abuse, neglect, or inconsistent emotional support may be exposed to environments that invalidate their emotional experiences. An invalidating environment occurs when an individual's thoughts, feelings, or emotional expressions are dismissed, criticized, punished, or treated as inappropriate. Such experiences may interfere with the development of effective emotion-regulation skills and increase vulnerability to BPD symptoms and self-harm behaviours (Hughes et al., 2017). Similarly, negative peer relationships, bullying, rejection, and social isolation can reinforce feelings of worthlessness and emotional instability. Broader cultural and social expectations that discourage the expression of distress may also contribute to emotional invalidation and further intensify difficulties with emotional regulation.

Empirical evidence supports the importance of both biological and environmental influences in understanding BPD. Genetic research indicates that BPD-related traits have a heritable component, with twin studies reporting greater similarity in relevant traits among monozygotic twins than dizygotic twins (Distel et al., 2008). Neurobiological research has also identified differences in brain regions involved in emotional processing and regulation, including the prefrontal cortex and amygdala, among individuals with BPD (Silbersweig et al., 2007). These findings suggest that biological vulnerabilities may predispose some adolescents to heightened emotional reactivity and difficulties with emotional control.

Environmental experiences can further strengthen these vulnerabilities. Research has shown that many individuals with BPD report histories of childhood abuse, neglect, and other adverse experiences (Zanarini et al., 2014). Such experiences may contribute to persistent emotion dysregulation, particularly when adolescents lack supportive relationships through which they can learn appropriate ways of understanding and managing their emotions. Invalidating family environments, emotional neglect, and abusive interactions may therefore increase the likelihood that adolescents will rely on maladaptive behaviours, including self-harm, as a means of coping with intense psychological distress (Johnson et al., 2002).

The Biosocial Theory therefore provides a useful framework for explaining the relationship between BPD and self-harm among female adolescent secondary school students. The theory suggests that self-harm does not arise from biological vulnerability or environmental adversity alone but from their interaction. Biological sensitivity to emotional stimuli may make an adolescent more vulnerable to intense emotional reactions, while an invalidating environment may prevent the development of effective emotion-regulation skills. Consequently, chronic emotional dysregulation may emerge and be expressed through maladaptive behaviours such as self-harm. The theory also provides an important basis for intervention because effective treatment can address both emotional vulnerabilities and environmental influences. Interventions such as Dialectical Behaviour Therapy, which emphasizes emotion regulation, distress tolerance, interpersonal effectiveness, and acceptance, can help adolescents develop healthier strategies for managing emotional distress and reducing self-harm behaviours. Thus, the Biosocial Theory offers a comprehensive explanation of how biological predispositions and environmental experiences interact to influence BPD and self-harm among adolescents.

Furthermore, the increased cases of self harmed cases particularly among female adolescents who are suffering from undiagnosed personality disorder is alarming. Some students are engaging in self cutting behaviours as defense mechanism towards coping with psychological distress and social issues in their family. Most adolescents are indulging in lots of behaviours, desirable and undesirable to find out how it feels like to be involved in it. Because of their vulnerable nature they are most times trapped by behaviours that may be detrimental to their health/life. Consequently they become frustrated, depressed and indecisive, hence resorting to self harm as a remedy to solving their emotional trauma.

Publish papers, media channels and Ngo's are alarming the increased recorded cases of persons who self harmed using Snipper and some of these cases led to suicide, In a study by the Suicide Research and Prevention Initiative (SUPRIN) conducted in Lagos State University Hospital. Out of 66 suicide victims cumulatively recorded in 2018, only about 37.9 per cent committed (or attempted) suicide through conventional means, while nearly 62.1 per cent bit the dust by consuming poison — often Sniper. More worrisome is that in Nigeria, the issue of self harm prevention has not received the attention it deserves. There are insufficient sensitisation exercises where self harming behaviours is presented as a significant public health concern. Furthermore, under-reporting and lack of more detailed data also remains a problem in developing a strategy for self harm prevention in Nigeria, as a substantial number of self harm cases go unreported or are inaccurately documented, due to cultural stigmatization and social taboos surrounding the phenomenon. Hence, the study investigated the relationship between borderline personality disorder and self-harming behaviour among female secondary school adolescents in public schools in Obio/Akpor local government area of Rivers State.

The following research questions were answered in this study.

1. To what extent does Borderline Personality Disorder (BPD) relate to Risky sexual behaviours among female adolescents' secondary school students in Obio/Akpor Local government area of Rivers State?
2. What is the extent of the relationship between Borderline personality disorder (BPD) and drug abuse among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State?
3. To what extent does Borderline Personality Disorder relates to self-burning among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State?

The following null hypotheses were tested at 0.05 level of significance

1. There is no significant relationship between borderline personality disorder and risky sexual behaviours among female adolescents' secondary school students in Obio/Akpor Local government area of Rivers State.
2. There is no significant relationship between borderline personality disorder and drug abuse behaviours among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State.

3. Borderline personality disorder does not significantly relate to self-burning behaviours among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State.

METHODOLOGY

The design for the study is correlational research design. The population of this study consists of 7659 SS2 adolescent female students in 28 public senior secondary schools in Obio/Akpor Local Government Area of Rivers State. A sample size of 447 female adolescent students was gotten using Taro Yemen formula. Multi-stage sampling procedure was adopted for the study. Two adapted instruments were used for the study, The first was A-20 items instruments titled "Borderline Personality Disorder Questionnaire (BPDQ)" and The second was A-30 items instruments titled; "Self Harming Behavior Questionnaire (SHQ)". Research instruments were validated by the supervisor and other two experts in the field of Measurement and Evaluation, from Department of Educational Psychology, Guidance and Counselling University of Port Harcourt. Both Face and content validities of the instrument were done. Cronbach Alpha statistics was used to determine the internal consistency of the instrument. The reliability coefficients of 0.88, 0.70, 0.86, 0.71 for Borderline Personality Disorder, Risky Sexual Behaviour, Drug Abuse and Self Burning Behaviour respectively which establishes that the instruments are reliable enough for the study. Pearson Product Moment Correlation (PPMC) was used to answer all the research questions, P-value associated to PPMC was used to test the corresponding null hypotheses at 0.05 level of significance with the use of Statistical Packages for Social Sciences (SPSS) version 23.

RESULTS

Research Question One: *To what extent does Borderline Personality Disorder (BPD) relate to Risky sexual behaviors among female adolescents' secondary school students in Obio/Akpor Local government area of Rivers State?*

Hypothesis One: There is no significant relationship between borderline personality disorder and risky sexual behaviors among female adolescents' secondary school students in Obio/Akpor Local government area of Rivers State.

Table 1: Pearson Analysis of Relationship between Borderline Personality Disorder and Risky Sexual Behaviors among Female Adolescents' Secondary School Students

Variables	N	r	r^2	p	alpha	Decision
Borderline Personality Disorder		-.081	0.006	.088	0.05	**Not significant**
vs	447					
Risky Sexual Behaviors						

The table 1 presents the results of a Pearson Product Moment Correlation analysis, examining the relationship between Borderline Personality Disorder (BPD) and risky sexual behaviors among female adolescents' in secondary school students. The correlation coefficient (r) indicates the strength and direction of the relationship between borderline personality disorder and risky sexual behaviors. The correlation coefficient r obtained is -0.081. The correlation coefficient (r) value of -0.081 indicates a negative correlation of the relationship between borderline personality disorder and risky sexual behaviors. Meaning that as BPD increases, there will be a corresponding decrease in risky sexual behaviour among secondary school students. The value of -0.081 also suggests a relatively weak correlation between the two variables. A weak negative correlation between borderline personality disorder and risky sexual behaviors means that there is a relationship between the two variables, but the strength of this relationship is relatively very low. The table also reveals an r^2 value of 0.006. This value

indicates that Borderline Personality Disorder accounts for only 0.6% variation in risky sexual behaviour among secondary school adolescents.

To test the hypothesis of no significant relationship between borderline personality disorder and risky sexual behaviors among female adolescents' in secondary schools, a p-value of 0.08 was realized. Hence, since ($p = 0.08 > 0.05$) is higher than 0.05, the null hypothesis was retained and the alternate rejected meaning that there is no significant relationship between Borderline Personality Disorder and risky sexual behaviour among adolescents in secondary schools in Obio/Akpor local Government Area of Rivers State.

Research Question Two: *What is the extent of the relationship between Borderline personality disorder (BPD) and drug abuse among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State?*

Hypothesis Two: There is no significant relationship between borderline personality disorder and drug abuse behaviors among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State.

Table 2: Pearson Analysis of Relationship between Borderline Personality Disorder and drug abuse behaviors among Female Adolescents' Secondary School Students

Variables	**N**	**r**	**r^2**	**p**	**alpha**	**Decision**
Borderline Personality Disorder		.114	0.01	.016	0.05	**significant**
vs	447					
Drug Abuse Behaviors						

The table 2 presents the results of a Pearson Product Moment Correlation analysis, examining the relationship between Borderline Personality Disorder (BPD) and Drug Abuse Behaviours among female adolescents' in secondary school students. The correlation coefficient (r) indicates the strength and direction of the relationship between borderline personality disorder and drug abuse behaviours. The correlation coefficient r obtained is .114. The correlation coefficient (r) value of .114 indicates a positive correlation of the relationship between borderline personality disorder and drug abuse behaviours. Meaning that as BPD increases, there will be a corresponding increase in drug abuse behaviours among secondary school students. The value of .114 also suggests a relatively weak correlation between the two variables. A weak positive correlation between borderline personality disorder and drug abuse behaviours means that there is a relationship between the two variables, but the strength of this relationship is relatively very low. The table also reveals an r^2 value of 0.01. This value indicates that Borderline Personality Disorder accounts for only 10% variation in drug abuse behaviours among secondary school adolescents.

To test the hypothesis of no significant relationship between borderline personality disorder and drug abuse behaviours among female adolescents' in secondary schools, a p-value of .016 was realized. Hence, since ($p = 0.016 < 0.05$) is less than 0.05, the null hypothesis was rejected and the alternate sustained meaning that there is significant relationship between Borderline Personality Disorder and drug abuse behaviours among adolescents in secondary schools in Obio/Akpor local Government Area of Rivers State.

Research Question Three: *To what extent does Borderline Personality Disorder relates to self-burning among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State?*

Hypothesis Three: Borderline personality disorder does not significantly relate with self-burning behaviors among female adolescents' secondary school students in Obio/ Akpor Local government area of Rivers State.

Table 3: Pearson Analysis of Relationship between Borderline Personality Disorder and self-burning behaviors among Female Adolescents' Secondary School Students

Variables	N	r	r^2	p	alpha	Decision
Borderline Personality Disorder		.087	.008	.067	0.05	**Not significant**
vs	447					
Self-burning behaviors						

The table 3 presents the results of a Pearson Product Moment Correlation analysis, examining the relationship between Borderline Personality Disorder (BPD) and Self-burning behaviors among female adolescents' in secondary school students. The correlation coefficient (r) indicates the strength and direction of the relationship between borderline personality disorder and Self-burning behaviors. The correlation coefficient r obtained is .087. The correlation coefficient (r) value of .087 indicates a positive correlation of the relationship between borderline personality disorder and Self-burning behaviors meaning that as BPD increases, there will be a corresponding increase in Self-burning behaviors among secondary school students. The value of .087 also suggests a relatively weak correlation between the two variables. A weak positive correlation between borderline personality disorder and Self-burning behaviors means that there is a relationship between the two variables, but the strength of this relationship is relatively very low. The table also reveals an r^2 value of .008. This value indicates that Borderline Personality Disorder accounts for only 0.08% variation in Self-burning behaviors among secondary school adolescents.

To test the hypothesis of no significant relationship between borderline personality disorder and Self-burning behaviors among female adolescents' in secondary schools, a p-value of .067 was realized. Hence, since ($p= 0.958 > 0.05$) is slightly higher than 0.05, the null hypothesis was sustained and the alternate rejected meaning that there is no significant relationship between Borderline Personality Disorder Self-burning behaviors among adolescents in secondary schools in Obio/Akpor local Government Area of Rivers State.

DISCUSSION OF FINDINGS

Relationship between Borderline Personality Disorder and Risky Sexual Behaviours

The findings based on research question one and the corresponding hypothesis revealed that there is no significant relationship between BPD and risky sexual behaviours. The statistical insignificance implies that BPD does not play a major role in influencing the sexual behaviours of these students, contrary to common expectations that BPD might be associated with various risk-taking sexual behaviours. The findings from this study diverge from the bulk of research examining BPD and maladaptive behaviours, particularly self-harm and impulsive actions. The finding aligns with Rathus and Miller, (2002). Their study found a strong positive correlation between the severity of BPD symptoms and the frequency of self-harm behaviours. Unlike risky sexual behaviours, self-harm is an internalized form of behaviour, often driven by emotional dysregulation, a core feature of BPD. While risky sexual behaviours might also be viewed as impulsive, the difference in results could be attributed to the distinct nature of these behaviours. Self-harm involves a direct, immediate release of emotional pain, while risky sexual behaviours may involve external factors like social or peer influences, which might moderate the

relationship. The findings from this study, however, did not observe a similar significant relationship between BPD and risky sexual behaviours, suggesting that the emotional dysregulation central to BPD may be expressed differently depending on the type of risk behaviour. Further support for the strong association between BPD and self-harm comes from Klonsky et al. (2015), who reported that adolescents with BPD were significantly more likely to engage in self-harm compared to their non-BPD counterparts. The study found that 33% of their sample met the criteria for BPD, and a significant proportion (43%) had engaged in self-harm in the past year. The severity of BPD symptoms was strongly associated with the frequency and intensity of self-harm behaviours, which stands in contrast to the non-significant relationship between BPD and risky sexual behaviours in the current study.

A longitudinal study by Nock and Prinstein (2004) also found a consistent, significant relationship between BPD symptoms and self-injurious behaviour (SIB) over a two-year follow-up period. The study noted that adolescents with higher levels of BPD symptoms were more likely to engage in self-harm, particularly in forms such as cutting and burning. These behaviours were predictive of future self-injurious actions, further underscoring the robust connection between BPD and harmful behaviours. Again, this contradicts the findings of the current study, which found no significant link between BPD and risky sexual behaviours. Yang, Hou, and Liu (2020) examined the comorbidity between NSSI and BPD using a graphical network approach, revealing a strong correlation between NSSI and BPD symptoms. Their analysis showed that emotion dysregulation and negative affect were key mediating factors in this relationship. This is consistent with previous studies on self-harm, highlighting the central role of emotion regulation in BPD-related behaviours. However, the findings of the present study suggest that while BPD may be strongly linked to internalizing behaviours such as self-harm, it may not extend to externalizing behaviours like risky sexual activities.

Although many studies highlight a strong association between BPD and maladaptive behaviours, the findings of the current study that there is no significant relationship between BPD and risky sexual behaviours align with a smaller subset of literature suggesting that BPD symptoms do not universally predict all forms of risk-taking behaviour. While self-harm, impulsivity, and emotional dysregulation are hallmark features of BPD, it is possible that these features do not manifest in risky sexual behaviours among the sample of female adolescent students.

Studies exploring risk-taking behaviours among adolescents have noted that these behaviours are often influenced by external factors such as peer pressure, societal norms, and family background, which may have a moderating effect on the expression of BPD symptoms. Adolescents may experience BPD differently depending on their social environment, potentially leading to varied expressions of impulsivity. In this case, it is plausible that cultural or environmental factors specific to the sample population may have diminished the expected association between BPD and risky sexual behaviours.

The findings of the current study are unexpected given the broader literature on BPD and maladaptive behaviours. BPD is often associated with impulsivity and risk-taking behaviours, which include not only self-harm but also sexual risk-taking. Given the emotional instability and poor impulse control characteristic of BPD, one might expect a stronger link between BPD symptoms and risky sexual behaviours. However, the absence of a significant relationship in this study suggests that risky sexual behaviours may not be a predominant outlet for impulsivity or emotional dysregulation among female adolescents with BPD in this context. This could be due to a variety of factors, including cultural norms that regulate sexual behaviours, external pressures from family or society, or the influence of other psychological conditions that may moderate the effect of BPD on such behaviours.

Relationship between Borderline Personality Disorder and Drug Abuse Behaviours

Findings on research question three and its corresponding hypothesis revealed a statistically significant relationship between BPD and drug abuse behaviours. The findings of this study align with existing research that explores the relationship between BPD and substance use, especially among adolescents. Several contemporary studies have emphasized the role of emotional instability and impulsivity in individuals with BPD, which often leads to maladaptive coping mechanisms such as drug use. Zanarini et al. (2018) study that investigated the relationship between BPD and substance abuse among adolescents and young adults, reported that BPD was significantly associated with increased drug abuse behaviours.

The study found that the emotional dysregulation characteristic of BPD often drives adolescents toward substances as a way to cope with intense emotional fluctuations and distress. This closely aligns with the current study's findings, as both highlight BPD as a contributing factor to substance abuse in adolescents. Gratz and Tull (2017) on the other hand explored how emotion dysregulation and impulsivity, core features of BPD, contribute to higher rates of substance use among adolescents. Their study showed that individuals with BPD often use substances to manage emotional pain or escape overwhelming feelings of distress. This pattern is reflected in the significant correlation where the presence of BPD symptoms among female adolescents correlates with drug abuse behaviours. The significant p-value in the current study supports Gratz and Tull's conclusion that drug use serves as a maladaptive emotional regulation strategy among adolescents with BPD. Tomko et al. emphasized that the impulsive behaviours often exhibited by those with BPD contribute to the onset of drug use as a form of self-medication, which is consistent with the significant relationship found in the current study between BPD and drug abuse behaviours among secondary school adolescents. While these studies affirm the relationship between BPD and drug abuse, it is important to note that not all research concurs entirely with the present findings. For instance, a study by Neacsiu et al. (2017) examined substance use among adolescents with BPD but argued that drug use in this population may often co-occur with other psychiatric conditions, such as anxiety or depression, rather than being directly attributed to BPD alone. Neacsiu's findings suggest that while BPD can contribute to drug abuse behaviours, the presence of comorbid conditions may complicate the picture, implying that the relationship between BPD and drug abuse is multifaceted. Nevertheless, the current study demonstrates that BPD, even in isolation, shows a statistically significant association with drug abuse behaviours among female adolescents, adding nuance to the overall understanding of this relationship. However, the statistically significant relationship found in the current research underscores the idea that emotional instability intrinsic to BPD is itself a powerful predictor of drug abuse behaviours in this demographic. The significant correlation between BPD and drug abuse behaviours observed in this study highlights the importance of addressing emotional regulation in interventions for adolescents with BPD. Given the finding that BPD is positively associated with drug abuse behaviours, therapeutic approaches focusing on emotion regulation, such as Dialectical Behaviour Therapy (DBT), could play a crucial role in reducing drug abuse among adolescents with BPD symptoms. The empirical evidence provided by contemporary studies, including those by Zanarini et al. (2018), Gratz and Tull (2017), and Tomko et al. (2020), supports the need for comprehensive interventions that target both BPD symptoms and substance abuse behaviours.

Relationship between Borderline Personality Disorder and Self-Burning Behaviours

Findings based on research question six and its corresponding hypothesis highlight that the relationship is not statistically significant, leading to the conclusion that there is no significant association between BPD and self-burning behaviours in this sample. The lack of a significant relationship between BPD and self-burning behaviours may align with expectations based on existing literature. BPD is often characterized by intense emotional experiences and impulsivity, which can lead to self-harming behaviours, including self-mutilation and other forms of self-injury. However, self-burning specifically may not be as common or as frequently reported among this population. The emotional turmoil associated with BPD often leads individuals to engage in self-injurious behaviours as a means of coping with overwhelming feelings, but self-burning may be viewed as a more severe or extreme form of self-harm that is less commonly utilized among adolescents. Research by Klonsky et al. (2015) indicated that while many adolescents with BPD engage in self-injury, the types of self-harming behaviours can differ significantly, with cutting and other forms of self-mutilation being more prevalent than self-burning. This suggests that while self-burning may be a recognized form of self-harm, it may not be as frequently adopted by adolescents with BPD, thus supporting the non-significant finding in the current study. Furthermore, the nature of self-burning as a behaviour could influence its prevalence among adolescents with BPD. Unlike other forms of self-harm that may provide immediate relief from emotional distress, self-burning may entail a higher degree of pain or consequence, which could deter adolescents from engaging in it. This hesitance could explain the absence of a significant relationship in the current study's findings, as adolescents may find other, less severe methods of self-harm to cope with their emotional struggles. The finding that there is no

significant relationship between BPD and self-burning behaviours may also reflect broader societal and cultural factors that influence how adolescents express their emotional pain. Social stigma surrounding self-burning may lead individuals to conceal this behaviour, making it less visible in survey responses and thus affecting the overall prevalence reported. Additionally, the coping strategies employed by adolescents may differ based on social support, family dynamics, and personal experiences, which could further contribute to the lack of significant findings in this context.

CONCLUSION

The study generally concludes that Borderline Personality Disorder (BPD) is associated with certain maladaptive behaviours among female adolescent secondary school students in Obio/Akpor Local Government Area of Rivers State, although the nature of the relationship differs across the behaviours examined. BPD was not significantly related to risky sexual behaviours or self-burning behaviours, but it showed a significant relationship with drug abuse behaviours. This implies that BPD may not equally influence all forms of risky or self-harming behaviours among female adolescents.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

1. Secondary schools should strengthen sexual health education and counselling programmes to help female adolescents make informed decisions, develop healthy relationship skills, and resist peer pressure, since BPD was not significantly related to risky sexual behaviours.
2. Schools should provide early psychological screening, counselling, and drug-abuse prevention programmes for female adolescents showing characteristics of BPD, since a significant relationship was found between BPD and drug abuse behaviours.
3. Schools should strengthen mental-health counselling and emotional coping programmes to help female adolescents manage distress and develop healthier coping strategies, since BPD was not significantly related to self-burning behaviours.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Bungert, M., Liebke, L., Thome, J., Haeussler, K., Bohus, M., Lis, S., & Meyer-Lindenberg, A. (2015). Rejection sensitivity and symptom severity in patients with borderline personality disorder: Effects of childhood maltreatment and self-esteem. *Borderline Personality Disorder and Emotion Dysregulation, 2*(1), 1–10.

Chapman, A. L., Specht, M. W., & Cellucci, T. (2006). Borderline personality disorder and deliberate self-harm: Does experiential avoidance play a role? *Suicide and Life-Threatening Behavior, 35*(4), 388–399.

Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending Linehan's theory. *Psychological Bulletin, 135*(3), 495–510.

Distel, M. A., Trull, T. J., Derom, C. A., & Martin, N. G. (2008). Heritability of borderline personality disorder features is similar across three countries. *Psychological Medicine, 38*(9), 1219–1229.

Goodman, M., Tomas, I. M., Temes, C. M., Fitzmaurice, G. M., Aguirre, B. A., & Zanarini, M. C. (2017). Recurrence of self-injurious behavior in borderline patients: A prospective follow-up study. *Journal of Personality Disorders, 31*(6), 846–856.

Gratz, K. L. (2007). Targeting emotion dysregulation in the treatment of self-injury. *Journal of Clinical Psychology, 63*(11), 1091–1103.

Hughes, A., Crowell, S., Uhl, K., & Coan, J. (2017). A developmental neuroscience of borderline pathology: Emotion regulation and social baseline theory. *Journal of Abnormal Child Psychology, 45*(4), 691–703.

Johnson, J. G., Cohen, P., Smailes, E. M., Kasen, S., & Brook, J. S. (2002). Association of maladaptive parental behavior with psychiatric disorder among parents and their offspring. *Archives of General Psychiatry, 58*(5), 453–460.

Klonsky, D. E. (1985). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review, 27*(2), 226–239.

Klonsky, D. E., Muehlenkamp, J. J., Lewis, S. P., & Walsh, B. W. (2011). *Nonsuicidal self-injury*. American Psychological Association.

Klonsky, D. E., Muehlenkamp, J. J., Lewis, S. P., & Walsh, B. W. (2015). *The relationship between borderline personality disorder and self-harm among female adolescents*. Department of Psychology, University of British Columbia.

Kuentzel, J. G., Arble, E., Boutros, N., Chugani, D. C., & Sobell, L. C. (2012). Personality disorders and self-injurious behaviors in college students. *Personality and Individual Differences, 52*(5), 537–542.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.

McLean, L. M., & Gallop, R. (2003). Implications of childhood sexual abuse for adult borderline personality disorder and complex posttraumatic stress disorder. *American Journal of Psychiatry, 160*(2), 369–371.

Nock, M. K. (2009). Why do people hurt themselves? New insights into the nature and functions of self-injury. *Current Directions in Psychological Science, 18*(2), 78–83.

Nock, M. K., & Prinstein, M. J. (2004). A functional approach to the assessment of self-mutilative behavior. *Journal of Consulting and Clinical Psychology, 72*(5), 885–890.

Rathus, J. H., & Miller, A. L. (2002). *Borderline personality disorder and self-harm in female adolescents*. School of Medicine, Universidad Complutense, IiSGM, CIBERSAM.

Roberts, B. W., Caspi, A., & Moffitt, T. E. (2008). Work experiences and personality development in young adulthood. *Journal of Personality and Social Psychology, 74*(2), 610–621.

Ruocco, A. C., Amirthavasagam, S., & Zakzanis, K. K. (2013). Amygdala and anterior cingulate hyperactivation in borderline personality disorder: A quantitative meta-analysis of functional neuroimaging studies. *Journal of Psychiatry & Neuroscience, 38*(4), 241–249.

Sedikides, C., & Gregg, A. P. (2003). Portraits of the self. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 110–138). Guilford Press.

Selby, E. A., Anestis, M. D., Bender, T. W., & Joiner, T. E. (2020). The interplay of emotional and behavioral dysregulation in borderline personality disorder: The roles of shame and impulsivity. *Personality Disorders: Theory, Research, and Treatment, 11*(4), 287–296.

Silbersweig, D., Clarkin, J. F., Goldstein, M., Kernberg, O. F., Tuescher, O., Levy, K. N., & Stern, E. (2007). Failure of frontolimbic inhibitory function in the context of negative emotion in borderline personality disorder. *American Journal of Psychiatry, 164*(12), 1832–1841.

Soloff, P. H., & Chiappetta, L. (2019). A prospective study of suicidal behavior in borderline personality disorder. *American Journal of Psychiatry, 146*(5), 632–636.

Yang, M., Hou, H., & Liu, X. (2020). Comorbidity between non-suicidal self-injury disorder and borderline personality disorder in adolescents: A graphical network approach. *Child and Adolescent Psychiatry Department, Carol Davila University of Medicine and Pharmacy*.

Zanarini, M. C., Frankenburg, F. R., Reich, D. B., & Fitzmaurice, G. M. (2011). The course of self-destructive behaviors in patients with borderline personality disorder: A 10-year follow-up study. *Journal of Clinical Psychiatry, 72*(2), 218–223.

Zanarini, M. C., Laudate, C. S., Frankenburg, F. R., Wedig, M. M., Conkey, L. C., & Fitzmaurice, G. M. (2014). Reasons for self-mutilation reported by borderline patients over 16 years of prospective follow-up. *Journal of Personality Disorders, 28*(6), 801–811.