Vilnius University Press

Contents lists available at Vilnius University Press

Psichologija
2027, vol. 76, pp. 17–29

ISSN 1392-0359 eISSN 2345-0061
DOI: https://doi.org/10.15388/Psichol.2027.76.2

Non-Suicidal Self-Injury across the Levels of Personality Functioning among Mental Health Help-Seeking Adolescents

Agnė Grigaitė

Vilnius University, Institute of Psychology
agne.sarockaite@fsf.stud.vu.lt
https://orcid.org/0009-0001-6545-077X
https://ror.org/03nadee84

Emilija Grikšelytė

Vilnius University, Institute of Psychology
emilijagrik1@gmail.com
https://orcid.org/0009-0001-4780-4714
https://ror.org/03nadee84

Elena Gaudiešiūtė

Vilnius University, Institute of Psychology
elena.gaudiesiute@fsf.vu.lt
https://orcid.org/0000-0003-3378-481X
https://ror.org/03nadee84

Rasa Barkauskienė

Vilnius University, Institute of Psychology
rasa.barkauskiene@fsf.vu.lt
https://orcid.org/0000-0002-4464-2481
https://ror.org/03nadee84

Abstract. Non-suicidal self-injury (NSSI) is highly prevalent among adolescents receiving mental health services; it has been increasingly linked to impairments in personality development. However, less is known about how NSSI relates to the dimensional construct of the level of personality functioning (LPF). This study examined associations between LPF and NSSI characteristics in a clinical adolescent sample. The participants were 104 adolescents receiving mental health services in Lithuania (M age = 15.03 years, SD = 1.47). LPF was assessed by using the clinician-rated Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1), and NSSI was assessed by using a researcher-developed questionnaire. Overall, 71.2% of adolescents reported a history of NSSI. NSSI prevalence increased progressively with greater impairments in personality functioning, from 20.0% among adolescents with normative functioning to 95.8% among those with severe impairment. Self-functioning impairments demonstrated stronger associations with NSSI than interpersonal functioning impairments. Although the age of onset and lifetime frequency of NSSI did not significantly differ across LPF, higher levels of personality dysfunction were associated with more recent NSSI and a greater likelihood of self-injury requiring medical attention. Emotion regulation was

Received: 2026-05-18. **Accepted:** 2026-06-29.

the most frequently endorsed function of NSSI, whereas adolescents with greater personality dysfunction more often reported interpersonal motives. The findings underscore the importance of assessing personality functioning in adolescents who self-injure to facilitate early identification and timely intervention for youth at risk for persistent and clinically severe NSSI.

Keywords: non-suicidal self-injury, level of personality functioning, adolescence.

Nesavižudiškas savęs žalojimas ir asmenybės funkcionavimo lygis psichikos sveikatos paslaugų siekiančių paauglių imtyje

Santrauka. Nesavižudiškas savęs žalojimas (NSSI) yra plačiai paplitęs tarp psichikos sveikatos paslaugas gaunančių paauglių ir gana dažnai siejamas su asmenybės raidos sunkumais. Vis dėlto trūksta mokslinių duomenų, kaip NSSI siejasi su svarbiausiu dimensinio asmenybės patologijos modelio konstruktu – asmenybės funkcionavimo lygiu (LPF). Šio tyrimo tikslas – įvertinti LPF ir NSSI ypatumų sąsajas klinikinėje paauglių imtyje. Tyrime dalyvavo 104 paaugliai, gaunantys psichikos sveikatos priežiūros paslaugas Lietuvoje (*M* amžius = 15,03 m., *SD* = 1,47). Asmenybės funkcionavimas buvo vertinamas Pusiau struktūruotu interviu asmenybės funkcionavimo vertinimui (STiP-5.1), o NSSI – tyrėjų sudaryta anketa. Iš rezultatų matyti, kad 71,2 % paauglių nurodė bent kartą gyvenime save žaloję. NSSI paplitimas buvo nuosekliai didesnis esant didesniems asmenybės funkcionavimo sunkumams – nuo 20,0 % tarp paauglių, kurių LPF buvo normatyvus, iki 95,8 % tarp paauglių, pasižyminčių ryškiu asmenybės funkcionavimo sutrikdymu. Savasties funkcionavimo sunkumai buvo stipriau susiję su NSSI nei tarpasmeninio funkcionavimo sunkumai. Nors NSSI pradžios amžius ir epizodų dažnis tarp LPF grupių reikšmingai nesiskyrė, didesnis asmenybės funkcionavimo sutrikdymas buvo susijęs su labiau tikėtinu NSSI per pastaruosius 12 mėnesių ir didesne tikimybe, kad dėl NSSI yra prireikę medicininės pagalbos. Emocijų reguliacija buvo dažniausiai nurodoma NSSI funkcija, tačiau paaugliai, pasižymintys didesniais asmenybės funkcionavimo sunkumais, dažniau nurodė tarpasmeninius motyvus. Gauti rezultatai pabrėžia asmenybės funkcionavimo vertinimo svarbą dirbant su save žalojančiais paaugliais, siekiant anksti identifikuoti didesnės rizikos jaunuolius ir užtikrinti savalaikę intervenciją.

Pagrindiniai žodžiai: nesavižudiškas savęs žalojimas, asmenybės funkcionavimo lygis, paauglystė.

Introduction

Non-Suicidal Self-Injury (NSSI) is defined as the deliberate destruction of one's own body tissue without suicidal intent and outside the bounds of culturally accepted practices (Brown & Plener, 2017). The behavior encompasses a range of methods, including cutting, burning, hitting, or scratching oneself to the point of bleeding, with skin cutting representing the most common form (Mullins-Sweatt et al., 2012). Research underscores the heterogeneity embedded within NSSI, with differences observed across several dimensions, including the age of onset, engagement, the methods used, frequency and severity, and the underlying functions of this behavior that has been proposed as a means both for regulating one's emotional/cognitive experiences and of communicating with or influencing others (Nock, 2009).

Adolescence constitutes a critical and vulnerable phase for developing NSSI, which is a significant public health concern among adolescent populations, with lifetime prevalence reaching 22.0% and 12-month rates of 23.2% in community samples (Farkas et al., 2024), and 50–60 % in clinical samples (Kaess et al., 2013). Epidemiological evidence indicates a higher NSSI prevalence among female adolescents compared to males, although the magnitude of this disparity varies across development (Moloney et al., 2024). Specifically, females demonstrate a marked peak in mid-adolescence (ages 16–17), followed by a gradual decline, whereas male rates remain relatively stable (Wilkinson et al., 2022).

Although NSSI often remains concealed from clinical detection and commonly declines during the transition to young adulthood (Hawton et al., 2012), adolescent self-injury is linked to an elevated long-term risk for anxiety, depression, and persistent self-injurious behavior (Daukantaitė et al., 2021). An earlier onset, particularly in early adolescence, is also associated with greater NSSI severity (Ammerman et al., 2018; Muehlenkamp et al., 2019).

Understanding why certain individuals are more vulnerable to NSSI requires looking beyond demographic risk factors. NSSI has traditionally been studied in relation to *Borderline Personality Disorder* (BPD), with evidence showing that adolescents engaging in self-injury exhibit elevated borderline features and greater clinical severity (Mendez et al., 2022; Jacobson et al., 2008; Stead et al., 2019). However, contemporary dimensional models conceptualize many of these features as manifestations of impairments in personality functioning rather than indicators of a categorical diagnosis. Accumulating evidence suggests that self-injury is associated not only with categorical BPD diagnosis, but also with broader disturbances in personality functioning (Benzi et al., 2018. This perspective may be especially relevant in adolescence, a developmental period characterized by ongoing personality maturation, fluctuating symptoms, and heterogeneous clinical presentations that may not meet full diagnostic criteria (Kaess et al., 2017). Dimensional models conceptualize personality pathology along severity continuum and both the DSM-5 Alternative Model for Personality Disorders (APA, 2013) and the ICD-11 (WHO, 2019), place *Level of Personality Functioning* (LPF) at the core of personality pathology. LPF captures impairments in self-functioning (e.g., identity, self-direction) and interpersonal processes (e.g., empathy, intimacy) across a continuum from no or minimal impairment to severe personality dysfunction (Barkauskienė et al., 2021). Increasing impairment in personality is marked by reduced affect differentiation, weaker emotion regulation capacity, diminished mentalization, greater identity diffusion, and a lower capacity for intimacy (Sharp & Wall, 2021).

Emerging evidence suggests that adolescents engaging in NSSI demonstrate broader impairments in personality functioning than those without self-injury (Ernst et al., 2022). Consistent with this perspective, recurrent self-harm has been associated with higher levels of impairment in personality functioning (Diondet et al., 2024). Longitudinal findings further indicate that self-harm is more common among adolescents following trajectories characterized by poorer personality functioning, whereas the lowest levels are observed among adolescents with adaptive personality functioning (Gaudiešiūtė et al., 2026). Whereas most NSSI research has focused on categorical diagnoses and borderline features, contemporary models view personality pathology in terms of severity of personality functioning impairment. Although intrapersonal impairments, such as difficulties in emotion regulation, self-worth, identity coherence, and self-directedness, appear particularly relevant to NSSI, whereas interpersonal impairments show weaker associations (Benzi et al., 2018), it remains unclear how NSSI relates to different levels of personality functioning within contemporary dimensional models of personality pathology. Conceptualizing self-injury as a marker of how individuals regulate emotions, self-concept, and

relationships (Luyten et al., 2021) suggests that NSSI may reflect different underlying psychological processes across levels of personality functioning impairment. Although associations between NSSI and personality functioning have been documented (Benzi et al., 2018; Diondet et al., 2024), no study has examined whether specific characteristics of NSSI differ across levels of personality functioning in a clinical adolescent sample. Addressing this gap may provide a more nuanced understanding of NSSI within the dimensional model of personality pathology and generate clinically relevant insights for diagnostics and treatment planning.

The present study therefore aimed to examine associations between levels of personality functioning and characteristics of NSSI in a clinical sample of adolescents receiving mental health services. Specifically, the study investigated whether NSSI characteristics differ across levels of personality functioning and whether indicators of NSSI severity vary alongside increasing impairment in personality functioning.

Method

Participants and Procedure

The study included 104 adolescents receiving mental health services in outpatient and inpatient settings in Lithuania. The sample characteristics are presented in Table 1. The participants were recruited through collaborating with mental health services. Adolescents were eligible if they were aged 11–18 years and were receiving mental health services. Exclusion criteria included autism spectrum disorder, physical or intellectual disability, acute psychosis, and insufficient intellectual functioning. Data were collected by trained clinicians between October 2023 and May 2024. Ethical approval was obtained, and informed consent was secured.

Table 1.
Sample Characteristics (N = 104)

Characteristic	n (%) or M (SD)
Age	15.03 (1.47)
Gender	
Girls	67 (64.4%)
Boys	32 (30.8%)
Other	5 (4.8%)
Residence	
Urban	73 (70.2%)
Rural	30 (28.8%)
Parental marital status	
Married	52 (50.0%)

Characteristic	n (%) or M (SD)
Divorced	29 (27.9%)
Living separately	5 (4.8%)
Never married	10 (9.6%)
Widowed	2 (1.9%)
Primary presenting problem	
Depression	35 (33.7%)
Anxiety disorders	31 (29.8%)
Conduct disorders	15 (14.4%)
Eating disorders	11 (10.6%)
Attention-Deficit/Hyperactivity Disorder	6 (5.8%)
Substance use disorders	3 (2.9%)
Schizophrenia-spectrum disorders	2 (1.9%)

Note. Abbreviations in use: *M* = mean; *SD* = standard deviation.

Measures

The level of personality functioning was assessed by using the clinician-rated Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1; Hutsebaut et al., 2017), which evaluates impairments in self and interpersonal functioning across 12 facets (see Supplementary Table S1) on a '0–4' scale. Level 0 reflects no impairment, Level 1 stands for mild impairment, Level 2 represents moderate impairment, Level 3 is equivalent to severe impairment, and Level 4 conforms to extreme impairment in personality functioning facets. Further details regarding the STiP-5.1 administration, interviewer training, and psychometric properties in the present sample are available in the source Barkauskienė et al. (2024). To derive levels of personality functioning, the mean score across the 12 facets was calculated and categorized into five levels (0–4) by using established cutoffs (0–0.49 = Level 0; 0.50–1.49 = Level 1; 1.50–2.49 = Level 2; 2.50–3.49 = Level 3; 3.50–4.00 = Level 4), following the DSM-5 Alternative Model for Personality Disorders and prior research using the STiP-5.1 framework (La Rocca et al., 2026, d'Huart et al., 2022). As no participants fell into Level 4, analyses were conducted across Levels 0–3.

Non-Suicidal Self-Injury (NSSI) was assessed by using a researcher-developed questionnaire. Lifetime NSSI was measured with a 'yes/no' item assessing engagement in self-injury without suicidal intent. Adolescents reporting lifetime NSSI completed follow-up questions on recency, the age at onset, frequency (approximate lifetime episodes), need for medical attention (severity), and NSSI functions. Consequently, analyses involving NSSI characteristics were conducted only among adolescents reporting lifetime NSSI. Since only one participant in LPF Level 0 reported lifetime NSSI, analyses of NSSI characteristics and functions were conducted across LPF Levels 1–3 only. Recency was dichotomized into NSSI within the past 12 months versus earlier, and NSSI functions

were assessed based on DSM-5 criteria for non-suicidal self-injury disorder (American Psychiatric Association, 2013) and rated as 'not applicable', 'partially applicable', or 'definitely applicable'.

Data Analysis

Associations between the levels of personality functioning and categorical NSSI variables (lifetime NSSI, past-year NSSI, and need for medical attention) were examined by using chi-square tests, with Cramer's V reported as an effect size. Linear-by-linear association tests were used to assess trends across levels of personality functioning. Differences in NSSI characteristics (age at onset, frequency, NSSI functions) and were analyzed by using Kruskal-Wallis tests.

Results

In the clinical sample, 71.2% of adolescents reported a lifetime history of NSSI. Lifetime NSSI was significantly associated with gender, $\chi^2(2, N = 101) = 9.58$, $p = .008$, Cramer's $V = .31$, with higher prevalence among girls (80.3%) than boys (53.3%). All participants identifying as another gender reported NSSI, although this subgroup was very small ($n = 5$) and should be interpreted cautiously. Adjusted residuals indicated that girls were overrepresented and boys underrepresented among adolescents reporting NSSI.

The distribution of personality functioning impairment indicated that the majority of adolescents fell within moderate to severe impairment levels (Level 2: 42.3%; Level 3: 24.0%), with fewer participants in Level 1 (28.8%) and Level 0 (4.8%) (Table 2). Analyses of NSSI characteristics included only adolescents reporting lifetime NSSI; therefore, sample sizes vary across analyses.

Table 2.

Prevalence and Clinical Characteristics of NSSI Across LPF

LPF	N	% of sample	Lifetime NSSI n (%)	Recent NSSI n (%)	Medical attention n (%)
0	5	4.8%	1 (20.0%)	0 (0 %)	0 (0 %)
1	30	28.8%	17 (58.6%)	7 (53.8%)	5 (29.4%)
2	44	42.3%	33 (76.7%)	27 (96.4%)	11 (37.9%)
3	25	24.0%	23 (95.8%)	18 (90.0%)	13 (59.1%)

*Note***.** Abbreviations in use: *LPF* = level of personality functioning; *NSSI* = non-suicidal self-injury. Analyses of NSSI characteristics included only adolescents reporting lifetime NSSI.

LPF was significantly associated with lifetime NSSI, $\chi^2(3, N = 101) = 16.93$, $p = .001$, Cramer's $V = .41$, with prevalence increasing across levels of personality dysfunction. A significant linear trend further supported this association, $\chi^2(1) = 16.05$, $p < .001$. A similar pattern emerged for self-functioning, $\chi^2(3, N = 101) = 16.17$, $p = .001$, Cramer's

V = .40. LPF was significantly associated with recent NSSI (past 12 months), $\chi^2(3, N = 62) = 17.68$, $p = .001$, Cramer's V = .53, with higher impairment levels showing greater likelihood of recent self-injury. A significant linear trend further supported this association, $\chi^2(1) = 9.21$, $p = .002$. Although the overall association between LPF and NSSI requiring medical attention was not significant, $\chi^2(3, N = 69) = 4.66$, $p = .198$, a significant linear trend suggested increasing severity across levels of personality dysfunction, $\chi^2(1) = 4.29$, $p = .038$. (Table 2).

Regarding NSSI characteristics, Kruskal–Wallis tests indicated that the age of onset did not significantly differ across LPF, $H(3) = 5.03$, $p = .170$, although the mean ranks suggested a tendency toward an earlier onset at higher levels of impairment (Table 3). Similarly, the frequency of NSSI did not differ significantly across LPF, $H(3) = 6.04$, $p = .110$, with substantial variability observed across the participants (Table 3).

Table 3.

Differences in NSSI Characteristics and Functions Across LPF

Outcome	LPF	N	Mean (SD)	Median	Mean Rank	H (df)	*p*
Age at onset (years)	1	17	13.12 (1.90)	13	43.88	5.03 (3)	.170
	2	33	12.32 (1.97)	13	38.18		
	3	22	11.95 (1.60)	12	29.48		
Frequency of NSSI (total episodes)	1	17	8.76 (12.36)	4	25.76	6.04 (3)	.110
	2	33	38.65 (89.73)	13	40.87		
	3	22	23.71 (46.23)	5	36.91		
NSSI functions							
Relief from negative emotions	1	17	–	–	31.97	3.03 (3)	.388
	2	33	–	–	38.37		
	3	22	–	–	41.15		
Relationship difficulties	1	17	–	–	27.76	8.03 (3)	.045
	2	33	–	–	43.59		
	3	23	–	–	38.11		
Positive emotional state	1	17	–	–	33.35	1.26 (3)	.739
	2	33	–	–	37.53		
	3	22	–	–	40.28		

Note. Abbreviations in use: *LPF* = level of personality functioning; *NSSI* = non-suicidal self-injury. LPF Level 0 group (n=1) is not presented because of the small number of participants reporting NSSI-related characteristics. Analyses of NSSI characteristics included only adolescents reporting lifetime NSSI.

Among adolescents with a history of NSSI, relief from negative emotions or thoughts was the most frequently endorsed NSSI function (38.5% definitely applicable; 25.0% partially applicable), followed by enhancement of positive emotional states (14.4% and 31.7%, respectively). Interpersonal motives related to relationship difficulties were endorsed less

frequently (13.5% definitely applicable; 22.1% partially applicable). Kruskal–Wallis analyses indicated no significant LPF differences in emotion regulation, $H(3) = 3.03$, $p = .388$, or positive emotion enhancement, $H(3) = 1.26$, $p = .739$. However, interpersonal motives differed significantly across the LPF levels, $H(3) = 8.03$, $p = .045$, with stronger endorsement among adolescents with greater personality dysfunction.

Discussion

The present study examined whether differences in NSSI characteristics emerge across LPF, and whether the indicators of NSSI severity increase alongside greater personality dysfunction. The findings reveal a notably high prevalence of NSSI within the clinical sample, with nearly three quarters of adolescents reporting a history of NSSI. This is perhaps unsurprising given the clinical nature of the sample. The high prevalence of NSSI observed in the present study is consistent with previous findings from clinical adolescent samples (Hauber et al., 2019). A significant association between the gender and lifetime NSSI was observed, with girls reporting substantially higher rates than boys, which is consistent with broader epidemiological evidence (Farkas et al., 2024; Hauber et al., 2019; Moloney et al., 2024).

Overall, the findings demonstrated a clear dimensional relationship between LPF and NSSI. Lifetime history of NSSI increased markedly alongside an increasing impairment in personality functioning, rising from 20.0% at Level 0 to 95.8% at Level 3. The present findings are also consistent with earlier evidence demonstrating associations between self-injurious behavior and personality pathology in adolescence. Previous studies have shown that adolescents engaging in self-harm exhibit significantly elevated BPD features compared to those without self-harm behaviors (Jacobson et al., 2008; Mendez et al., 2022). From a dimensional perspective, many of these features may reflect broader impairments in personality functioning. Extending previous findings, the present study demonstrated that NSSI prevalence increased systematically across the levels of personality functioning, thereby suggesting that self-injury is associated not only with the presence of borderline features, but also with the severity of underlying personality functioning impairment.

Interestingly, neither the age of onset nor the frequency of NSSI differed significantly across LPF. Nevertheless, descriptive trends suggested a somewhat earlier onset and a greater frequency of NSSI at higher levels of impairment. One possible explanation is that substantial variability in the NSSI frequency within groups may have reduced the statistical power to detect group differences. Indeed, the markedly large standard deviations, observed particularly at higher LPF, indicate considerable heterogeneity in self-injurious behavior among adolescents with personality dysfunction. At the same time, the absence of statistically significant differences in the NSSI frequency may suggest that personality functioning is more strongly associated with the persistence, recency, and clinical meaning of NSSI rather than with cumulative behavioral counts alone. In the present study, adolescents with higher LPF impairment were more likely to report recent NSSI (within the last 12 months) and showed a tendency toward greater medical severity of NSSI, despite not

differing consistently in the total lifetime NSSI episodes. This pattern is consistent with previous findings showing that individuals with greater personality pathology engage in more recent and clinically severe self-injury, while differences in the age of onset may be less pronounced (Turner et al., 2015).

Particularly noteworthy was the finding that self-functioning impairments demonstrated stronger associations with NSSI than interpersonal functioning impairments. While the overall personality functioning and self-functioning were significantly associated with lifetime NSSI, interpersonal functioning appeared less strongly related to NSSI. This pattern is highly consistent with previous research suggesting that intrapersonal aspects of maladaptive personality functioning play a more central role in adolescent NSSI than interpersonal dysfunction alone (Benzi et al., 2018). Although, consistently with previous research, emotion regulation remained the dominant NSSI function overall (Klonsky, 2011; Taylor et al., 2017), adolescents with more severe personality dysfunction appeared increasingly likely to use NSSI within the context of relational distress. Taken together, these findings may suggest that intrapersonal dysfunction plays a primary role in the emergence of NSSI, whereas interpersonal dysfunction may become increasingly relevant for the functional meaning of self-injury as personality pathology becomes more severe. In other words, difficulties related to identity integration, emotional regulation, self-worth, and self-coherence may create the underlying vulnerability for NSSI by undermining adolescents' capacity to regulate distress internally. However, as personality dysfunction becomes more pervasive, interpersonal difficulties – such as fears of abandonment, interpersonal hypersensitivity, chronic feelings of invalidation, or difficulties understanding relational experiences – may increasingly shape how and why NSSI is used. Qualitative evidence indicates that NSSI may emerge in the context of aversive relational experiences and function as a means of communicating distress, influencing interpersonal situations, or meeting unmet relational needs (Peel-Wainwright et al., 2021). This may help explain why interpersonal motives became more prominent at higher levels of impairment in personality functioning. Under these circumstances, NSSI may gradually acquire interpersonal regulatory functions in addition to its intrapersonal affect-regulation role. Moreover, endorsement of interpersonal functions of NSSI may reflect processes that accompany an increasing impairment in personality functioning. Higher levels of LPF impairment are characterized by a reduced reflective capacity, weaker mentalization, and greater difficulties differentiating one's own and others' experiences (Sharp & Wall, 2021). As a result, adolescents may increasingly understand and express internal distress through interpersonal experiences, leading to greater endorsement of interpersonal motives even when the underlying drivers of NSSI remain primarily intrapersonal (De Meulemeester et al., 2025).

Several limitations should be acknowledged. First, the study relied on a clinical help-seeking sample, which may limit its generalizability to community populations. Second, the cross-sectional design precludes conclusions regarding the directionality of associations between LPF and NSSI. Third, NSSI was assessed by using a researcher-developed questionnaire, and some analyses relied on relatively small subgroup sizes due to the categorization of personality functioning levels, which may have reduced statistical sensitivity.

Clinically, the findings underscore the importance of assessing LPF in adolescents who engage in NSSI. Higher levels of personality dysfunction were associated with more recent and clinically severe self-injury, suggesting that an early assessment of LPF may help identify adolescents at risk and inform treatment planning, including intervention targets and intensity. Emerging evidence further suggests that personality functioning is amenable to change following early intervention, thus supporting its relevance as a meaningful treatment target in adolescent mental health care (Palermo et al., 2026). From a research perspective, longitudinal studies are needed to clarify the temporal relationship between impairments in personality functioning and NSSI, as well as to examine whether changes in personality functioning contribute to reductions in self-injurious behavior over time.

Author contributions

Agnė Grigaitė: conceptualization, data curation, formal analysis, investigation, methodology, writing – original draft, writing – review and editing.

Emilija Grikšelytė: data curation, writing – original draft, writing – review and editing.

Elena Gaudiešiūtė: data curation, investigation, writing – review and editing.

Rasa Barkauskienė: conceptualization, funding acquisition, investigation, methodology, project administration, validation, writing – original draft, writing – review and editing.

References

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890425596

Ammerman, B. A., Jacobucci, R., Kleiman, E. M., Uyeji, L. L., & McCloskey, M. S. (2018). The relationship between Nonsuicidal Self-Injury age of onset and severity of Self-Harm. *Suicide and Life-Threatening Behavior*, *48*(1), 31–37. https://doi.org/10.1111/sltb.12330

Barkauskienė, R., Gaudiešiūtė, E., & Skabeikytė, G. (2021). Change in the Definition of Personality Disorder in Transition to ICD-11: A Look from Clinical and Developmental Perspectives. *Psichologija*, *65*, 8–21. https://doi.org/10.15388/psichol.2021.36

Barkauskienė, R., Gaudiešiūtė, E., Saročkaitė, A., Binkauskas, U., Gerliakaitė, I., ir Pliučienė, K. (2024). Pusiau struktūruotas interviu asmenybės funkcionavimo vertinimui STiP-5.1: lietuviškosios versijos psichometrinių savybių tyrimas paauglių imtyje. *Psichologija*, *71*, 66–83. https://doi.org/10.15388/Psichol.2024.71.4

Benzi, I. M. A., Sarno, I., & Di Pierro, R. (2018). Maladaptive personality functioning and non-suicidal self injury in adolescence. *Clinical Neuropsychiatry: Journal of Treatment Evaluation*, *15*(4), 215–221.

Brown, R. C., & Plener, P. L. (2017). Non-suicidal Self-Injury in Adolescence. *Current Psychiatry Reports*, *19*(3), Article 20. https://doi.org/10.1007/s11920-017-0767-9

Daukantaitė, D., Lundh, L. G., Wångby-Lundh, M., Claréus, B., Bjärehed, J., Zhou, Y., & Liljedahl, S. I. (2021). What happens to young adults who have engaged in self-injurious behavior as adolescents? A 10-year follow-up. *European child & adolescent psychiatry*, *30*(3), 475–492. https://doi.org/10.1007/s00787-020-01533-4

De Meulemeester, C., Luyten, P., & Fonagy, P. (2025). Special section: Self–other distinction in personality disorders. *Personality Disorders: Theory, Research, and Treatment*, *16*(2), 103–109. https://doi.org/10.1037/per0000716

Diondet, S., Weekers, L. C., & Hutsebaut, J. (2024). Associations between borderline personality disorder symptoms and personality functioning in adolescents: A brief report. *Personality Disorders: Theory, Research, and Treatment*, *15*(4), 264–268. https://doi.org/10.1037/per0000671

d'Huart, D., Hutsebaut, J., Seker, S., Schmid, M., Schmeck, K., Bürgin, D., & Boonmann, C. (2022). Personality functioning and the pathogenic effect of childhood maltreatment in a high-risk sample. *Child and adolescent psychiatry and mental health*, *16*(1), Article 95. https://doi.org/10.1186/s13034-022-00527-1

Ernst, M., Brähler, E., Kampling, H., Kruse, J., Fegert, J. M., Plener, P. L., & Beutel, M. E. (2022). Is the end in the beginning? Child maltreatment increases the risk of non-suicidal self-injury and suicide attempts through impaired personality functioning. *Child Abuse & Neglect*, *133*, Article 105870. https://doi.org/10.1016/j.chiabu.2022.105870

Farkas, B. F., Takacs, Z. K., Kollárovics, N., & Balázs, J. (2024). The prevalence of self-injury in adolescence: a systematic review and meta-analysis. *European Child & Adolescent Psychiatry*, *33*(10), 3439–3458. https://doi.org/10.1007/s00787-023-02264-y

Gaudiešiūtė, E., Sharp, C., Skabeikytė-Norkienė, G., & Barkauskienė, R. (2026). Uncovering trajectories of personality functioning in adolescence and their associations with baseline psychopathology. *Frontiers in Psychiatry*, *17*, Article 1751455. https://doi.org/10.3389/fpsyt.2026.1751455

Hauber, K., Boon, A., & Vermeiren, R. (2019). Non-suicidal Self-Injury in clinical practice. *Frontiers in Psychology*, *10*, Article 502. https://doi.org/10.3389/fpsyg.2019.00502

Hawton, K., Saunders, K. E., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *The Lancet*, *379*(9834), 2373–2382. https://doi.org/10.1016/s0140-6736(12)60322-5

Hutsebaut, J., Kamphuis, J. H., Feenstra, D. J., Weekers, L. C., & De Saeger, H. (2017). Assessing DSM–5-oriented level of personality functioning: Development and psychometric evaluation of the Semi-Structured Interview for Personality Functioning DSM–5 (STiP-5.1). *Personality Disorders Theory Research and Treatment*, *8*(1), 94–101. https://doi.org/10.1037/per0000197

Jacobson, C. M., Muehlenkamp, J. J., Miller, A. L., & Turner, J. B. (2008). Psychiatric impairment among adolescents engaging in different types of deliberate Self-Harm. *Journal of Clinical Child & Adolescent Psychology*, *37*(2), 363–375. https://doi.org/10.1080/15374410801955771

Kaess, M., Fischer-Waldschmidt, G., Resch, F., & Koenig, J. (2017). Health related quality of life and psychopathological distress in risk taking and self-harming adolescents with full-syndrome, subthreshold and without borderline personality disorder: rethinking the clinical cut-off? *Borderline Personality Disorder and Emotion Dysregulation*, *4*(1), Article 7. https://doi.org/10.1186/s40479-017-0058-4

Kaess, M., Parzer, P., Mattern, M., Plener, P. L., Bifulco, A., Resch, F., & Brunner, R. (2013). Adverse childhood experiences and their impact on frequency, severity, and the individual function of nonsuicidal self-injury in youth. *Psychiatry Research*, *206*(2–3), 265–272. https://doi.org/10.1016/j.psychres.2012.10.012

Klonsky, E. D. (2011). Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychological Medicine*, *41*(9), 1981–1986. https://doi.org/10.1017/s0033291710002497

La Rocca, J., Kulesz, P. A., & Sharp, C. (2026). Examining suicidal thoughts and behaviors across levels of personality functioning: A generalized additive model approach. *Personality Disorders: Theory, Research, and Treatment*, *17*(3), 200–209. https://doi.org/10.1037/per0000763

Mendez, I., Sintes, A., Pascual, J. C., Puntí, J., Lara, A., Briones-Buixassa, L., Nicolaou, S., Schmidt, C., Romero, S., Fernández, M., Farrés, C. C. I., Soler, J., Santamarina-Perez, P., & Vega, D. (2022). Borderline personality traits mediate the relationship between low perceived social support and non-suicidal self-injury in a clinical sample of adolescents. *Journal of Affective Disorders*, *302*, 204–213. https://doi.org/10.1016/j.jad.2022.01.065

Moloney, F., Amini, J., Sinyor, M., Schaffer, A., Lanctôt, K. L., & Mitchell, R. H. (2024). Sex differences in the Global Prevalence of Nonsuicidal Self-Injury in Adolescents. *JAMA Network Open*, *7*(6), Article e2415436. https://doi.org/10.1001/jamanetworkopen.2024.15436

Muehlenkamp, J. J., Xhunga, N., & Brausch, A. M. (2019). Self-injury age of Onset: a risk factor for NSSI severity and suicidal behavior. *Archives of Suicide Research*, *23*(4), 551–563. https://doi.org/10.1080/13811118.2018.1486252

Mullins-Sweatt, S. N., Lengel, G. J., & Grant, D. M. (2012). Non-suicidal self-injury: The contribution of general personality functioning. *Personality and Mental Health*, *7*(1), 56–68. https://doi.org/10.1002/pmh.1211

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. https://doi.org/10.1111/j.1467-8721.2009.01613.x

Palermo, L., Cavelti, M., Sele, S., Sharp, C., Reichl, C., & Kaess, M. (2025). Personality functioning improvements in adolescents from an early intervention clinic for personality disorders. *European Child & Adolescent Psychiatry*, 1–13. https://doi.org/10.1007/s00787-025-02913-4

Peel-Wainwright, K. M., Hartley, S., Boland, A., Rocca, E., Langer, S., & Taylor, P. J. (2021). The interpersonal processes of non-suicidal self-injury: A systematic review and meta-synthesis. *Psychology and Psychotherapy: theory, research and practice*, *94*(4), 1059–1082. https://doi.org/10.1111/papt.12352

Sharp, C., & Wall, K. (2021). DSM-5 level of personality functioning: refocusing personality disorder on what it means to be human. *Annual Review of Clinical Psychology*, *17*, 313–337. https://doi.org/10.1146/annurev-clinpsy-081219-105402

Stead, V. E., Boylan, K., & Schmidt, L. A. (2019). Longitudinal associations between non-suicidal self-injury and borderline personality disorder in adolescents: a literature review. *Borderline Personality Disorder and Emotion Dysregulation*, *6*(1), Article 3. https://doi.org/10.1186/s40479-019-0100-9

Taylor, P. J., Jomar, K., Dhingra, K., Forrester, R., Shahmalak, U., & Dickson, J. M. (2017). A meta-analysis of the prevalence of different functions of non-suicidal self-injury. *Journal of Affective Disorders*, *227*, 759–769. https://doi.org/10.1016/j.jad.2017.11.073

Turner, B. J., Dixon-Gordon, K. L., Austin, S. B., Rodriguez, M. A., Rosenthal, M. Z., & Chapman, A. L. (2015). Non-suicidal self-injury with and without borderline personality disorder: Differences in self-injury and diagnostic comorbidity. *Psychiatry Research*, *230*(1), 28–35. https://doi.org/10.1016/j.psychres.2015.07.058

Wilkinson, P. O., Qiu, T., Jesmont, C., Neufeld, S. A., Kaur, S. P., Jones, P. B., & Goodyer, I. M. (2022). Age and gender effects on non-suicidal self-injury, and their interplay with psychological distress. *Journal of Affective Disorders*, *306*, 240–245. https://doi.org/10.1016/j.jad.2022.03.021

World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). https://icd.who.int/

Supplementary Table S1

Structure of the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1)

Domain	Dimension	Facet	Description
Self-functioning	1. Identity	1.1. Uniqueness / boundaries	Ability to experience oneself as a distinct person with clear boundaries between self and others.
		1.2. Self-esteem	Stability and realism of self-worth.
		1.3. Emotions	Capacity to recognize, tolerate, and regulate emotions.
	2. Self-direction	2.1. Goals	Ability to formulate and pursue meaningful goals.
		2.2. Standards	Internalization of social norms and values.
		2.3. Self-reflection	Capacity for self-understanding and reflection on one's experiences and behavior.
Interpersonal functioning	3. Empathy	3.1. Understanding others	Ability to understand other people's thoughts, feelings, and experiences.
		3.2. Perspectives	Capacity to appreciate alternative viewpoints.
		3.3. Impact	Awareness of one's impact on others.

Domain	Dimension	Facet	Description
	4. Intimacy	4.1. Connections	Capacity to establish meaningful emotional connections.
		4.2. Closeness	Ability to maintain close and trusting relationships.
		4.3. Mutuality of regard	Capacity for reciprocal relationships.

Note. STiP-5.1 assesses personality functioning across two higher-order domains (self and interpersonal functioning), four dimensions (identity, self-direction, empathy, and intimacy), and 12 facets. Higher scores indicate greater impairment in personality functioning.