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The Relationship Between Childhood Abuse and Adult Personality Disorder Symptoms

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Abstract

This study assessed personality disorder symptomatology in a community sample of healthy adults without diagnosable DSM-IV-TR Axis I psychiatric disorders who reported a history of childhood abuse. Twenty-eight subjects with a history of moderate to severe physical, sexual, and/or emotional abuse according to the Childhood Trauma Questionnaire were compared to 33 subjects without an abuse history on symptoms of personality disorders. Subjects in the Abuse group were more likely to report subclinical symptoms of paranoid, narcissistic, borderline, antisocial, obsessive compulsive, passive-aggressive, and depressive personality disorders. These findings link reports of childhood abuse with symptoms of personality disorders in the absence of Axis I psychiatric disorders in a community sample of healthy adults.

Abundant literature documents an association of childhood maltreatment with adult personality pathology. Much of this research has focused on (a) inpatient or outpatient samples with Axis I psychiatric disorders (Brown & Anderson, 1991; Carter, Joyce, Mulder, & Luty, 2001; Giese, Thomas, Dubovsky, & Hilty, 1998; Moisan & Engels, 1995; Nickel et al., 2004; Weine, Becker, Levy, Edell, & McGlashan, 1997) or (b) clinical populations of subjects with personality disorders (Battle et al., 2004; Bierer et al., 2003; Yen et al., 2002). Some community studies have examined the association between a history of childhood maltreatment and the presence of personality disorder symptoms rather than categorical personality disorders. These investigations have found elevated rates of subclinical personality disorder symptoms across the spectrum of personality disorders (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999; Johnson, Smailes, Cohen, Brown, & Bernstein, 2000; Miller & Lisak, 1999).

However, the literature linking childhood maltreatment to personality pathology has generally not accounted for the presence of Axis I disorders which may alter reports of Axis II symptoms. Reports of Axis II symptoms are influenced by major depression (Black & Sheline, 1997; Kool, Dekker, Duijsens, Jonghe, & Puite, 2003), panic disorder (Hofmann et

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al., 1998), and eating disorders (Ames-Frankel et al., 1992). An explanation for this pattern is that resolution of the Axis I disorder decreases the amount of stress on the individual's interpersonal traits, thereby alleviating some of the problematic characteristics. Gibb, Wheeler, Alloy, and Abramson (2001) excluded individuals with an Axis I disorder from their sample of college freshman and found that reports of childhood abuse were significantly associated with symptoms of each personality disorder except for schizoid and obsessive-compulsive. However, the generalizability of this study is limited because subjects were all college freshmen and were selected on the basis of high or low cognitive risk for depression, as reflected by cognitive style and dysfunctional attitude. Similarly, although Beren-baum, Valera, and Kerns (2003) controlled for Axis I pathology in their study of schizotypal personality disorder symptoms, the community sample was recruited in response to advertisements for women who held unusual beliefs (e.g., belief in UFOs). The present study sought to determine whether a more representative community sample of individuals reporting a history of childhood abuse has subclinical symptoms of personality disorders in the absence of an Axis I disorder.

Method

Subjects

Subjects were 42 females and 19 males between the ages of 18–64 (mean age = 30.9 years ± SD 13.5 years) drawn from a larger community sample database of subjects involved in a study of the relationship between life experiences and psychopathology. Most of the subjects were Caucasian ($N = 52$); a few were Black ($N = 3$), Hispanic ($N = 3$), Asian ($N = 2$), and South Asian ($N = 1$). Subjects were recruited by flyers in the community, internet advertising, and subject referral, and were enrolled following a telephone screen to establish eligibility. Subjects were paid for their participation. Individuals were included in the present sample if they did not have a current major Axis I psychiatric disorder and if they met criteria for absence or presence of childhood abuse as defined below. This study was approved by the Institutional Review Board of Butler Hospital. All subjects gave voluntary, written informed consent.

Measures

Structured Clinical Interviews for DSM-IV Axis I and II Disorders (SCID-I and -II)—The SCID-I and -II were performed by research psychiatrists, psychologists, or highly trained research staff under supervision. Symptoms of personality disorders and personality disorder clusters were summed.

Childhood Trauma Questionnaire (CTQ)—The CTQ is a 70-item self-report instrument with excellent psychometric properties. Items inquire about childhood sexual, physical, and emotional abuse, as well as emotional and physical neglect. Responses on a five-point Likert scale range from “Never True” to “Very Often True.” Subjects were included in the sample if they reported no history of abuse (answering “Never True” for all of the summed items; No Abuse group, $N = 33$) or if they reported having a moderate to severe level of sexual, physical, or emotional abuse (Abuse group, $N = 28$), using cutoff scores defined by Bernstein and Fink (1998). Seventeen subjects had only one type of abuse

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(emotional abuse only, $n = 10$; sexual abuse only, $n = 5$; physical abuse only, $n = 2$), nine subjects met criteria for two types of abuse (physical and emotional abuse, $n = 7$; physical and sexual abuse, $n = 1$; emotional and sexual abuse, $n = 1$), and two subjects met criteria for all three types of abuse.

Results

The No Abuse group ($N = 33$) was significantly younger than the Abuse group ($N = 28$) (mean age = 26.2 ± 10.8 years vs. 36.5 ± 14.4 years, $t = -3.14$, $p < .005$), while the female : male ratio between groups was not significantly different (22 : 15 vs. 23: 7). T-tests and correlations of sex and age with symptoms of personality disorders and clusters were not significant.

Twenty-three of the 61 subjects had a past diagnosis of an Axis I psychiatric disorder (major depressive disorder, $N = 8$; alcohol dependence or abuse, $N = 9$; drug dependence or abuse, $N = 9$; post-traumatic stress disorder, $N = 2$; other anxiety disorder, $N = 5$; bipolar disorder not otherwise specified, $N = 1$). A significantly greater number of subjects in the Abuse group met criteria for any past Axis I diagnosis than the No Abuse group (17/28 versus 6/33, $\chi^2 = 11.7$, $p = .001$). The Abuse group had significantly more subjects with a past diagnosis of alcohol or substance dependence/abuse than the No Abuse group (10/28 vs. 2/37, $p < .01$, Fisher's exact test), but the groups did not differ with regard to past anxiety or mood disorders. Eight subjects met criteria for a personality disorder (obsessive-compulsive, $N = 2$; borderline, $N = 1$; depressive, $N = 1$; narcissistic, $N = 1$; not otherwise specified, $N = 3$). Seven of the eight subjects who met criteria for a personality disorder were in the Abuse group ($p < .05$, Fisher's exact test).

Items assessing individual personality disorders on the SCID-II were summed to form continuous variables for each personality disorder and each personality disorder cluster. Nonparametric Mann-Whitney U tests were used to compare the Abuse and No Abuse groups on personality disorder symptoms and clusters, as these variables were not normally distributed. Subjects in the Abuse group had more symptoms of personality disorders in Clusters A, B, and C than those in the No Abuse group ($z = -2.61$, $p < .01$; $z = -3.00$, $p < .005$; $z = -3.88$, $p = .000$, respectively). In Cluster A, the (Abuse group subjects had more symptoms of paranoid personality disorder ($z = -2.42$, $p < .05$), and a trend toward more symptoms of schizoid personality disorder ($z = -1.91$, $p = .056$). Symptoms of Cluster B disorders that were greater in the Abuse group than the No Abuse group included those for narcissistic ($z = -2.93$, $p < .005$), borderline ($z = -2.414$, $p = .016$), and antisocial ($z = -2.62$, $p < .01$) personality disorders. Within Cluster C, symptoms of obsessive-compulsive ($z = -3.57$, $p = .000$), passive-aggressive ($z = -2.53$, $p = .01$), and depressive ($z = -2.74$, $p < .01$) personality disorders were significantly more prevalent in the Abuse group, and symptoms of avoidant personality disorder showed a trend toward higher levels in the Abuse group ($z = -1.83$, $p = .068$). There were no differences between the two groups in levels of schizotypal, histrionic, or dependent personality disorder symptoms.

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Subjects who reported emotional abuse only, which may be a relatively less severe form of maltreatment, were compared to the other Abuse subjects. There were no differences with regard to history of an Axis I or II disorder or symptoms on the personality disorder clusters.

Discussion

To our knowledge, this is the first study to investigate the relationship between abuse history and personality symptoms in a nonselected community population that did not include individuals who met criteria for a current major Axis I psychiatric disorder. Consistent with previous research (Johnson et al., 2000; Gibb et al., 2001; Miller & Lisak, 1999), we observed that individuals reporting an abuse history endorsed a greater number of sub-clinical personality disorder symptoms across personality disorder diagnostic categories, including paranoid, narcissistic, borderline, antisocial, obsessive-compulsive, passive-aggressive, and avoidant, than did individuals not reporting a history of abuse.

In addition, we found that the Abuse Group had more symptoms of obsessive-compulsive personality disorder than the No Abuse Group; this has not previously been shown in a nonclinical sample. Gibb et al. (2001) examined 272 university freshmen and found that no type of childhood or adolescent physical, emotional, or sexual abuse was associated with symptoms of obsessive-compulsive or schizoid personality disorders. Similarly, in a community sample of 639 youths and their mothers, Johnson et al. (1999) found no association of physical abuse, sexual abuse, or neglect with symptoms of obsessive-compulsive personality disorder. In contrast to the latter study, we excluded individuals with an Axis I disorder, which could overshadow reports of obsessive-compulsive personality symptoms. We speculate that obsessive-compulsive personality traits may reflect the abused person's need to exercise control over his/her environment, in response to the lack of control experienced in childhood.

Several limitations of this study deserve discussion. The modest sample size and the method of recruiting via advertisements limit our ability to generalize from this sample to the larger population. The sample size also limited our ability to examine specific forms of abuse. Further, the use of a retrospective measure of abuse may introduce recall bias into the reports of childhood trauma. However, retrospective reporting of the basic information of events tends to be reliable and stable over time; problems are more likely to arise when individuals try to recall specific details of the event (Brewin, Andrews, & Gotlib, 1993). In addition, the CTQ has been shown to have good convergent validity and excellent test-retest reliability. A related limitation is that reports of childhood abuse are subjective and could be influenced by personality factors, particularly for less severe forms of abuse which are more open to personal interpretation. The selection of only those subjects who reported moderate-severe abuse was chosen to mitigate this source of bias.

Our results show that, even in the absence of Axis I pathology, subjects reporting a history of abuse endorse increased levels of personality disorder symptoms across personality disorder diagnostic categories. These findings suggest that even healthy adults in the community who report a history of childhood maltreatment experience sub-clinical symptoms of personality disorders. These symptoms may reflect nonspecific distress rather

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than a diathesis toward a particular personality disorder. Further research is needed to replicate these findings and to clarify the long-term sequelae of childhood abuse and neglect on personality dynamics.

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