

Childhood maltreatment and adult personality disorder symptoms: Influence of maltreatment type

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Abstract

The present study examines the effects of different types of childhood maltreatment on personality disorder symptoms in a sample of adults with no Axis I psychopathology. Participants reporting a history of moderate to severe maltreatment on the Childhood Trauma Questionnaire ($n = 70$) were grouped by type of abuse and compared with a non-abused group ($n = 35$) with regard to the number of personality disorder symptoms endorsed. Physical/sexual abuse and emotional abuse/neglect each were associated with elevated symptoms of all three personality disorder clusters. Elevated symptoms of several specific personality disorders were also seen, including paranoid, borderline, avoidant, dependent, obsessive–compulsive, and depressive personality disorder. There were no significant differences between the maltreatment groups. These findings indicate that emotional abuse/neglect and physical/sexual abuse are risk factors for a broad array of personality outcomes in a non-clinical sample.

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1. Introduction

Childhood abuse and neglect have been strongly implicated as risk factors in the development of personality disorders. Patients with personality disorders report increased rates of childhood maltreatment across a range of abuse types, such as emotional abuse, physical abuse, and neglect (Bierer et al., 2003; Battle et al., 2004). Importantly, this broad effect of various types of abuse is not confined to clinical populations; it has also been

shown in community studies of sub-clinical personality disorder symptomatology (Johnson et al., 1999; Gibb et al., 2001; Johnson et al., 2006; Grover et al., 2007). This suggests a wide spectrum of personality outcomes in the wake of maltreatment.

Some investigations have found specific links between a particular type of maltreatment and individual personality disorders; however, the types of abuse and personality pathology identified have not been consistent among these investigations (Johnson et al., 1999; Gibb et al., 2001). Sexual and physical abuse may be considered to be more severe or pathogenic than emotional or verbal abuse, and several studies have focused specifically on individuals with a history of sexual abuse and/or physical abuse (Briere and Elliott, 2003). However, this approach may not

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be fully informative because individual forms of maltreatment frequently co-occur and the effects of multiple types of maltreatment may be additive or synergistic (Dube et al., 2001; Edwards et al., 2003; Teicher et al., 2006). Moreover, in a large community study of young adults, Teicher and colleagues (2006) found that participants who reported only verbal abuse and/or witnessing domestic violence had increases in symptoms of depression and dissociation that were comparable to, or greater than, those who reported other forms of abuse.

Few investigations have examined the relative effects of childhood emotional abuse (e.g., repeatedly being put down, name calling, etc) compared with physical or sexual abuse on personality pathology, and the results of these studies have been inconsistent. Moreover, with the exception of the investigation by Gibb and colleagues (2001), existing studies have not controlled for Axis I diagnoses, despite evidence that reports of Axis II symptomatology are highly influenced by a number of Axis I disorders, including major depression (Stuart et al., 1992; Peselow et al., 1994; Black and Sheline, 1997; Kool et al., 2003; Case et al., 2007), panic disorder (Hofmann et al., 1998), and eating disorders (Ames-Frankel et al., 1992).

Our group recently documented elevated rates of personality disorder symptoms in a group of individuals ($n = 28$) who reported one or more forms of maltreatment on the Childhood Trauma Questionnaire (CTQ; Bernstein and Fink, 1998) but no current Axis I psychopathology compared to those who did not report maltreatment ($n = 32$) (Grover et al., 2007). Due to the small sample size in that study, however, we were not able to investigate potential differences between types of childhood maltreatment. The present study extends this work in an expanded sample of adults with no current Axis I disorder in order to allow a comparative examination of different forms of childhood maltreatment. We hypothesized that both emotional maltreatment and physical/sexual abuse would be associated with a broad range of personality disorder symptoms.

2. Methods

2.1. Participants

Participants were 105 adults drawn from a study of the relationship between stressful life experiences and risk for psychopathology. The participants were recruited by flyers in the community and Internet advertising for healthy individuals with stressful childhoods, and were enrolled following a telephone screen to establish eligibility. Participants were included in the present sample

if they did not have a current major Axis I psychiatric disorder as assessed by the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) (First et al., 2002), were not taking psychotropic medications, and if they met criteria for absence or presence of childhood abuse on the CTQ as defined below. There were 68 females and 37 males between the ages of 18–64 ($M_{\text{age}} = 32.6$ years; $SD_{\text{age}} = 12.1$ years). Most of the participants were white ($n = 86$); a few were black ($n = 6$), Hispanic ($n = 3$), Asian ($n = 4$), and Native American ($n = 1$). Two participants declined to report a race and three described themselves as “other.” Most of the participants had attended college ($n = 92$), including several who had completed a professional degree ($n = 14$) as well as those who were college graduates ($n = 41$) and those who had partially completed college ($n = 37$). An additional 10 participants had completed high school but had not attended college, one completed technical school, and two attended but did not graduate from high school. The mean occupational score for the sample on a Hollingshead occupational scale corresponded to a clerical/sales position ($M = 5.04$; $SD = 2.99$). Participants were paid for their participation. This study was approved by the Institutional Review Board of Butler Hospital. All participants gave voluntary, written informed consent.

2.2. Measures

Structured Clinical Interview for DSM-IV Axis I and II Disorders (SCID-I and -II) (First et al., 1997; First et al., 2002). Interviews were performed by research psychiatrists, psychologists or highly trained research staff under supervision.

Childhood Trauma Questionnaire (CTQ) (Bernstein and Fink, 1998). The 28-item version of the CTQ was used (Bernstein and Fink, 1998). This is a retrospective measure of child abuse and neglect that has demonstrated high internal consistency and good test–retest reliability (Bernstein and Fink, 1998). Items inquire about childhood sexual, physical, and emotional abuse, as well as emotional and physical neglect. Responses on a 5-point Likert scale range from “Never True” to “Very Often True,” and cut-points for maltreatment on each scale have been specified (Bernstein and Fink, 1998). Seventy participants were considered to have maltreatment because they reported having a moderate to severe level of one or more of the five categories of maltreatment. These participants were divided into two groups. An Emotional Abuse/Neglect group ($n = 32$) contained participants who endorsed one or more of the following: emotional abuse ($n = 22$), emotional neglect

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