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Borderline personality disorder and sexual abuse: A systematic review

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Abstract

Although sexual abuse (SA) is known to be frequent among borderline personality disorder (BPD) patients, few reviews evaluating that relationship have been published. This systematic review aimed to investigate SA (including adulthood) as a predictor of BPD diagnosis, clinical presentation and prognosis. Studies written in English or Portuguese from January 1997 until January 2017 were identified by searching the following keywords in three international databases: "borderline personality disorder" OR "borderline disorder" AND "sexual abuse" OR "sexual violence" OR "sexual victimization" OR "sexual assault" OR "rape". Forty articles met the eligibility criteria. Overall, SA was found to play a major role in BPD, particularly in women. Childhood sexual abuse (CSA) is an important risk factor for BPD. Adult sexual abuse (ASA) rates are significantly higher in BPD patients compared with other personality disorders (PDs). SA history predicts more severe clinical presentation and poorer prognosis. Suicidality has the strongest evidence, followed by self-mutilation, post-traumatic stress disorder (PTSD), dissociation and chronicity of BPD. Future research should study more ASA and include more males, milder BPD patients and documented or corroborated SA cases. The impact of other traumatic experiences (e.g., emotional abuse) on BPD must also be systematically reviewed.

1. Introduction

Borderline personality disorder (BPD) is a common and complex mental disorder characterized by pervasive pattern of instability in emotion regulation, interpersonal relationships, self-image and impulse control. It seems to result from an interaction between biological (e.g., temperamental) and psychosocial factors (e.g., adverse childhood events), and is associated with severe functional impairment, substantial treatment utilization and high rates of comorbid mental disorders, self-injury and suicidal behavior (American Psychiatric Association, 2013; Bornoalova et al., 2013; Grant et al., 2008; Gunderson and Links, 2008; Leichsenring et al., 2011; Lieb et al., 2004).

Sexual abuse (SA) can be defined as any sexual act to which the victim did not consent, could not consent, or was pressured or manipulated into consenting (Steine et al., 2012). SA, especially in the childhood, is quite prevalent in most countries (Barth et al., 2013; Pereda et al., 2009; Saunders and Adams, 2014) and has been related to numerous physical and mental conditions (Afifi et al., 2014, 2008; Chen et al., 2010; Coles et al., 2015; Fergusson et al., 2013; Macmillan et al., 2001; Molnar et al., 2001; Pietrek et al., 2013; Tonmyr and Shields, 2017).

Many studies estimated the association between childhood sexual abuse (CSA) and BPD diagnosis. CSA is reported by 16.1 to 85.7% of the BPD patients (Bryer et al., 1987; Herman et al., 1989; Laporte and Guttman, 2001; Merza et al., 2015; Ogata et al., 1990; Paris et al., 1994a, 1994b; Reed et al., 2015; Salzman et al., 1993; Shearer et al., 1990; Silk et al., 1995; Westen et al., 1990; Zanarini et al., 1997, 1989). CSA prevalence seems to be lower in samples with less BPD traits or milder symptoms (Herman et al., 1989; Salzman et al., 1993). Rates of BPD among CSA victims vary from 1.8 to 29.3% (Cutajar et al., 2010; Katerndahl et al., 2005; Widom et al., 2009). Some researchers minimize that association, but most authors agree that CSA is a risk factor for BPD (Elzy, 2011). However, there is still discussion about whether that relationship is mediated by other forms of abuse and dysfunctional parental behavior (Fossati et al., 1999; Huang et al., 2012; Merza et al., 2015).

Despite the magnitude of research in this area, only a few systematic reviews or meta-analysis have been published. One meta-analysis (Fossati et al., 1999) concluded that CSA is neither necessary nor sufficient for the development of BPD, regardless of the moderate effect size found. Two reviews (Carr et al., 2013; Martins et al., 2011) reported consistent association between the two variables. Other review (Winsper et al., 2016) found statistically significant association between CSA and youth BPD. Nevertheless, these studies included a limited number of articles or did not focused on exploring the influence of SA on BPD diagnosis. Besides that, none of them evaluated the impact of childhood or adult sexual abuse (ASA) on the course of BPD.

Considering the current evidence, the relationship between SA and BPD needs to be further clarified. The aim of this study is to conduct a systematic review in order to investigate SA history (including adulthood) as a predictor of BPD diagnosis, clinical presentation and prognosis.

2. Methods

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement (Moher et al., 2009).

2.1. Search strategy

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