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Personality disorders in child sexual abuse victims

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The main aim of the present study is to offer an updated review of the international studies published on personality disorders in child sexual abuse victims. The different papers were classified according to the most frequently found topics regarding this issue, with special focus on antisocial personality disorder and borderline personality disorder. The studies reviewed provide inconclusive results, which demonstrate the need for longitudinal studies that could test the directionality of the relationship between child sexual abuse, personality traits, and personality disorders. The concept of resilience is emphasized in order to explain the interindividual differences that are found in victims of the same traumatic event.

Key words:

Sexual abuse, personality, disorder, development, victimology, trauma.

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Trastornos de personalidad en víctimas de abuso sexual infantil

Este trabajo tiene como objetivo ofrecer una revisión actualizada de los estudios publicados a nivel internacional sobre trastornos de la personalidad en víctimas de abuso sexual en la infancia. Se clasificaron los distintos trabajos en función de los trastornos más frecuentemente encontrados en los estudios llevados a cabo en este ámbito, especialmente trastorno antisocial y trastorno límite de la personalidad. Los trabajos revisados muestran resultados poco concluyentes que muestran la necesidad de un mayor número de estudios longitudinales que permitan observar la dirección de la relación entre abuso sexual infantil, rasgos de personalidad y trastornos de la personalidad. Se subraya la importancia del concepto de

resiliencia para explicar las diferencias interindividuales encontradas en víctimas de un mismo acontecimiento traumático.

Palabras clave:

Abuso sexual, personalidad, trastorno, desarrollo, victimología, trauma.

INTRODUCTION

Over the course of the history of psychology and psychiatry, there has been much speculation on the influence of the potentially traumatic experiences occurring in childhood on the development of the personality and its psychopathology.^{1,2}

Currently, the different works carried out within this setting have demonstrated that both biological and environmental factors and their interaction intervene in the development of the personality.³ This has only recently been taken into account in the empirical studies.^{4,5} In fact, that which has been manifested by studies on the genetic bases of personality and psychopathology is the importance of the unshared setting and the special influence this has on development.⁶ In recent years, the study of development of the personality has been driven, among other factors, by genetic advances,⁷ showing that personality is formed by a combination between specific genes and the life events experienced by the individual.⁸

There are varied studies that have observed the stability of the personality traits during the life cycle and how temperament, present from childhood,⁹ affects the development of the adult personality.¹⁰ The genotype, however, will be expressed in one way or another based on the environmental experiences of the individual.⁴ Especially standing out among these environmental factors is that now called *life events*, child sexual abuse being one of the most relevant both because of its clinical as well as social implications. The experience of sexual abuse in childhood is

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an important risk factor for the development of a large diversity of psychopathological disorders in the adult age.¹¹ However, the studies performed up to now have not made it possible to confirm the existence of a causal relationship between this experience and the presence of psychopathology.¹²

As far as we know, very few studies have empirically and specifically studied how child sexual abuse affects personality development. One of the most important ones is that of Tong et al.¹³ In this study, the authors presented a longitudinal follow-up of approximately 3 years on boys and girls who have been sexual abuse victims. They found that at the end of this period, 3 out of every 4 minors had less confidence in adults than before their traumatic experience, 30% had fewer friends, 20% were more aggressive, 24% had greater sexual awareness, 28% had behavioral problems, 17% had repeated a school year, and even another 17% had experienced worsening of their academic performance at school. The authors concluded that child sexual abuse could have implications in the capacity of the victims to relate with others, both in the friendship relationships that they could establish with adults as well as the way they related with their peers.

Thus, some authors have observed worst general mental health in victims of child sexual abuse,¹⁴ with greater presence of psychiatric symptoms and disorders in the adult age,¹⁵⁻¹⁸ establishing a four-times greater likelihood of developing personality disorders in these victims than in the general population.¹⁹

Different studies have demonstrated how the history of traumatic events in childhood, among them sexual abuse experience, seems to increase the risk of antisocial disorder,²⁰ borderline and antisocial personality disorder,²¹ borderline and personality dependent disorder,²² obsessive-compulsive disorder,²³ or psychopathological personality traits such as paranoid, borderline, histrionic, narcissistic, or dependent,^{24, 25} among others.

Recently, Putnam,²⁶ in his review of the studies published during the last decade on the psychological consequences of child sexual abuse, stressed the great variety of psychiatric conditions that have been consistently associated with the abuse experience, such as depressive disorders, borderline personality disorder, somatization disorder, substance use disorders, posttraumatic stress disorder, dissociative disorder and bulimia nervosa.

The seminal article of Johnson et al.¹⁹ concluded that different types of maltreatment entailed the development of different personality disorders, stressing the risk of borderline disorder in victims of sexual abuse and antisocial and dependent disorder in those of physical abuse and neglect.

That is why it is important to take into account the influence of the so-called mediating or moderator variables between the experience of sexual abuse in the development of this symptom.^{27, 28} The presence or absence of certain variables related with both the objective characteristics of the abusive experience and the psychosocial and individual variables of the victim per se and of the aggressor may help to facilitate or minimize the possible psychological effects related with this situation.^{29, 30}

For example, Johnson, Sheahan and Chard³¹ analyzed the possible interaction between the presence of posttraumatic stress disorder, the use of avoidant coping strategies and the diagnosis of personality disorders, principally avoidant, dependent, antisocial and borderline disorder in child sexual abuse victims. The authors observed that the child sexual abuse victims who employed avoidant strategies to cope with their problems, but not those who used problem approach strategies, had a greater risk of developing the posttraumatic stress disorder as well as personality disorders.

The relationship between posttraumatic stress disorder and personality disorders in sexual abuse victims has also been observed in other studies. McLean and Gallop³² verified that women who were victims of sexual abuse who participated in his study were diagnosed with both posttraumatic stress disorder and borderline personality disorder. They concluded that perhaps a single disorder model should be made on the axis I (posttraumatic stress disorder) regardless of the state, and axis II (borderline personality) regardless of the trait.

Other studies, such as that of Bernstein, Stein and Handelsman,³³ have concluded that, as opposed to that which occurs in other types of childhood maltreatment, sexual abuse does not correlate with any specific personality disorder, but rather, to a certain degree, it does so with all of them. Their results, however, seem to be mediated by the fact that the participants were men and gender could have acted as a moderating factor. Other subsequent studies have not been able to consistently replicate this association.³⁴ Along this line, other works, such as the recent one of Lobbstaël et al.,³⁶ have studied the relationship between different types of childhood maltreatment and personality disorders using structural equation models, controlling the comorbidity between them. Thus, following the findings of Bernstein et al.,³³ they found that childhood sexual abuse predicts personality disorders in the three clusters (specifically paranoid, schizoid, borderline and avoidant disorder) while other types of maltreatment, such as for example physical maltreatment, only affects the antisocial personality disorder.

The present work has aimed to review the different studies published internationally on the relationship existing between the experience of sexual abuse in childhood and

the development of personality disorders in the adult age. A classification is presented based on the three personality disorder groups. This classification allows the professional to know those disorders that have been repeatedly linked to sexual abuse from the scientific setting.

METHOD

Selection of studies

For this work, those studies in English or Spanish that focused on personality disorders in childhood sexual abuse victims were selected by means of a search in the principal databases, including *Psycinfo*, *Medline*, *Science Citation Index* and *Social Sciences Citation Index* of the Science Web. In order to cover most of the articles published in this area, two more strategies were adopted (a) searching the bibliographic references of the most relevant articles on the subject and (b) making a manual search in the three reference journals within this subject (*Child Abuse & Neglect*, *Journal of Child Sexual Abuse* and *Journal of Personality Disorders*).

RESULTS

In order to facilitate the understanding of the results presented, the different studies that have focused on the analysis of personality disorders in childhood sexual abuse victims have been grouped based on the personality clusters of the DSM-IV-TR.³⁵

Group A

Group A is characterized by covering those disorders that consider that the subject has an odd or eccentric personality. Paranoid disorder, schizoid disorder and personality schizotypal disorder are included.³⁵ (Table 1)

There are few existing works that have examined the relationship between the presence of childhood sexual abuse and personality disorders of group A.³⁶ Among them, those that have examined the relationship between schizotypal symptoms and childhood sexual abuse in community samples are the most frequent. These works have found that the fact of having suffered childhood maltreatment elevates the likelihood of having a schizotypal personality disorder in adulthood.^{19, 37, 38} These same results have been replicated in a more recent work.³⁹ However, when this work considered the simultaneous effects of the different forms of maltreatment, the only one that maintained a significant association with the schizotypal disorder was emotional abuse. Other works carried out with clinical samples,

Table 1		Personality disorders in childhood sexual abuse victims: Cluster A
Symptoms	Studies	
Paranoid disorder	34, 36, 41-44	
Schizoid disorder	36, 42-44	
Schizotypal disorder	19, 37-40, 42-44	

however, also related serious sexual abuse (greater frequency and chronicity, use of violence, more intrusive behaviors) with schizotypal symptoms.⁴⁰

Regarding paranoid personality disorder, a recent work³⁴ with a community sample found an increase in paranoid symptoms in subjects who did not have any disorder on the DSM-IV-TR axis.³⁵ On the other hand, in a sample of outpatients, together with emotional abuse, sexual abuse predicted the appearance of paranoid personality disorder.^{36, 41}

Other studies have also reported more personality disorder symptoms of group A in childhood sexual abuse victims,⁴²⁻⁴⁴ although nonspecifically, that is, without differentiating childhood sexual abuse from other forms of childhood maltreatment regarding their effects. However, it was found that there was greater severity of abuse (for example, in cases in which there had been penetration), the greater severity in the psychopathological symptoms.

Group B

Group or cluster B of personality disorders covers antisocial, borderline, histrionic or narcissistic disorders.³⁵ Precisely, this has been one of the personality disorder groups that has received the most attention,⁴⁵ both in the professional as well as investigational practice, due to its clinical and social importance. In the clinical aspect, for example, borderline disorder is the most prevalent personality disorder among those persons seen in the state public mental health network.⁴⁶ Specifically, one out of every four persons seen in these centers has been diagnosed of borderline personality disorder, followed by histrionic disorder. The severe consequences that lack of treatment may have in the life of those affected by this disorder can also be stressed.⁴⁷ In relationship to the social consequences of antisocial personality disorder, these have led the WHO to consider the violence and their manifestations as one of the most urgent public health problems on the planet.⁴⁸ Thus, it is not surprising that these disorders have received the most attention in the literature (Table 2).

Antisocial personality disorder

In general, antisocial behavior can be defined as a general pattern of disregard for and violation of the rights of others, that begins in childhood or the beginning of adolescence and continues in adulthood.³⁵

Some victims have grown up with the belief that the use of aggressiveness is the best way to achieve what they want. As several authors have stated (see the reviews of Widom⁴⁹ or Maxfield & Widom⁵⁰), having been a victim in childhood seems to favor that the subject as an adult victimizes others, this phenomenon being known as the intergenerational transmission of violence. According to the evidence, experiences of abuses in childhood seem to increase the risk of being an abuser by 30% in the adult age.

In fact, in samples belonging to the general population,^{19, 51} an association between having suffered sexual abuse in childhood and antisocial behaviors in adulthood has been observed, especially when we take the interactions with the gender of the subject into account.

Haller and Miles⁵² determined that, in the case of childhood sexual abuse, almost twice the number of women developed personality disorders than in other cases of abuse. For these investigators, the development of an antisocial behavior may be a way of self-protection, as a means of being able to be independent from others and to avoid intimate relationships, understood as signs of weakness.

On their part, Semiz, Başoğlu, Ebrinç and Cetin⁵³ studied the association between antisocial personality disorder and the history of traumatic events in childhood, finding that adults diagnosed of antisocial personality disorder have a high prevalence of victimization in childhood, among them sexual abuse. Along this same line, the work of Bierer et al.⁴¹ also stands out. In their work, a specific connection is revealed between childhood sexual abuse and physical abuse in the diagnosis of antisocial disorder in a sample of outpatients.

One of the most important publications regarding the relationship between abuse in childhood, including sexual abuse as a subgroup, and its possible relationship with antisocial behavior, is the investigation of Caspi et al.⁵⁴ The authors found that part of the individuals who had been victims of childhood abuse incurred in manifestly anti-social behavior in adulthood. The most surprising result was that when the genotype of this group was analyzed, the individuals having a certain version of the MAOA gene (cerebral enzyme involved in response to adverse situations and linked to violent behavior⁵⁵) were those who had a much more violent behavior than the abuse victims who were carriers of another version of the same gene. That is, the genotype acted as a modulator factor between the experience

Table 2		Personality disorders in childhood sexual abuse victims: Cluster B
Symptoms	Studies	
Antisocial disorder	19-21, 41, 49-54, 56-58	
Borderline disorder	19, 21, 29, 34, 36, 41, 44, 47, 51, 60-73, 80-84	
Histrionic disorder	24, 25	
Narcissistic disorder	24, 25	

of abuses and the subsequent appearance of violent behavior. This work has been replicated on several occasions, the work of Haberstick et al.⁵⁶ standing out.

In a subsequent meta-analysis study, Kim-Cohen et al.⁵⁷ concluded that the MAOA gene explained part of the variability in the development of antisocial behaviors after the maltreatment experience. It seems that an event such as sexual abuse in childhood causes hyperactivity in the hypothalamic-pituitary-adrenal axis and in the autonomous system which, together with the low activity of the MAOA-LPR allele, may cause a tendency in the individual to develop a personality disorder such as the antisocial personality disorder.⁵⁸

Borderline personality disorder

One of the disorders frequently related with the experience of childhood sexual abuse is the borderline personality disorder, defined as a general pattern of instability in interpersonal relationships, self-image and affectivity, and elevated impulsiveness, that can be reflected in the existence of substance abuse, eating disorders characterized by bingings and promiscuous sexual behaviors, among others³⁵ and that are observed with relative frequency in sexual abuse victims (for a review, see ref. 59).⁵⁹

Different studies have confirmed this relationship in the general population,^{31, 51, 60-63} and in clinical^{36, 41, 64-69} or penitentiary samples.⁷⁰ As in other personality disorders, borderline disorder is not associated with any specific form of childhood maltreatment,⁷¹ although childhood sexual abuse is a very strong predictive factor of the borderline symptoms. Other works have confirmed this association.^{34, 44}

In turn, it has been stated that women diagnosed of borderline personality disorder suffer sexual abuse in childhood more frequently as well as more serious sexual abuses than the undiagnosed women.^{72, 73} For Meza-Rodríguez,⁷⁴ the experience of childhood sexual abuse can activate the hypothalamic-pituitary-adrenal system which, related with

Table 3 Personality disorders in childhood sexual abuse victims: Cluster C	
Symptoms	Studies
Avoidant disorder	31, 34, 36, 44, 51, 71
Dependant disorder	19, 22, 24-25, 34, 44, 71
Obsessive-compulsive disorder	23, 44, 51, 71

hyperactivation of the serotonergic system, may lead to the manifestation of impulsive behaviors. Furthermore, Rüsç et al.⁷⁵ demonstrated a relationship between the experience of sexual abuse and thinner corpus callosum in women with borderline personality disorder. However, other studies have not found this relationship between neurobiological dysfunctions and childhood sexual abuse in patients with borderline personality disorder.⁷⁶

Different variables seem to affect the development of the disorder, such as if the victim reveals the abuse and undergoes psychological treatment⁷⁷ or the presence of low self-esteem.⁷⁸ Along this same line, a study conducted by Gladstone et al.⁷⁹ considers childhood sexual abuse as an important risk factor for the development of borderline personality disorder. This, in turn, is related with a greater risk of depression, the diagnosis of borderline disorder acting as mediator between the status of sexual abuse and depression. Recently, other authors^{47, 80} have demonstrated a strong relationship between the experience of sexual abuse, development of borderline personality disorder and suicidal ideation and behavior.

However, some authors,^{29, 81-83} standing out among them the meta-analysis study conducted by Fossati, Madeddu and Maffei,⁸⁴ have undervalued the supposed relationship existing between the experience of childhood sexual abuse and the development of borderline personality disorder. They consider that childhood sexual abuse is not a necessary or sufficient requirement for the development of this disorder, there being other childhood experiences and multiple variables involved, mainly the severity of the abuse experienced, that require the development of multifactorial etiological models.

Group C

Group C disorders are characterized by a high incidence of symptoms related with anxiety and social withdrawal. Thus, the avoidant disorder is characterized by a general pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation whose onset is at the

beginning of the adult age.³⁵ On its part, dependent personality disorder is characterized by a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fear of separation.³⁵ The last one of the disorders of this group, obsessive-compulsive personality disorder, is characterized by pervasive pattern of preoccupation with orderliness, perfectionism, mental and interpersonal control, at the expense of flexibility, spontaneity and efficiency³⁵ (Table 3).

Empirical research linking sexual abuse with development has not been found as frequently for the group C disorders, probably because its prevalence is not as high as that of the group B disorders. Standing out among the works published on this is that by Johnson et al.³¹ A strong relationship was found in this study between avoidant coping strategies, sexual abuse in childhood and personality disorders. Another important work is that of Lobbstaël et al.,³⁶ that verified the association between childhood sexual abuse and avoidant personality disorder, controlling the comorbidity with the rest of the disorders.

Another study that concluded the existence of a relationship between sexual abuse and dependent personality disorder was that carried out by Strickland.²² That study investigated a group of women serving a sentence in prison. The author reached the conclusion that sexually delinquent women, who had suffered abuses in childhood, lacked skills for negotiation in social context in addition to a dependent personality type that led them to become involved in dysfunctional relationships, and not knowing how to negotiate their sexual relationships.

Other previously mentioned works also studied this association between childhood sexual abuse and group C personality disorder. These include those of Johnson et al.,¹⁹ MacMillan et al.,⁵¹ Wonderlich et al.,⁷¹ Grover et al.³⁴ or Tyrka et al.⁴⁴ These works found a positive association in most of the cases between childhood abuse and the symptoms related with this group. Significant differences between the abused group and non-abused group in relationship to the obsessive-compulsive symptoms were not found in only one of the studies.²³

DISCUSSION AND CONCLUSIONS

The studies reviewed in this work show the interindividual variability in the development of personality disorders in child sexual abuse victims. Although specific associations between childhood sexual abuse and some personality disorders were detected in less recent bibliography, a more up-dated review indicates that the effects of childhood sexual abuse seem to be non-specific. If we add up both factors, interindividual variability and the nonspecificity of

sexual abuse per se, we inevitably reach the study of the resilience which, as has recently been defended, should be analyzed from a wide psychobiological perspective⁸⁵ that includes both psychosocial variables of the individuals and their neurobiological responses to stress.^{54, 86-88}

Undoubtedly, understanding the associations and interactions produced between childhood traumatic experiences and the psychobiological variables of the individual per se during the development of personality would make it possible to carry out more effective treatments.⁸⁹ These could be performed either by primary and secondary prevention environmental interventions or by personalized interventions within the tertiary prevention setting when exposure to the childhood sexual abuse cannot be avoided. In the words of Lazarus⁹⁰ *"Trauma can never be adequately defined as an external event. To be traumatized depends on the specifics of the connection between the event and the person who is responding to it – in other words, on the person-environment relationship."* In this sense, the relationship between the positive experiences during childhood and the capacity of resilience and recovery from a personality disorder has been empirically stated, specifically that of avoidant disorder and schizotypal disorder.⁹¹ Knowing and promoting positive interpersonal relation experiences can help, based on the results, favor resilience in sexual abuse victims. These posttraumatic interventions should take into account the differences of the individuals in relationship to their personality structure, coping strategies, feelings of guilt, support and supportive networks, or even on another level, their genetic endowment for a more effective pharmacogenomic intervention, if necessary.

In general, it seems that childhood sexual abuse and the relationship with personality disorders is related with loss of confidence, security, stability, self-efficacy and regulation of affect,⁴⁴ variables present in most of the victims and very related with paranoid personality, borderline personality, antisocial personality and group C disorders. The studies published on sexual abuse, however, do not make it possible to establish the existence of a syndrome that defines and covers the emotional, cognitive and social problems related with this experience, establishing consequences that affect all the areas of the life of the victim and even the total absence of symptoms and some of them.⁹²

Therefore, it is difficult to establish causal relationships that make it possible to describe the direction of the relation between the experience of sexual abuse in childhood and the development of personality disorders in adulthood. On the other hand, variables linked to the methodology of the works reviewed, such as that most of the results come from retrospective studies, the lack of control of possible mediator variables in many of the studies and the use of mainly female gender samples, limit the establishment of clear conclusions regarding the development of psychopathology in childhood

sexual abuse victims. In fact, the differences in the prevalence by gender and some of the disorders presented hinder the obtaining of solid conclusions in this regards. Another one of the important limitations is that most of the works have not specifically studied the effects of childhood sexual abuse but rather have done so within the general framework of maltreatment. Even though there are some tools to evaluate the different forms of abuse, among which the Juvenile Victimization Questionnaire de Finkelhor, Hamby, Ormord, & Turner,⁹³ or the Childhood Trauma Questionnaire,⁹⁴ stand out and that some works have considered the overlapping of different types of maltreatment, it is very difficult to separate the effects of childhood sexual abuse from other typologies of violence or from other types of factors related with the dysfunctional family environment,⁴³ or simply with the passage of time.⁹⁵ It should be stressed that victims of a single maltreatment are very uncommon, the most common being the combination of several.^{96,97} This is one of the causes that has also made it difficult to establish typologies of consensus and to determine specific sequels caused by one type or another of maltreatment.

However, most of the studies that control these possible interfering variables continue to state a clear relationship between the experience of sexual abuse and subsequent development of psychological problems, regardless of the influence of other variables.^{15, 19, 98-101}

In summary, as has been expressed in this work, knowing how the experience of maltreatment and child abuse affects the development of the psychopathology of the personality can help us know how to favor resilience in the treatment of these disorders, this being a task that requires all of our efforts as professionals.

REFERENCES

1. Breuer J, Freud S. Studies in Hysteria (1893-1895). London: Hogarth; 1895.
2. Freud S. Further remarks on the neuropsychoses of defence. London: Hogarth; 1896.
3. Roberts BW, Wood D, Caspi A. The development of Personality Traits in adulthood. In: John OP, Robins RW, Pervin LA, editors. Handbook of Personality: Theory and Research. New York: Guilford Press; 2008.
4. Caspi A, Moffitt TE. Gene-environment interactions in psychiatry: joining forces with neuroscience. Nat Rev Neurosci 2006;7:583-90.
5. Moffitt TE, Caspi A, Rutter M. Strategy for Investigating Interactions Between Measured Genes and Measured Environments. Arch Gen Psychiatry 2005;62:473-81.
6. Bouchard TJ, McGue M. Genetic and environmental influences on human psychological differences. J Neurobiol 2002;54:4-45.
7. Caspi A, Roberts BW, Shiner RL. Personality development: Stability and change. Annu Rev Psychol 2005;56:453-84.
8. Belsky J, Jaffee SR, Caspi A, Moffitt T, Silva PA. Intergenerational relationships in young adulthood and their

- life course, mental health, and personality correlates. *J Fam Psychol* 2003;17(4):460-71.
9. Chess S, Thomas A. *Temperament: theory and practice*. New York: Brunner/Mazel; 1996.
 10. Caspi A. The Child Is Father of the Man: Personality Continuities From Childhood to Adulthood. *J Pers Soc Psychol* 2000;78:158-72.
 11. Flitter JMK, Elhai J, D., Gold SN. MMPI-2 F scale elevations in adult victims of child sexual abuse. *J Trauma Stress* 2003;16:269-74.
 12. Browning CR, Laumann EO. Sexual contact between children and adults: A life course perspective. *Am Sociol Rev* 1997;62:540-60.
 13. Tong L, Oates K, McDowell M. Personality development following sexual abuse. *Child Abuse Negl* 1987;11:371-83.
 14. Silverman AB, Reinherz HZ, Giaconia RM. The long-term sequelae of child and adolescent abuse: a longitudinal community study. *Child Abuse Negl* 1996;20:709-823.
 15. Fergusson DM, Horwood J, Lynskey MT. Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *J Am Acad Child Adolesc Psychiatry* 1996;35:1365-74.
 16. Fleming J, Mullen PE, Sibthorpe B, Bammer G. The long-term impact of childhood sexual abuse in Australian women. *Child Abuse Negl* 1999;23:145-59.
 17. Walker EA, Wayne JK, Hansom J, Harrop-Griffiths J, Holm L, Jones ML, et al. Medical and psychiatric symptoms in women with childhood sexual abuse. *Psychosom Med*. 1992;54:658-64.
 18. Bru M, Santamaría M, Coronas R, Cobo J. Dissociative disorder and traumatic events. A study of Spanish population. *Actas Esp Psiquiatr* 2009;37:200-4.
 19. Johnson JG, Cohen P, Brown J, Smailes EM, Bernstein DP. Childhood maltreatment increases risk for personality disorders during early adulthood. *Arch Gen Psychiatry* 1999;56:600-6.
 20. Fergusson DM, Boden JM, Horwood LJ. Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse Negl* 2008;32:607-19.
 21. Lobbetael J, Arntz A, Sieswerda S. Schema modes and childhood abuse in borderline and antisocial personality disorders. *J Behav Ther Exp Psychiatry* 2005;36:240-53.
 22. Strickland SM. Female sex offenders: exploring issues of personality, trauma, and cognitive distortions. *J Interpers Violence* 2008;23:474-89.
 23. Caspi A, Vishne T, Sasson Y, Gross R, Livne A, Zohar J. Relationship between childhood sexual abuse and obsessive-compulsive disorder: Case control study. *Isr J Psychiatry Relat Sci* 2008;45:177-82.
 24. Bradley R, Heim A, Westen D. Personality constellations in patients with a history of childhood sexual abuse. *J Trauma Stress* 2005;18:769-80.
 25. Gibb BE, Wheeler R, Alloy LB, Abramson LY. Emotional, physical, and sexual maltreatment in childhood versus adolescence and personality dysfunction in young adulthood. *J Pers Disord* 2001;15:505-11.
 26. Putnam F. Ten-year research update review: Child sexual abuse. *J Am Acad Child Adolesc Psychiatry* 2003;42:269-78.
 27. Compas BE, Phares V. Stress during childhood and adolescence: Sources of risk and vulnerability. In: Cummings EM, Greene AL, Karraker KH, editors. *Life-span developmental psychology: perspectives on stress and coping*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc; 1991.
 28. Lazarus RS, Folkman S. *Stress, appraisal, and coping*. New York: Springer Publishing Company; 1984.
 29. Beitchman JH, Zucker KJ, Hood JE, DaCosta GA, Akman D, Cassavia E. A review of the long-term effects of child sexual abuse. *Child Abuse Negl* 1992;16:101-18.
 30. Hébert M, Lavoie F, Vitaro F, McDuff P, Tremblay RE. Association of child sexual abuse and dating victimization with mental health disorder in a sample of adolescent girls. *J Trauma Stress* 2008;21:181-9.
 31. Johnson DM, Sheahan TC, Chard KM. Personality disorders, coping strategies, and posttraumatic stress disorder in women with histories of childhood sexual abuse. *J Child Sex Abus* 2003;12:19-39.
 32. McLean LM, Gallop R. Implications of childhood sexual abuse for adult borderline personality disorder and complex posttraumatic stress disorder. *Am J Psychiatry* 2003;160:369-71.
 33. Bernstein DP, Stein JA, Handelsman L. Predicting personality pathology among adult patients with substance use disorders: effects of childhood maltreatment. *Addict Behav* 1998;23:855-68.
 34. Grover KE, Carpenter LL, Price LH, Gagne GG, Mello AF, Mello MF, et al. The relationship between childhood abuse and adult personality disorder symptoms. *J Pers Disord* 2007;21:442-7.
 35. American Psychiatric Association. *Manual diagnóstico y estadístico de los trastornos mentales (4ª ed. texto revisado)*. Barcelona: Masson; 2002.
 36. Lobbetael J, Arntz A, Bernstein DP. Disentangling the Relationship Between Different Types of Childhood Maltreatment and Personality Disorders. *J Pers Disord* 2010;24:285-95.
 37. Berenbaum H, Valera EM, Kerns JG. Psychological trauma and schizotypal symptoms. *Schizophr Bull* 2003;29:143-52.
 38. Lentz V, Robinson J, Bolton JM. Childhood Adversity, Mental Disorder Comorbidity, and Suicidal Behavior in Schizotypal Personality Disorder. *J Nerv Ment Dis* 2010;198:795-801.
 39. Berenbaum H, Thompson RJ, Milanek ME, Boden MT, Bredemeier K. Psychological trauma and schizotypal personality disorder. *J Abnorm Psychol* 2008;117:502-19.
 40. Ruggiero KJ, McLeer SV, Dixon JF. Sexual abuse characteristics associated with survivor psychopathology. *Child Abuse Negl* 2000;24:951-64.
 41. Bierer LM, Yehuda R, Schmeidler J, Mitropoulou V, New AS, Silverman JM, et al. Abuse and neglect in childhood: relationship to personality disorder diagnoses. *CNS Spectr* 2003;8:737-54.
 42. Leserman J. Sexual abuse history: prevalence, health effects, mediators, and psychological treatment. *Psychosom Med* 2005;67:906-15.
 43. Nash MR, Hulsey TL, Sexton MC, Harralson TL, Lambert W. Long-term sequelae of childhood sexual abuse: perceived family environment, psychopathology, and dissociation. *J Consult Clin Psychol* 1993;61:276-83.
 44. Tyrka AR, Wyche MC, Kelly MM, Price LH, Carpenter LL. Childhood maltreatment and adult personality disorder symptoms: influence of maltreatment type. *Psychiatry Res* 2009;165:281-7.
 45. Cutajar MC, Mullen PE, Ogloff JRP, Thomas SD, Wells DL, Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse Negl* 34:813-22.
 46. Lana F, Fernández San Martín MI, Sánchez Gil C, Bonet E. Study of personality disorders and the use of services in the clinical population attended in the mental health network of a community area. *Actas Esp Psiquiatr* 2008;36:331-6.
 47. Söderberg S, Kullgren G, Renberg ES. Childhood sexual abuse predicts poor outcome seven years after parasuicide. *Soc*

- Psychiatry Psychiatr Epidemiol 2004;39:916-20.
48. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health. Geneva: World Health Organization; 2002.
 49. Widom CS. Does Violence Beget Violence? A Critical Examination of the Literature. *Psychol Bull* 1989;106:3-28.
 50. Maxfield MG, Widom CS. The cycle of violence. Revisited 6 years later. *Arch Pediatr Adolesc Med* 1996;150:390-5.
 51. MacMillan HL, Fleming JE, Streiner DL, Lin E, Boyle MH, Jamieson E, et al. Childhood abuse and lifetime psychopathology in a community sample. *Am J Psychiatry* 2001;158:1878-83.
 52. Haller DL, Miles DR. Personality Disturbances in Drug-Dependent Women: Relationship to Childhood Abuse. *Am J Drug Alcohol Abuse* 2004;30:269-86.
 53. Semiz UB, Ba-o-lu C, Ebrinç S, Çetin M. Childhood trauma history and dissociative experiences among Turkish men diagnosed with antisocial personality disorder. *Soc Psychiatry Psychiatr Epidemiol* 2007;42:865-73.
 54. Caspi A, McClay J, Moffitt TE, Mill J, Martin J, Craig IW, et al. Role of Genotype in the Cycle of Violence in Maltreated Children. *Science* 2002;297:851-4.
 55. Brunner HG, Nelen M, Breakefield XO, Ropers HH, van Oost BA. Abnormal behavior associated with a point mutation in the structural gene for monoamine oxidase A. *Science* 1993;262:578-80.
 56. Haberstick BC, Lessem JM, Hopfer CJ, Smolen A, Ehringer MA, Timberlake D, et al. Monoamine oxidase A (MAOA) and antisocial behaviors in the presence of childhood and adolescent maltreatment. *Am J Med Genet B Neuropsychiatr Genet* 2005;135B:59-64.
 57. Kim-Cohen J, Caspi A, Taylor A, Williams B, Newcombe R, Craig IW, et al. MAOA, maltreatment, and gene-environment interaction predicting children's mental health: new evidence and a meta-analysis. *Mol Psychiatry* 2006;11:903-13.
 58. Ducci F, Enoch M-A, Hodgkinson C, Xu K, Catena M, Robin R, et al. Interaction between a functional MAOA locus and childhood sexual abuse predicts alcoholism and antisocial personality disorder in adult women. *Mol Psychiatry* 2008;13:334-47.
 59. Murray JB. Relationship of childhood sexual abuse to borderline personality disorder, posttraumatic stress disorder, and multiple personality disorder. *J Psychol* 1993;127:657-76.
 60. Bosch LMCVD, Verheul R, Langeland W, Brink WVD. Trauma, dissociation, and posttraumatic stress disorder in female borderline patients with and without substance abuse problems. *Aust N Z J Psychiatry* 2003;37:549-55.
 61. Bryer JB, Nelson BA, Miller JB, Krol PA. Childhood sexual and physical abuse as factors in adult psychiatric illness. *Am J Psychiatry* 1987;144:1426-30.
 62. Cole PM, Putnam FW. Effect of incest on self and social functioning: A developmental psychopathology perspective. *J Consult Clin Psychol* 1992;60:174-84.
 63. Grilo CM, Sanislow CA, Fehon DC, Lipschitz DS, Martino S, McGlashan TH. Correlates of suicide risk in adolescent inpatients who report a history of childhood abuse. *Compr Psychiatry* 1999;40:422-8.
 64. Brown GR, Anderson B. Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. *Am J Psychiatry* 1991;148:55-61.
 65. Martínez-Raga J, Keaney F, Marshall EJ, Ball D, Best D, Strang J. Positive or negative history of childhood sexual abuse among problem drinkers: relationship to substance use disorders and psychiatric co-morbidity. *J Subst Use* 2002;7:34-40.
 66. Shea MT, Zlotnick C, Dolan R, Warshaw MG, Phillips KA, Brown P, et al. Personality disorders, history of trauma, and posttraumatic stress disorder in subjects with anxiety disorders. *Compr Psychiatry* 2000;41:315-25.
 67. Waller G. Childhood sexual abuse and borderline personality disorder in the eating disorders. *Child Abuse Negl* 1994;18:97-101.
 68. Zanarini MC, Frankenburg FR, Hennen J, Reich DB, Silk KR. Prediction of the 10-Year Course of Borderline Personality Disorder. *Am J Psychiatry* 2006;163:827-32.
 69. Horesh N, Nachshoni T, Wolmer L, Toren P. A comparison of life events in suicidal and nonsuicidal adolescents and young adults with major depression and borderline personality disorder. *Compr Psychiatry* 2009;50:496-502.
 70. Roberts A, Yang M, Zhang T, Coid J. Personality disorder, temperament, and childhood adversity: findings from a cohort of prisoners in England and Wales. *J Forens Psychiatry Psychol* 2008;19:460-83.
 71. Wonderlich SA, Crosby RD, Mitchell JE, Thompson K, Smyth JM, Redlin J, et al. Sexual trauma and personality: developmental vulnerability and additive effects. *J Pers Disord* 2001;15:496-504.
 72. Paris J, Zweig-Frank H, Guzder J. Psychological risk factors for borderline personality disorder in female patients. *Compr Psychiatry* 1994;35:301-5.
 73. Silk KR, Lee S, Hill EM, Lohr NE. Borderline personality disorder symptoms and severity of sexual abuse. *Am J Psychiatry* 1995;152:1059-64.
 74. Meza-Rodríguez TE. Trastorno límite de personalidad: Constructos caracteriológicos, fenomenológicos y su correlación neurobiológica. *Revista Argentina de Clínica Neuropsiquiátrica* 2007;14:55-64.
 75. Rüsçh N, Luders E, Lieb K, Zahn R, Ebert D, Thompson PM, et al. Corpus callosum abnormalities in women with borderline personality disorder and comorbid attention-deficit hyperactivity disorder. *J Psychiatry Neurosci* 2007;32:417-22.
 76. Zweig-Frank H, Paris J, Kin NMKNY, Schwartz G, Steiger H, Nair NPV. Childhood sexual abuse in relation to neurobiological challenge tests in patients with borderline personality disorder and normal controls. *Psychiatry Res* 2006;141:337-41.
 77. Lewis RJ, Griffin JL, Winstead BA, Morrow JA, Schubert CP. Psychological Characteristics of Women Who Do or Do Not Report a History of Sexual Abuse. *J Prev Interv Community* 2003;26:49-65.
 78. Lynum LI, Wilberg T, Karterud S. Self-esteem in patients with borderline and avoidant personality disorders. *Scand J Psychol* 2008;49:469-77.
 79. Gladstone G, Parker G, Wilhelm K, Mitchell P, Austin MP. Characteristics of depressed patients who report childhood sexual abuse. *Am J Psychiatry* 1999;156:431-7.
 80. Soloff PH, Fabio A. Prospective predictors of suicide attempts in borderline personality disorder at one, two, and two-to-five year follow-up. *J Pers Disord* 2008;22:123-34.
 81. Owens GP, Chard KM. Comorbidity and psychiatric diagnoses among women reporting child sexual abuse. *Child Abuse Negl* 2003;27:1075-82.
 82. Rosenthal MZ, Cheavens JS, Lejuez CW, Lynch TR. Thought suppression mediates the relationship between negative affect and borderline personality disorder symptoms. *Behav Res Ther* 2005;43:1173-85.
 83. Zanarini MC, Williams AA, Lewis RE, Reich RB. Reported pathological childhood experiences associated with the development of borderline personality disorder. *Am J Psychiatry* 1997;154:1101-6.
 84. Fossati A, Madeddu F, Maffei C. Borderline Personality Disorder and childhood sexual abuse: A meta-analytic study. *J Pers*

- Disord 1999;13:268-80.
85. Feder A, Nestler EJ, Charney DS. Psychobiology and molecular genetics of resilience. *Nat Rev Neurosci* 2009;10:446-57.
 86. Rutter M. Implications of Resilience Concepts for Scientific Understanding. *Ann N Y Acad Sci* 2006;1094:1-12.
 87. Rutter M. Gene-environment interdependence. *Dev Sci* 2007;10:12-8.
 88. Rutter M. Resilience, competence, and coping. *Child Abuse Negl* 2007;31:205-9.
 89. Gallardo-Pujol D, Forero CG, Maydeu-Olivares A, Andrés-Pueyo A. Desarrollo del comportamiento antisocial: factores psicobiológicos, ambientales en interacciones-genotipo-ambiente. *Rev Neurol* 2009;48:191-8.
 90. Lazarus RS. *Stress and emotion: A new synthesis*. New York, NY US: Springer Publishing Co; 1999.
 91. Skodol AE, Bender DS, Pagano ME, Shea MT, Yen S, Sanislow CA, et al. Positive childhood experiences: Resilience and recovery from personality disorder in early adulthood. *J Clin Psychiatry* 2007;68:1102-8.
 92. Kendall-Tackett KA, Williams LM, Finkelhor D, Bull R. Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Children and the law: The essential readings*. Malden, MA US: Blackwell Publishing; 2001. p. 31-76.
 93. Finkelhor D, Hamby SL, Ormrod R, Turner H. The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse Negl* 2005;29:383-412.
 94. Bernstein DP, Fink L. *Childhood Trauma Questionnaire: A retrospective self-report manual*. San Antonio: Harcourt Brace & Company; 1998.
 95. López F. *Efectos de los abusos sexuales de menores*. II Congreso Estatal sobre Infancia Maltratada. Bilbao: Servicio Central de Publicaciones del Gobierno Vasco; 1993.
 96. Inglés A. *El maltractament d'infants a Catalunya*. Quants, Com. Per què. Barcelona: Departament de Justícia; 2000.
 97. Sanmartín J. *Maltrato Infantil en la familia*. España (1997/1998). Valencia: Centro Reina Sofia para el Estudio de la Violencia; 2002.
 98. Hill J, Davis R, Byatt M, Burnside E, Rollinson L, Fear S. Childhood sexual abuse and affective symptoms in women: A general population study. *Psychol Med* 2000;30:1283-91.
 99. Dinwiddie SH, Heath AC, Dunne MP, Bucholz KK, Madden PAF, Slutske WS, et al. Early sexual abuse and lifetime psychopathology: A co-twin-control study. *Psychol Med* 2000;30:41-52.
 100. Kendler KS, Bulik CM, Silberg J, Hettema JM, Myers J, Prescott CA. Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and cotwin control analysis. *Arch Gen Psychiatry* 2000;57:953-9.
 101. Nelson EC, Heath AC, Madden PAF, Cooper L, Dinwiddie SH, Bucholz KK, et al. Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. *Arch Gen Psychiatry* 2002;59:139-45.