



5-2012

# Reported Experience of Maltreatment in Adolescents Whose Mothers Have Borderline Personality Disorder

Chelsea R. Ennis  
cennis@utk.edu

Follow this and additional works at: [http://trace.tennessee.edu/utk\\_chanhonoproj](http://trace.tennessee.edu/utk_chanhonoproj)

 Part of the [Clinical Psychology Commons](#), and the [Developmental Psychology Commons](#)

---

## Recommended Citation

Ennis, Chelsea R., "Reported Experience of Maltreatment in Adolescents Whose Mothers Have Borderline Personality Disorder" (2012). *University of Tennessee Honors Thesis Projects*.  
[http://trace.tennessee.edu/utk\\_chanhonoproj/1508](http://trace.tennessee.edu/utk_chanhonoproj/1508)

This Dissertation/Thesis is brought to you for free and open access by the University of Tennessee Honors Program at Trace: Tennessee Research and Creative Exchange. It has been accepted for inclusion in University of Tennessee Honors Thesis Projects by an authorized administrator of Trace: Tennessee Research and Creative Exchange. For more information, please contact [trace@utk.edu](mailto:trace@utk.edu).

Running Head: Maltreatment in Adolescents

Reported Experience of Maltreatment in Adolescents Whose Mothers Have Borderline

Personality Disorder

Chelsea R. Ennis

University of Tennessee

Chancellor's Honors Thesis

Mentor: Jenny Macfie, Ph.D.

May 2012

## Abstract

In this study we obtained data from adolescents ( $n = 22$ ) age 14-18 whose mothers have borderline personality disorder (BPD) and normative comparisons ( $n = 22$ ). We were interested in the group differences related to the experience of childhood maltreatment. Experiences of childhood maltreatment (including physical abuse, sexual abuse, emotional maltreatment and neglect) were coded from the adolescents Adult Attachment Interviews (AAI). We found that overall occurrences of maltreatment were higher in offspring whose mothers have BPD than in the comparison group. Moreover, we found significantly more neglect and emotional maltreatment in the adolescents of BPD mothers than the comparison group, marginally more physical abuse, but no difference for sexual abuse. We discuss the implications for the development of later psychopathology in these adolescents as well as the possible intergenerational transmission of maltreatment from mother to offspring.

## Introduction

### *Borderline Personality Disorder*

Borderline personality disorder is a severe and pervasive disorder, which is officially diagnosed in adulthood (American Psychiatric Association, 2000), but may also be diagnosed in adolescence (Ludolph, et al., 1990). BPD is characterized by intense and unstable relationships and oscillations between idealization and devaluation in relationships are common. Intense fear of abandonment, a disturbance in the sense of self, inappropriate intense anger, affective instability and impulsive behavior (e.g., with sex, drugs or alcohol) are also common characteristics of BPD. Suicidal behavior is also prevalent; 70-90% of people with BPD attempt suicide or engage in suicidal behavior (Gunderson & Ridolfi, 2001) and completed suicide occurs in 8-10% of people with BPD (American Psychiatric Association, 2000).

BPD affects 5.9% of the general population and is equally prevalent in men and women (Grant, et al., 2008). While equally prevalent in men and women, BPD is associated with more severe problems for women, making mothers diagnosed with BPD an important population to study. BPD develops from an interaction between biological predispositions and environmental stressors. Genetic factors are an important etiological component. Monozygotic twins were found to have significantly higher concordance rates of BPD than dizygotic twins, suggesting a genetic influence in the development of BPD (Torgersen, et al., 2000).

Numerous studies, both prospective and retrospective, have shown that environmental stressors such as traumatic childhood experiences also play an important role in the development of BPD. Many individuals with BPD report a history of

childhood abuse, neglect or separation (Zanarini & Frankenburg, 1997). In one study in which the psychiatric records of 751 female patients were reviewed, researchers found that over 93% of BPD patients experienced separation or abuse during childhood (Laporte & Guttman, 1996). Rates of reported sexual abuse in BPD individuals range from 16 -75 %, with a median of 52% and rates of physical abuse range from 10-73%, with a median of 46% (Silk et al., 2005).

BPD patients are also more likely to report having been emotionally or physically abused by a caregiver, and sexually abused by a non-caregiver, than patients with other personality disorders (Zanarini et al., 1997), and childhood sexual abuse and physical abuse are more frequently reported in patients with BPD than in depressed patients (Ogata et al., 1990). Traumatic childhood experiences are not only frequently reported retrospectively by BPD individuals, but also predict later development of BPD. In one prospective longitudinal study in a low-income risk sample, early abuse (ages 12-18 months), as well as subsequent physical and sexual abuse through adolescence, were significantly related to later adult BPD symptoms (Carlson et al., 2009).

### *Developmental Psychopathology*

Parental psychopathology is an important risk factor in child development. This makes offspring of mothers with mental disorders a particularly important risk group to study, in order to assess the deleterious effects on child development. In this regard, it is noteworthy that offspring of mothers with BPD comprise a high-risk group for the development of BPD (Lenzenweger & Cicchetti, 2005). While genetic factors contribute, as noted above, environmental stressors are also an important component. Children aged 4-18 whose mothers have BPD are likely to experience family instability, such as moving

schools frequently or witnessing parental drug or alcohol abuse (Feldman et al., 1995). Moreover because maltreatment is a very important etiological component, maltreated children make up a high-risk group for BPD. In a seminal study, differences in BPD precursors were examined in a sample of 185 maltreated children and 175 non-maltreated children. Maltreated children had significantly higher scores of BPD precursors than the non-maltreated cohort (Rogosch & Cicchetti, 2005). Additionally, about one third of children of maltreated mothers are more likely to experience various types of maltreatment themselves (Pianta, et al., 1989). These data suggests a possible pathway leading to the intergenerational transmission of BPD.

#### *Adult Attachment Interview*

The Adult Attachment Interview, AAI, (George, Kaplan, & Main, 1984) was designed to assess early experiences with attachment figures. It is a semi-structured interview with questions regarding childhood memories with each parent as well as current perceptions about each parent. Regarding maltreatment, several questions in the AAI prompt interviewees to recall and describe potentially abusive or traumatic experiences.

#### Goal of the Current Study

As reviewed above, childhood maltreatment is an important risk factor in the development of BPD. It is therefore important to study maltreatment as a part of this risk. We analyzed maltreatment in the AAI's of adolescents whose mothers have BPD. Because previous research has shown that mothers with BPD are likely to have experienced maltreatment during childhood and that the children of maltreated mothers are also likely to experience maltreatment themselves, we wanted to examine differences

in maltreatment in children whose mother have BPD and normative comparisons. We speculate that a mother's traumatic childhood history and subsequent development of BPD may put her child at an increased risk for maltreatment. In the current study, we hypothesized that compared to normative comparisons, adolescents of mothers who have BPD would be more likely to report experiences of overall childhood maltreatment. Moreover, we hypothesized that compared to normative comparisons, adolescents of mothers who have BPD would be more likely to report more experiences of physical abuse, sexual abuse, emotional maltreatment and neglect.

### Method

#### *Participants*

Mothers with BPD were recruited from clinicians in mental health settings and directly from the community with flyers posted throughout a city and its surrounding counties. Flyers listed questions about symptoms of BPD and instructed those with children and adolescents to apply. Subjects in the normative comparison group, adolescents whose mothers did not have BPD, were recruited both directly from the community and from programs for adolescents (e.g., Boys' and Girls' Clubs). The total sample consisted of 44 adolescents: 22 low socioeconomic status adolescents whose mother had BPD and 22 matched normative comparisons. Girls made up 47.7% of the sample; 97.7% were Caucasian, 2.3% were of other ethnic background. The average age was 15 years, 5 months,  $SD = 1$  year, 3 months. Groups were matched on adolescent age, gender, and race. The difference in family yearly income was only marginally significant. *see Table 1.*

*Procedures and Measures*

After an initial phone screen of participants, two research assistants went to the home or another meeting place and collected preliminary data. This data included the informed consent, demographic information, and a self-report of maternal BPD symptoms. The eligible mothers and their adolescents then visited the university for an approximately 3-hour evaluation. At the visit, BPD status of the mother was assessed during a clinical interview. Additionally, audio recordings were made of the AAI, which was administered separately to both the mother and the adolescent by the researchers.

*Psychiatric Diagnosis*

BPD diagnosis of the mother was determined using the SCID-II Structured Clinical Interview (First et al., 1997). The structured interview was conducted with all mothers after the initial phone screen and self-report screen from the home visit.

*Demographics*

Demographic information was collected in the form of a maternal interview (Mt. Hope Family Center, 1995).

*Maltreatment*

Experiences of maltreatment were reliably coded from transcripts of Adult Attachment Interviews (George, Kaplan, & Main, 1984; Main, Goldwyn, & Hesse, 2002). Research assistants who were trained using specific guidelines transcribed audio recordings of the AAI's. Coders of maltreatment were kept blind to the adolescent's group status. Maltreatment types included physical abuse, sexual abuse, emotional maltreatment and neglect. Total maltreatment was also coded and indicates the occurrence of any of the types of maltreatment. Thirty percent of the sample was coded to

establish reliability, and included 100% agreement for physical abuse, 100% agreement for sexual abuse, 100% agreement for emotional maltreatment and 94% agreement for neglect.

The types of maltreatment were coded from the AAI transcripts with the Maltreatment Coding System (Manly, Cicchetti, & Barnett, 1994). Physical abuse was defined as physical injuries sustained to the child by a perpetrator (e.g. bruises, burns, injury requiring medical treatment, excessive corporal punishment). Sexual abuse included exposure to sexually inappropriate stimuli, sexual touching and bodily penetration. Emotional maltreatment was defined as a failure to meet the child's emotional needs or exposure to emotionally damaging acts (e.g. ridiculing or verbal abuses to the child, threats of abandonment or injury to the child, suicidal or homicidal attempts by the caregiver in the child's presence, witnessing extreme family violence). Neglect was defined as physical neglect, or a failure of the caregiver to provide a safe environment for the child. Examples of neglect include: lack of access to regular meals or medical treatment when necessary, lack of adequate supervision or supervision by a questionably suitable caregiver and extended exposure to an extremely dangerous living environment.

## Results

We first assessed and compared various demographic variables to determine if there were significant differences between the two groups. These variables included: adolescent age, family yearly income, adolescent gender and race (Table 1). As no statistically significant differences between the two groups were found, no demographic variables were controlled for in the following analyses.

We next assessed differences in the four maltreatment variables and total maltreatment between the two groups. As shown in Table 2, there was only a marginally significant difference in physical abuse between adolescents whose mothers have BPD and the comparison adolescents;  $\chi^2 = 3.22, p < 0.10$ . No significant differences were found between the two groups for sexual abuse,  $\chi^2 = 0.36, p > 0.10$ . There was a difference in emotional maltreatment between the two groups, with adolescents of BPD mothers reporting significantly more,  $\chi^2 = 12.94, p < 0.01$ . Moreover, adolescents of BPD mothers reported significantly more neglect,  $\chi^2 = 5.64, p < 0.05$ . In terms of total maltreatment, half of the adolescents of BPD mothers reported a history of any of the types of maltreatment, where as only one adolescent from the comparison group had reported any experience of maltreatment, this was a robust significant difference,  $\chi^2 = 11.46, p < 0.01$ . *See Table 2.*

### Discussion

The current study assessed physical abuse, sexual abuse, emotional maltreatment and total maltreatment in the AAI's of adolescents of mothers who have BPD and normative comparisons. We hypothesized that adolescents of BPD mothers would experience more maltreatment than normative children. Consistent with this hypothesis, adolescents of mothers with BPD reported significantly more overall occurrences of maltreatment than adolescents in the comparison group. Also as predicted, adolescents of mothers with BPD reported significantly more emotional maltreatment and neglect, and marginally more significant physical abuse than adolescents in the comparison group. Reported occurrences of sexual abuse in adolescents of mothers with BPD tended to be

higher than in the normative control population, but this trend did not achieve statistical significance.

These findings lend further support to the relationship between childhood maltreatment and the development of BPD. Our findings suggest that a mother's history of childhood maltreatment and subsequent development of BPD may put her own child at an increased risk for maltreatment. This could be indicative of a possible intergenerational transmission cycle of maltreatment. From an attachment perspective, the experience of maltreatment negatively affects views of the self, relationships and others. These negative internal working models may then impair the ability to form supportive and healthy relationships with others and instead may lead to problems such as isolation and hostile relationships, which would in turn affect the parenting ability and quality (Zuravin, et al., 1996). Zuravin and colleagues (1996) contend that impaired parenting ability in an out-of-control mother (as possible with BPD individuals) may then account for the increased risk of maltreatment for her child.

The findings of the present study must be tempered by several considerations. One limitation to the current study was the relatively small sample size. This may account for the lack of differences in the physical and sexual abuse variables. Despite the small sample size however, there were robust increases in the incidence of emotional and neglect variables, as well as total maltreatment, in the BPD group. Alternatively, because of the sensitive nature of the subject material, it is possible that the extent of maltreatment, especially sexual abuse, was underreported. Moreover, the limits to confidentiality could be another likely cause for underreporting. Legal responsibilities to protect children in our study required any cases of ongoing maltreatment to be reported to

the proper authorities. Notwithstanding these potential limitations, the present results clearly demonstrate that children raised by mothers with BPD experience a greater level of maltreatment than children with mothers lacking psychopathology. The higher prevalence of maltreatment in these adolescents raises the possibility that they will be at higher risk for subsequent development of BPD, leading to the intergenerational BPD transmission cycle. Our study highlights the need for developing and implementing successful interventions for childhood maltreatment.

## References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed Revised)*. Washington, DC: Author.
- Carlson, E. A., Egeland, B., & Sroufe, L. A. (2009). A prospective investigation of the development of borderline personality symptoms. *Development and Psychopathology*, 21, 1311-1334.
- Feldman, R.B., Zelkowitz, P., Weiss, M., Vogel, J., Heyman, M., & Paris, J. (1995). A comparison of the families of mothers with borderline and nonborderline personality disorders. *Comprehensive Psychiatry*, 36, 157-163.
- First, M. B., Gibbon, M., Spitzer, R.L., Williams, J. B. W., & Benjamin, L. S., (1997). *Structured Clinical Interview for DSM-IV Axis II personality disorders: SCID II*. Washington, DC: American Psychiatric Press.
- Grant, B. F., Chou, S. P., Goldstein, R. B., Huang, B., Stinson, F. S., Saha, T. D., et al. (2008). Prevalence, correlates, disability, and comorbidity of DSM-IV borderline personality disorder: Results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 69, 533-545.
- George, C., Kaplan, N., & Main, M. (1984). *The attachment interview for adults*. Unpublished manuscript, University of California, Berkeley.
- Gunderson, J. G., & Ridolfi, M. A. (2001). Borderline personality disorder: suicidality and self-mutilation. *Annals of the New York Academy of Sciences*, 932, 60-83.
- Laporte, L., & Guttman, H. (1996). Traumatic childhood experiences as risk factors for borderline personality disorder. *Journal of Personality Disorders*, 10, 247-259.

- Lenzenweger, M. F., & Cicchetti, D. (2005). Toward a developmental psychopathology perspective approach to borderline personality disorder. *Development and Psychopathology*, 17, 893-898.
- Ludolph, P. S., Westen, D., Mislis, B., Jackson, A., Wixom, J., & Wiss, F. C. (1990). The borderline diagnosis in adolescents: symptoms and developmental history. *American Journal of Psychiatry*, 147, 470-476.
- Main, M., Goldwyn, R., & Hesse, E. (2002). *Adult attachment scoring and classification systems, Version 7.1*. Unpublished manuscript, Department of Psychology, University of California, Berkeley.
- Manly, J. T., Cicchetti, D., & Barnett, D. (1994). The impact of subtype, frequency, chronicity and severity of child maltreatment on social competence and behavior problems. *Development and Psychopathology*, 6, 121-143.
- Mt. Hope Family Center. (1995). *Mt. Hope Demographic Interview*. Unpublished manuscript, University of Rochester.
- Ogata, S. N., Silk, K. R., Goodrich, S., Lohr, N. E., Westen, D., & Hill, E. M. (1990). Childhood sexual and physical abuse in adult patients with borderline personality disorder. *American Journal of Psychiatry*, 147, 1008-1013.
- Pianta, R., Egeland, B., & Erikson, M. (1989). The antecedents of maltreatment: Results of the Mother-Child Interaction Research project. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 203-205). Cambridge, UK: Cambridge University Press.

- Rogosch, F. A., & Cicchetti, D. (2005). Child maltreatment, attachment networks, and potential precursors to borderline personality disorder. *Development and Psychopathology, 17*, 1071-1089.
- Silk, K. R., Wolf, T. L., Ben-Ami, D. A., & Poortinga, E. W. (2005). Environmental factors in the etiology of borderline personality disorder. In M. Zanarini (Ed.), *Borderline Personality Disorder* (pp. 51-54). Boca Raton, FL: Taylor & Francis Group.
- Torgersen, S., Lygren, S., Oien, P. A., Skre, I., Onstad, S., Edvardsen, J., et al. (2000). A twin study of personality disorders. *Comprehensive Psychiatry, 41*, 416-425.
- Zanarini, M. C., & Frankenburg, F. R. (1997). Pathways to the development of borderline personality disorder. *Journal of Personality Disorders, 11*, 93-104.
- Zanarini, M. C., Williams, A. A., Lewis, R. E., Reich, R. B., Vera, S. C., Marino, M. F., Levin, A., Yong, L., & Frankenburg, F. R. (1997). Reported pathological childhood experiences associated with the development of borderline personality disorder. *American Journal of Psychiatry, 154*, 1101-1106.
- Zuravin, S., McMillen, C., DePanfilis, D., & Risley-Curtiss, C. (1996). The intergenerational cycle of child maltreatment: Continuity versus discontinuity. *Journal of Interpersonal Violence, 11*(3), 315-334.

## Tables

**Table 1. Sample Characteristics**

Variable	Whole sample <i>N</i> = 44 <i>M</i> ( <i>SD</i> )	BPD <i>n</i> = 22 <i>M</i> ( <i>SD</i> )	Comparisons <i>n</i> = 22 <i>M</i> ( <i>SD</i> )	<i>t</i>
Adolescent age (years)	15.47 (1.21)	15.27 (1.15)	15.66 (1.25)	1.11
Family Yearly Income (\$)	25,276 (15,318)	20,930 (12,384)	29,622 (16,956)	1.94 <sup>†</sup>
				$\chi^2$
Adolescent Gender (girls)	47.7%	40.9%	54.5%	0.82
Adolescent Minority Ethnic Background	2.3%	0%	4.6%	1.02

<sup>†</sup>  $p < .10$ ; \* $p < .05$ ; \*\*  $p < .01$

**Table 2. Maltreatment by Group**

Variable	BPD	Comparisons	$\chi^2$
Physical Abuse	13.6%	0%	3.22 <sup>†</sup>
Sexual Abuse	9.1%	4.5%	0.36
Emotional maltreatment	45.5%	0%	12.94**
Neglect	22.7%	0%	5.64*
Total maltreatment	50%	4.5%	11.46**

<sup>†</sup>  $p < .10$ ; \* $p < .05$ ; \*\*  $p < .01$