

Childhood Abuse, Neglect and Personality Disorders in Drug Users

***Afreen Komal**

Department of Psychiatry and Behavioral Sciences, Mayo Hospital,
Lahore

Hafsa Chandni Rizwan

Faiza Safdar

Centre for Clinical Psychology, University of the Punjab

The aim of the present study was to seek relationship between childhood abuse, neglect and personality disorder in drug users. It was hypothesized that (1) there is likely to be a relationship between childhood neglect and personality disorder, (2) childhood neglect and abuse is likely to predict personality disorders in drug users. The data was comprised of N=50 participants (male) taken from different teaching hospitals of Lahore; Mayo Hospital Lahore, Ganga Ram Hospital Lahore, Punjab Institute of Mental Health and Fountain House. The data was collected with the help of Demographic Questionnaire, Childhood Abuse and Neglect Questionnaire (Sitwat & Yousaf, 2010) and Comprehensive Diagnostic Instrument for Personality Disorder (CDIP) (Dawood & Khan, 2010). Pearson Product Moment was employed to find out the correlation between childhood abuse, neglect and personality disorders. Stepwise Regression analysis was done to see predictors of personality disorders. The results of Pearson product moment correlation among study variables revealed that emotional abuse and neglect was significantly and positively related with schizoid personality disorder, whereas sexual abuse and neglect was found significantly and positively related to the narcissistic personality disorder. Results of regression analysis revealed that sexual abuse and neglect was the only variable which significantly predicting narcissistic personality disorder, whereas emotional abuse and neglect was found significant predictor of schizoid personality disorder.

Keywords: Childhood Abuse, Personality Disorders, Drug Users

The present study aimed to investigate the relationship among childhood abuse, neglect and personality disorders in drug addicts.

*Correspondence concerning this article should be addressed to Afreen Komal,,
Research Scholar, Department of Psychiatry and Behavioral Sciences, Mayo Hospital,
Lahore, Pakistan Email: afreenkomal17@yahoo.com,
Hafsa Chandni Rizwan, MS. Clinical Psychology, Centre for Clinical Psychology,
University of the Punjab, Lahore, Pakistan.
Faiza Safdar, Assistant Professor Centre for Clinical Psychology, University of the
Punjab, Lahore, Pakistan.

Personality disorder is characterized by rigid behavioral pattern and emotional experiences. Three clusters of Personality disorders (odd, anxious and dramatic cluster) are studied in relation to childhood experiences, however they are seldom observed with addictive behaviors. Addiction (of any object), is characterized by inability to abstain which leads to maladaptive behaviors and disruption of interpersonal relationships. Unhealthy childhood experiences might cause maladaptive individuals in society. Child abuse is defined as any form of behavior or cold treatment in which the child gets hurt, not being cared, ignored by parents and care giver. Parents, sibling, relatives and neighbors coach, or teacher, can be the threat to child abuse (Kempe, 1978). Researches (Bernstein, Stain, & Hendelsman, 1998; Min, Farkas, Minnes, & Singer, 2007; Kosten, Kosten & Rounsaville, 1989; Safdar & Farooq, 2010; Zaranani, 2005; Mclean & Rogers, 2003) found association of childhood abuse and later development of personality disorders.

Personality variables attempt to explain why certain people inclined towards drug abuse. Research shows that 47.7% patients with drug use had at least one Personality Disorder (Kosten, Kosten & Rounsaville, 1989). An association has been noted between drug abuses and Antisocial Personality Disorder (Davison & Neale, 2010). Chapman and Cellucci (2007) found that severity of Antisocial Personality Disorder and Borderline Personality Disorder was associated with addiction. Other studies showed that Antisocial Personality Disorder and Schizotypal Personality Disorder were significantly associated with persistent drug use (Hasin et al. 2011; Schaub, Boesch, & Stochler, 2006).

Abuse is the act which committed against a child's will whereas neglect is the failure to act. Different forms of abuse and neglect have been differentiated. There are three major type of abuse: physical, emotional and sexual (Gelles, 2007). Neglect in any form can lead to insecurities in personalities and these insecurities are then fought by drug use in adulthood (Ireland & Widom, 1994). Development of Personality Disorder has been associated with childhood trauma or abuse (Zaranani, 2005). Johnson, Cohen, Brown, Smailes, and Bernstein (1999) concluded that different types of childhood maltreatment entailed the development of different Personality Disorders, stressing the risk of Borderline Personality Disorder in victims of sexual abuse and Antisocial and Dependent Personality Disorder in victims of physical abuse and neglect. Studies found relationship between the forms of abuse (sexual, physical,

emotional) and the number of reported addictions in adulthood (Carries & Delmonico, 1996). Other studies also found that childhood abuse, neglect and childhood trauma was related to greater substance abuse (Anda et al. 2006; Kang, Deren, & Goldstein, 2002; Kuo, Khoury, Metcalfe, Fitzpatrick, & Goodwill, 2015; Min et al., 2007). Gera et al. (2014) postulated that perception of childhood neglect is related to addiction severity in later life. A study carried out in Pakistan also shows positive relationship between symptoms of Borderline Personality Disorder and history of childhood abuse and neglect (Safdar & Farooq, 2010).

The present study aimed to ascertain the relationship between childhood abuse, neglect and personality disorders in drug addicts focusing on how childhood abuse, neglect and personality disorders are linked in drug users and how abuse and neglect in childhood can cause personality disorders later in life.

Hypotheses

- There is likely to be a relationship between childhood abuse, neglect and personality disorder in drug addicts.
- Childhood neglect and abuse is likely to predict personality disorders in drug addicts.

Method

The correlational research strategy was used in the present study. Non probability purposive sampling technique was used for selecting sample that was comprised of 50 drug addicts with age range of 20 to 45 years, recruited from four addiction centers of four government hospitals of Lahore city; 18 drug addicts from Fountain House, 15 were from Punjab Institute of Mental Health, 7 from Ganga Ram Hospital and 10 from Mayo Hospital.

Measures

Demographics Information Sheet. It was developed by the researchers to take an account of the demographic variables such as age, gender, education, family system, marital status, number of siblings and family income. Demographic information regarding history of psychological and physical illness in family and nature of relationship with parents and siblings were also included in the questionnaire.

Child Abuse and Neglect Questionnaire (CANQ). An indigenous tool, Child Abuse and Neglect Questionnaire developed by Yousaf and Sitwat (2010) was used to screen the history of abuse (sexual, physical & emotional) and neglect (physical & emotional) in drug addicts. The questionnaire is consisted of 52 items based on 5 point Likert scale, ranges from 'never time' (1), to 'very often' (5). It is comprised of three factors, Factor I as Emotional Abuse and Neglect. Factor II as Physical Abuse and Neglect and Factor III as Sexual Abuse. For the scale of Emotional abuse and neglect, 26 is the lowest score and 130 is the highest score for this scale scores from 104 and 130 are considered to lie on abuse category. Likewise for the scale of Physical abuse and neglect, 14 is the lowest score and 70 is the highest score and 56 and 70 scores are considered as abused category. For the last scale of Sexual abuse and neglect, 11 is the lowest score and 55 is the highest score and 44 and 55 scores are considered as lying in abused category. High alpha coefficient reliability⁹³ was found out for this questionnaire.

Comprehensive Diagnostic Instrument for Personality Disorder (CDIP). A comprehensive diagnostic instrument for personality disorder (CDIP) developed by Dawood and Yahya (2010) was used to screen the participants with personality disorder. It has two parts, first part consisted of a screening questionnaire for all personality disorders (24 item), scored on a 4 point scale (0-3). The second part included 12 subscales, one for each personality disorder including Depressive and Passive Aggressive, Paranoid (20 items), Schizoid (16 items), Schizotypal (13 items), Anti-social (27 items), Borderline (22), Histrionic (18), Narcissistic (21), Avoidant (18), Dependent (23), Obsessive Compulsive (23), Depressive (10), and Passive Aggressive personality disorder (10 items) (Dawood & Safdar, 2010). The cronbach's alpha reliability of the tool was .51.

Procedure

Permission was taken from the Director of Center for Clinical Psychology, University of the Punjab, Lahore before conducting the research and permissions was also taken from the authors of the original measures to use them in the current study. Before data collection, an authority letter was obtained from the Center for Clinical Psychology, and those authority letters were then presented to the heads of the relevant hospitals for their permission to collect data. Afterwards, individual participants were approached and preliminary information was gathered. The participants were briefed about the purpose of the research

and their consent was sought. Confidentiality of the information was assured to participants and they were informed that they could withdraw from the research any time during the research process. After that the researcher asked gathered the information from participants regarding assessment measures. Afterwards, they were genuinely thanked. The response rate was 89% as 56 participants were approached and 50 participants gave content to participate in the research.

Results

The results are presented for the relationship among childhood abuse, neglect and personality disorders in drug addicts and predictors of personality disorders. To assess the relationship between Childhood Abuse, Neglect and Personality Disorders Pearson Product Moment Correlation analysis was conducted (see table 1).

The results revealed that Emotional Abuse and Neglect was only significantly and positively related to Schizoid Personality Disorder. Whereas Sexual Abuse and Neglect was found significantly and positively related with Narcissistic personality disorder.

To examine predictors of Personality Disorders (Paranoid, Schizoid, Antisocial, Borderline, Narcissistic, Avoidant, Dependent, and Depressive), Childhood Abuse and Neglect (Emotional Abuse and Neglect, Physical Abuse and Neglect and Sexual Abuse and Neglect), were entered and stepwise regression analysis was carried out (see table 2).

Table 1

Intercorrelation between Childhood Abuse, Neglect, and Personality Disorder

Variables	2	3	4	5	6	7	8	9	10	11
1 Emotional Abuse and Neglect	.60**	.20	.01	.32*	-.06	-.22	.07	.21	.24	.06
2 Physical Abuse and Neglect	-	.44**	.01	.24	.03	-.13*	.20	-.01	.09	.02
3 Sexual Abuse and Neglect		-	-.09	.09	-.12	-.12	.31*	-.10	.09	.28
4 Paranoid Personality Disorder			-	.07	-.12	-.25	-.09	-.06	-.10	-.04
5 Schizoid Personality Disorder				-	-.07	-.15	-.09	-.06	-.10	-.04
6 Antisocial Personality Disorder					-	-.39**	-.03	-.10	-.15	-.07
7 Borderline Personality Disorder						-	-.29*	.17	-.08	-.14
8 Narcissistic Personality Disorder							-	-.06	-.09	-.04
9 Avoidant Personality Disorder								-	.61**	-.02
10 Dependent Personality Disorder									-	.42**
11 Depressive Personality Disorder										-

*Note: *p < .05. **p < .01.*

Table 2

Childhood Abuse and Neglect Predicting Personality Disorders in Drug Addicts.

Variable	Schizoid Personality Disorder	
	Model 1 B	95 % CI
Constant	-2.71	[-5.71, 0.371]
Emotional Abuse and Neglect	0.06*	[0.01, 0.11]
R ²	.10	
F	5.36*	
Variable	Narcissistic Personality Disorder	
	Model 1 B	95 % CI
Constant	-5.25	[-12.19, 1.69]
Sexual Abuse and Neglect	0.39*	[0.03, 0.75]
R ²	.08	
F	4.97*	

Note. N = 150, CI = Confidence Interval. * $p < .05$. ** $p < .01$.

The result showed that Sexual Abuse and Neglect was the only variable which significantly predicted Narcissistic Personality Disorder. The results showed that Sexual Abuse and Neglect has the greatest influence on Narcissistic Personality Disorder as the $\beta = -0.31$.

Whereas Emotional Abuse and Neglect was found significant and positive predictor of Schizoid Personality Disorder, where the influence of Emotional Abuse and Neglect on Schizoid Personality Disorder was $\beta = 0.32$.

Discussion

The present research found that Emotional Abuse and Neglect was only significantly and positively related to and predictor of Schizoid Personality Disorder. This result was also supported by research conducted by Bernstein, Stein and Handelsman (1998) who find out a predictive relationship of childhood abuse and developing personality disorder among the patients of substance use. Results indicate that Emotional neglect and abuse perpetuated the schizoid personality disorder. In another study similar results were found that child who experience emotional abuse had elevated schizoid personality disorder during adolescence and early adulthood (Johnson et al. 2001).

In Pakistan, emotional abuse and negligence of parents about fulfilling the emotional needs of child, leads them to live aloof, separate and cold in emotional expression. An emotionally abuse may also find his/her happiness in drugs in order to cope with the effects of abuse, thus present study find a significant positive relationship between childhood emotional abuse and neglect and schizoid personality disorder.

The result of present study also shows that Sexual Abuse and Neglect was found significantly and positively related and predict Narcissistic personality disorder. This result is consistent with the research conducted by Norden, Klein, Donaldson, Pepper, and Klein (1995) which claimed that reports of childhood abuse was associated with narcissistic personality disorder in later life.

In Pakistani context, becoming victim of childhood sexual abuse may change a person's self-esteem to very fragile. People who are sexually abused as children are more likely to suffer low self-esteem as compared to adults. They might have learned that they are of little value in themselves or just an object to be used. Thus a victim of sexual abuse projected self-absorption, self-importance and fantasies in order to boost their sense of self, victims search for unending questing of respect from others. While the relationship and prediction of sexual abuse with narcissistic personality disorder was rarely supported by previous researches, but can be understood in Pakistani context.

Conclusion

On the basis of above discussion it can be concluded that the result of present study partially support first hypothesis that there is likely to be a relationship between childhood abuse, neglect and personality disorders. The second hypothesis that childhood neglect and abuse is likely to predict personality disorders in drug addicts was also partially support by results of current research.

Limitations and Recommendations

First, the sample size was small (N= 50), it could be increased to make the results more generalizable. There was limited time for data collection, so time limit for data collection may be increased to enhance the variability of data. Drug addicts who were illiterate and belonged to low socio economic class was major representative in sample as major data was collected from government hospital, to overcome this problem and to get the variety of sample, the private clinics could be approached in data collection. There were only male participants in the sample due to

which it was not possible to find the gender differences, to overcome this limitation attempt should be made to get data from both genders (male, female) by approaching the addiction center where female addicts are available.

Future Implications

Large data should be taken to replicate the study as previous literature suggests the researches with large sample size. Data from private clinics can also be included in further studies. Data from both genders could be taken to see the gender differences. Results of present study can help clinicians to especially focus on as aspects of emotional and sexual abuse in study and add these domains in their relevant management.

References

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186. doi: 10.5923/j.economics.20120001.21
- Bernstein, D. P., Stein, J. A., & Handelsman, L. (1998). Predicting personality pathology among adult patients with substance use disorders: Effects of childhood maltreatment. *Addictive Behaviors*, 23(6), 855-868. doi: 10.5897/AJBM10.395
- Carries, P. J., & Delmonico, D. L. (1996). Childhood abuse and multiple addictions: Research findings in a sample of self-identified sexual addicts. *Sexual Addiction & Compulsivity: The Journal of Treatment and Prevention*, 3(3), 258-268. doi:10.5923/j.economics.20120001.21
- Chapman, A., & Cellucci, J. (2007). The role of antisocial and borderline personality features in substance dependence among incarcerated females. *Addictive Behaviors*, 31, 1131-1145. doi: 10.1016/j.addbeh.2006.08.001
- Davison, G. C., & Neale, J. M. (2010). *Abnormal Psychology*. New York: Wiley.

- Dawood, S., & Yahya, A. (2010). *Comprehensive diagnostic instrument for personality disorders. Manifestation of personality disorders in Pakistani culture and prevalence estimates for non-clinical population of Lahore*. Unpublished master's thesis). Centre for Clinical Psychology, University of the Punjab, Lahore, Pakistan.
- Gelles, R.J. (2007). Family violence. In Flannery, D. J., Vazsonyi, A.T., & Waldman, I. D. *The Cambridge Handbook of Violent Behavior and Aggression*. NY: Cambridge University Press.
- Gerra, G., Somaini, L., Manfredini, M., Raggi, A. M., Saracino, A. M., Amore, M., Leonardi, C., Cortese, E. & Donnini, C. (2014). Dysregulated responses to emotions among abstinent heroin users: Correlation with childhood neglect and addiction severity. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 48. 220-228. doi:10.1016/j.pnpbp.2013.10.011
- Hasin, D., Fenton, M. C., Skodol, A., Krueger, R., Keyes, K., Geier, T., Greenstein, E., Blanco, C., & Grant, B. (2011). Personality disorders and the 3-year course of alcohol, drug, and nicotine use disorders. *Arch Gen Psychiatry*. 68(11), 1158-1167. doi: 10.1001/archgenpsychiatry
- Ireland, T., & Widom, C. S. (1994). Childhood victimization and risk from alcohol and drug arrests. *The International Journal of the Addictions*, 29, 235- 274. doi: 10.1016/S07
- Johnson, J. G., Cohen, P., Brown, J., Smailes, E. M., & Bernstein, D. P. (1999). Childhood maltreatment increases risk for personality disorders during early adulthood. *Arch Gen Psychiatry*. 5(6), 60-69. doi: 10.1001/archpsyc.56.7.600
- Johnson, J. G., Cohen, P., Smailes, E. M., Skodol, A. E., Brown, J., & Oldham, J. M. (2001). Childhood verbal abuse and risk for personality disorders during adolescence and early adulthood. *Comprehensive psychiatry*, 42(1), 16-23.
- Kang, S. Y., Deren, S., & Goldstein, M. F. (2002). Relationships between childhood abuse and neglect experience and HIV risk behaviors among methadone treatment drop-outs. *Child*

Abuse & Neglect, 26, (12). 1275-1289. Retrieved from:
<http://www.sciencedirect.com/science/article/pii/S014521340200412X>

Kempe, R., & Kempe, H. (1978). *Child abuse the developing child*. USA: Harvard University Press.

Kosten, T. A., Kosten, T. R., & Rounsaville, B. J. (1989). Personality disorders in opiate addicts show prognostic specificity. *Substance Abuse Treatment*, 6(3). 163-168. doi: 10.1016/0740-5472(89)90003-2

Kuo, J. R., Khoury, J. E., Metcalfe, R., Fitzpatrick, S., & Goodwill, A. (2015). An examination of the relationship between childhood emotional abuse and borderline personality disorder features: The role of difficulties with emotion regulation. *Child Abuse & Neglect*, 39. 147-155. doi: 10.1016/j.chiabu.2014.08.008

McLean, I. & Rogers, A. (2003). Implications of childhood sexual abuse for adult borderline personality disorder and complex posttraumatic stress disorder. *American Journal of psychiatry*, 60, 369-371. doi 10.1176/appi.ajp.160.2.369

Min, M., Farkas, K., Minnes, S., & Singer, L. T. (2007). Impact of childhood abuse and neglect on substance abuse and psychological distress in adulthood. *Journal of traumatic stress*, 20(5), 833-844.

Norden, K.A., Klein, D.N., Donaldson, S.K., Pepper, C.M., & Klein, L.M. (1995). Reports of early home environment in DSM III R personality disorders. *Journal of Personality disorders*, 9, 213-223. doi: 10.1521/pedi.1995.9.3.213

Safdar, F., & Farooq, R. (2010). Childhood Abuse and psychological wellbeing among the patients of Borderline personality disorder (Unpublished BS thesis). Centre for clinical psychology, University of the Punjab, Lahore.

Schaub, M., Boesch, L., & Stohler, R. (2006). Association between aggressiveness, schizotypal personality traits and cannabis use in swiss psychology students. *Psychiatry Research*, 143(3), 299-301. doi: 10.1002/(SICI)1099-1379

Yousaf, A., & Sitwat, A. (2010). *Types of abuse and neglect and quality of life among patients of anxiety and depressive disorders*. Unpublished master's thesis). Centre for Clinical Psychology, University of the Punjab, Lahore.

Zaranani, M. (2005). *Borderline Personality Disorder*. NY: Taylor & Francis Group.