

Childhood Maltreatment and Level of Personality Organization: Preliminary Evidence from a Personality Disorder Inpatient Unit

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Introduction

Childhood trauma (CT), including physical and emotional neglect as well as physical, sexual, and emotional abuse, has been consistently associated with impairments in personality development and increased vulnerability to psychiatric disorders across the lifespan (Bernstein et al., 2003). Meta-analytic and longitudinal evidence indicates that CT substantially increases the risk for affective, psychotic, and personality disorders (PD), particularly borderline personality disorder (BPD), with greater symptom severity and poorer outcomes (McKay et al., 2021). From a developmental perspective, such experiences may interfere with the consolidation of identity, affect regulation, mentalizing, and secure relationships, resulting in impairments in personality organization (PO) (Ensink et al., 2023; Sloover et al., 2024); emotional abuse and neglect show the strongest associations with later personality functioning and reflective capacities (Back et al., 2021; Mandelli et al., 2015). This study examined whether specific dimensions of childhood maltreatment, in particular emotional abuse and emotional neglect, are associated with the severity of personality organization among adults admitted to an inpatient unit for personality disorder.

Figure 1. Childhood Emotional Abuse Subscale (Preliminary Data Analysis)

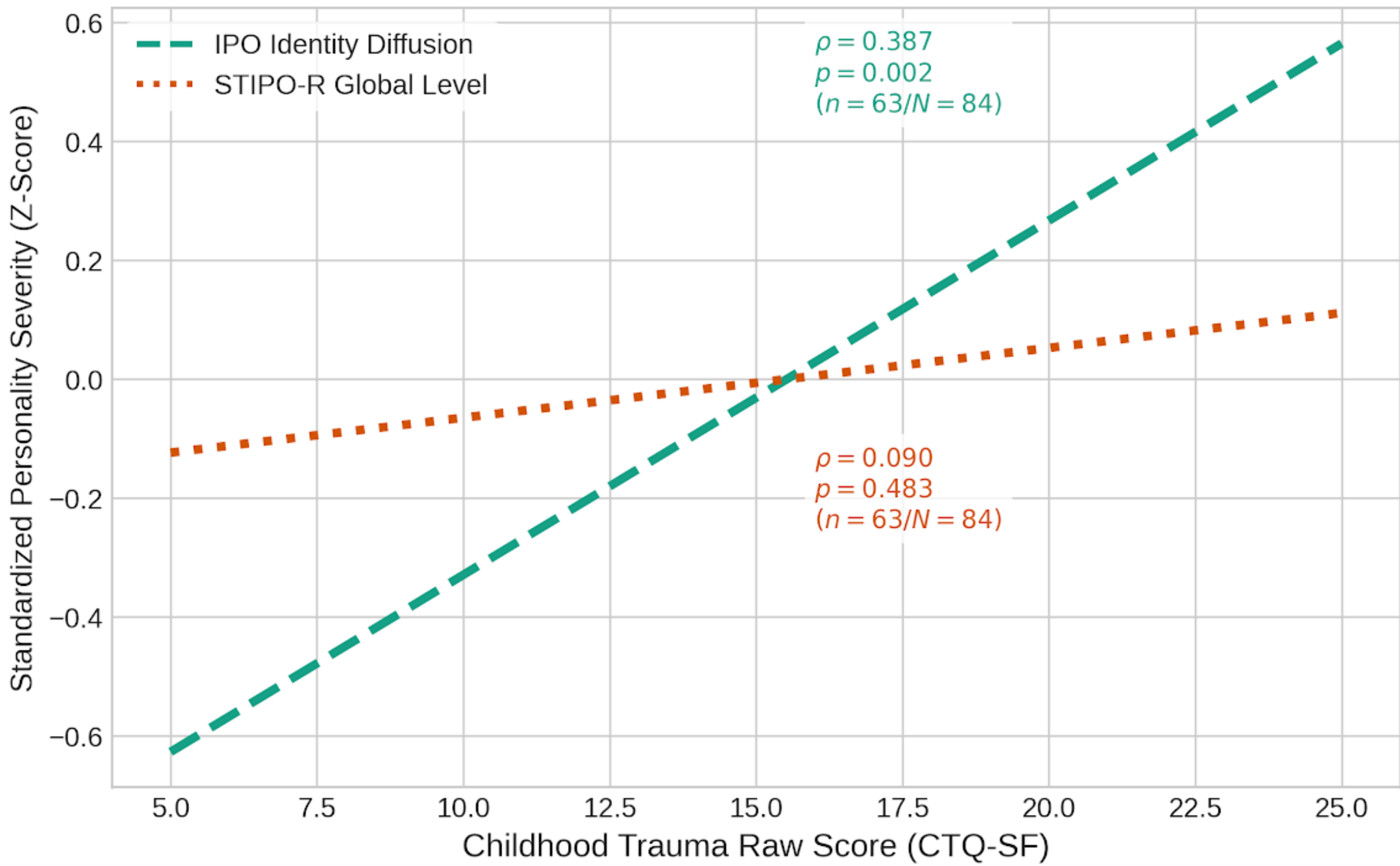
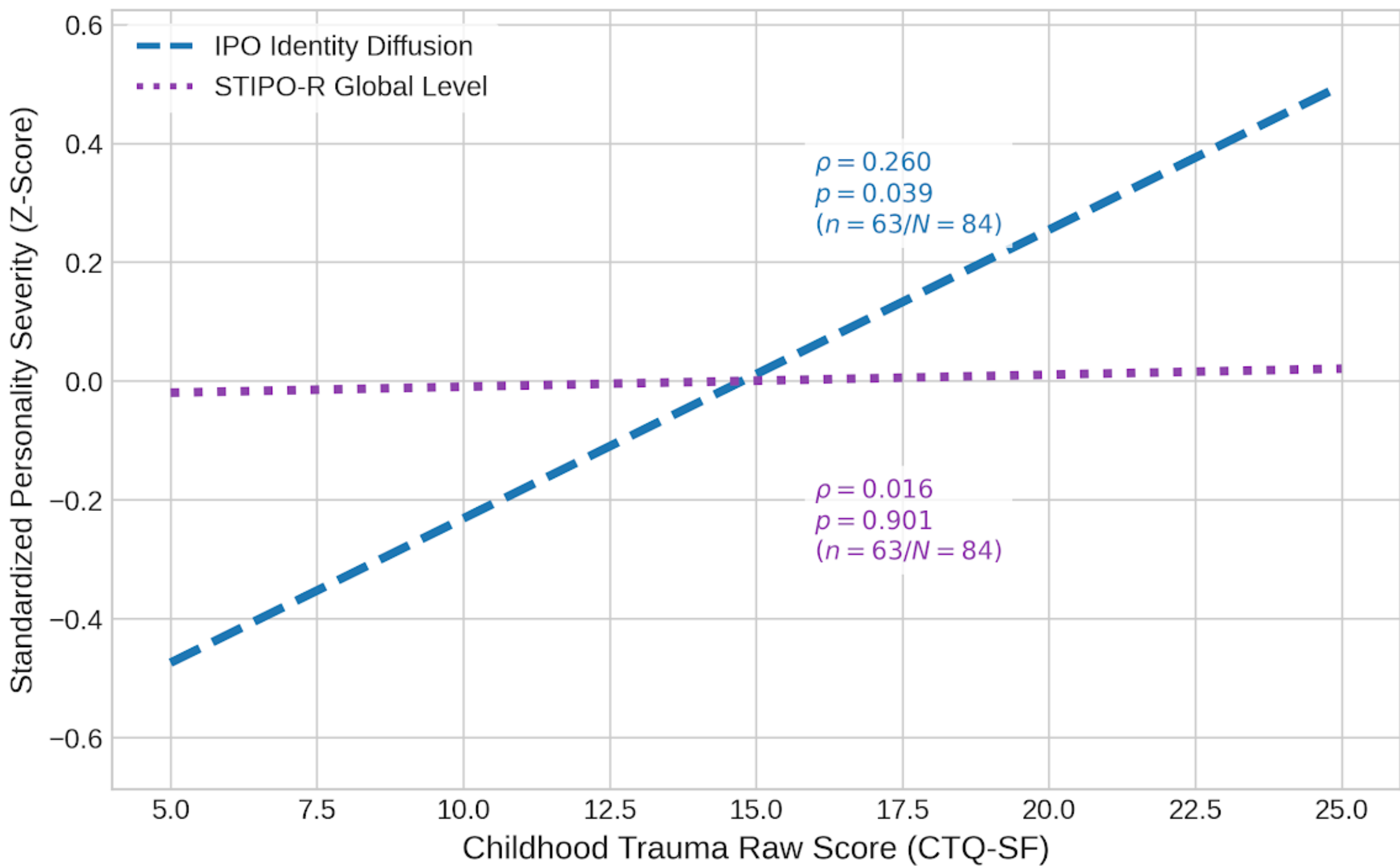


Figure 2. Childhood Emotional Neglect Subscale (Preliminary Data Analysis)



Methods

Design and participants. This analytical, cross-sectional study targets a total sample of 84 patients; the present expanded preliminary analysis draws on an active sub-sample of 63 recruited from the Personality Disorder Inpatient Unit. Personality disorder diagnoses were established according to DSM-5 and ICD-11 criteria, complemented by Kernberg's Structural Interview, while the STIPO-R characterized the level of personality organization dimensionally. The protocol was approved by the institutional Research and Ethics Committee, and all participants gave written informed consent.

Measures. Early-life maltreatment was assessed retrospectively with the Spanish-validated Childhood Trauma Questionnaire–Short Form (CTQ-SF), a self-report measure of five maltreatment dimensions, each scored from 5 to 25. Structural pathology was indexed by the Identity Diffusion dimension of the self-report Inventory of Personality Organization (IPO) and the Global Level of the interview-based Structured Interview of Personality Organization–Revised (STIPO-R).

Analysis. Normality was checked with the Kolmogorov–Smirnov test; because the distributions departed significantly from normality, non-parametric methods were used throughout. The association between each trauma subscale and the two severity measures was quantified with Spearman's rank correlation (ρ). OLS trendlines on Z-transformed severity scores (trauma on its raw CTQ-SF scale) are shown only to compare slopes across instruments; inference rests on Spearman's ρ . Because several correlations were tested without correction, the reported p-values are exploratory

Table 1. Socio-Demographic and Clinical Profile (n = 63)

Variable		Frequency (n)	Percentage (%)
Gender	Female	52	82.5%
	Male	11	17.5%
Diagnosis	BPD	38	60.3%
	NPD	25	39.7%
Socioeconomic Status	Low	12	19.0%
	Middle	36	57.1%
	High	15	23.8%

Table 2. Pearson and Spearman Association Matrix IPO and CTQ-SH

Childhood Abuse Dimension	Pearson (r)	p-value (r)	Spearman (ρ)	p-value (ρ)
Emotional Abuse	0.362	0.004	0.387	0.002
Emotional Neglect	0.289	0.021	0.260	0.039
Physical Abuse	0.163	0.201	0.179	0.160
Physical Neglect	0.106	0.410	0.236	0.062
Sexual Abuse	0.209	0.100	0.190	0.137

Conclusion

In this preliminary sample (N = 63), only emotional abuse and emotional neglect were associated with the severity of personality organization, and only on the self-report measure. Both correlated with IPO Identity Diffusion ($\rho = 0.387$, $p = 0.002$ and $\rho = 0.260$, $p = 0.039$), abuse the stronger of the two, while physical abuse, physical neglect, and sexual abuse showed no association. Neither correlated with the interview-based STIPO-R Global Level ($p = 0.483$ and 0.901). Because the CTQ-SF and the IPO are both self-report, common method variance may have inflated their correlation; the IPO subscale is also narrower than the STIPO-R global rating. Should a clinician-rated measure reproduce the finding, it would fit an object-relations framework in which chronic emotional invalidation interferes with the integration of self- and object-representations, contributing to identity diffusion and greater reliance on primitive defenses such as splitting and projective identification. For now, the effect sizes are modest ($\rho = 0.26–0.39$), the design is cross-sectional and retrospective, and no correction for multiple comparisons was applied, so the results remain provisional and need confirmation in the full sample (N = 84).

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