Violence in the Lives of Adult Borderline Patients

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The purpose of this study was to assess the experiences of adult violence reported by a sample of criteria-defined borderline patients and axis II controls. The experiences of having had a physically abusive partner and/or having been raped reported by 363 personality-disordered inpatients were assessed in terms of diagnostic status using a semi-structured interview. Forty-six percent of borderline patients reported having been a victim of violence since the age of 18. Borderline patients (N = 363) were significantly more likely than axis II controls (N = 72) to report having had a physically abusive partner, having being raped, having been raped multiple times, and being raped by a known perpetrator, and having been physically assaulted by a partner and raped. Female borderline patients were significantly more likely than male borderline patients to have been physically and/or sexually assaulted as adults (60% vs. 30%). However, a significantly higher percentage of borderline patients of both genders reported experiences of adult violence than controls of the same gender. Four risk factors were found to significantly predict whether borderline patients had an adult history of being a victim of violence: female gender, a substance use disorder that began before the age of 13, childhood sexual abuse, and emotional withdrawal by a caretaker. The results of this study suggest that both male and female borderline patients are at substantial risk for being physically and/or sexually victimized as adults.


Physical assaults and rapes are common in the adult histories of women in our society (Norris, 1992; Sorenson et al., 1987; U.S. Bureau of the Census, 1996). Numerous studies have documented that a substantial minority of women presenting in a variety of health care settings report having experienced this type of violence during the course of their adult lives (Beebe et al., 1994; Jacobson, 1989; Jacobson and Richardson, 1987; Mazza et al., 1986; Smith et al., 1986; Welch and Broadhead, 1992; Walker et al., 1990). Clinical observers have suggested that childhood experiences of physical and/or sexual abuse are risk factors for these adult experiences of victimization or revictimization (Chu, 1991-1992; van der Kolk, 1989). More recently, empirical evidence has begun to emerge that supports, or at least is consistent with, this clinical observation (Briere and Runtz, 1987; Briere et al., 1987; Cloitre et al., 1986; Gidycz et al., 1985; Russell, 1988; Urist and Goodwin-Jones, 1984; Wyatt et al., 1982).

Herman (1986; Herman and van der Kolk, 1987) was the first to suggest that borderline patients have elevated rates of physical assault and/or rape as adults and to note that such experiences might be associated with traumatic childhood events. Although studies have since confirmed that a high percentage of borderline patients report having experienced physical and/or sexual abuse as children (Herman et al., 1988; Links et al., 1986; O'Gara et al., 1990; Paris et al., 1984a, 1984b; Pataki et al., 1988; Shearer et al., 1990; Westen et al., 1990; Zanarini et al., 1986, 1997), no studies have explicitly examined the prevalence of experiences of violence in the lives of adult borderline patients or examined their association with childhood trauma or other risk factors.
In this paper, we will report the prevalence of adult experiences of physical assault and/or rape in carefully diagnosed borderline patients (N = 290) and axis II comparison subjects (N = 72). We will also examine the relationship between such experiences of violence and a variety of potential risk factors. These risk factors include gender, socioeconomic status, childhood experiences of abuse and neglect, and a history of having had either of two disorders. These disorders—a juvenile onset substance use disorder or a juvenile conduct disorder that developed into antisocial personality disorder—were selected for study because, like borderline personality disorder (BPD), they are disorders involving considerable impulsivity and they too have been found to be associated with a childhood history of abuse and neglect (Luntz and Widom, 1984; Widom et al., 1995).

The design of this study is distinguished by the large size of the patient groups being studied, the rigor with which they were diagnosed, the thorough assessment of adult experiences of violence and potential risk factors, and the fact that these assessments were made blind to diagnostic status using semistructured interviews of demonstrated reliability. It is also distinguished by its inclusion of male as well as female patients.

Methods

All subjects were inpatients at McLean Hospital in Belmont, Massachusetts, who were admitted between June 1992 and December 1995. Each patient was initially screened to determine that he or she: 1) was between the ages of 18 and 35; 2) had normal or better intelligence; 3) had no history of current symptomatology of a serious organic condition, schizoaffective, or bipolar I disorder; and 4) had been given a definite or probable axis II diagnosis by the admitting physician.

Written informed consent was obtained from each patient. Three semistructured diagnostic interviews were then administered to each patient blind to his or her clinical diagnosis. These instruments were: 1) the Structured Clinical Interview for DSM-III-R Axis I Disorders (SCID-I; Spitzer et al., 1990); 2) the Revised Diagnostic Interview for Borderlines (DIB-R; Zanarini et al., 1989a); and 3) the Diagnostic Interview for DSM-III-R Personality Disorders (DIPD-R; Dubo et al., 1996). All interviewers had been trained in the administration and scoring of these instruments by the first author (M.C.Z.), who is one of the developers of both the DIB-R and DIPD-R. Adequate levels of interrater reliability were obtained during this training period (e.g., pair-wise kappa of .85 or higher on the DIB-R and DSM-III-R diagnoses of BPD).

Information concerning adult experiences of violence or victimization (i.e., physically abusive partner or rape at age 18 or older) was assessed by clinically experienced interviewers, each of whom was blind to the patient's diagnostic status. These experiences of violence were assessed using a semistructured interview—the Abuse History Interview (AHI)—whose psychometric properties have been described elsewhere (Dubo et al., 1996). Difficult childhood experiences that were reported to have occurred before the age of 18 were assessed using the Revised Childhood Experiences Questionnaire (CEQ-R)—a semistructured interview that was administered by the same team of raters as the AHI. The psychometric properties of this interview have also been described elsewhere (Zanarini et al., 1989b). For an item in either interview to be given a positive rating, detailed information concerning the event in question had to be provided. Information concerning a history of a juvenile onset substance use disorder and conduct disorder/antisocial personality disorder was obtained from the SCID-I and the DIPD-R, respectively.

Between-group comparisons involving categorical data were computed by using the chi-square statistic correct for continuity; between-group comparisons involving continuous data (age and socioeconomic status) were computed by using Student's t-test.

Results

All told, these research interviews were administered to 362 consecutive inpatients at McLean Hospital as part of a larger study. The methodology of this study has been described elsewhere (Zanarini et al., 1997). Two hundred and ninety patients met both DIB-R and DSM-III-R criteria for BPD and 72 met DSM-III-R criteria for at least one nonborderline axis II disorder.

Demographically, borderline patients and controls were very similar in terms of their mean age, marital status, and racial background. More specifically, both patient groups were, on average, in their mid-twenties (26.9 years [SD = 6.8] vs. 27.0 years [SD = 8.0]), about three-quarters had never married (76.2% vs. 70.3%), and less than 25% were nonwhite (15% vs. 14.5%). However, borderline patients came from a significantly lower socioeconomic background than controls (t = 3.34 [SD = 8.9] vs. 2.8 [SD = 1.8], df = 365, t = 8.09, df = 36, t = 1.22) as measured by the five point Hollingshead Index Scale (1 = highest, 5 = lowest; Hollingshead, 1957). In addi-
TABLE 1
Experiences of Adult Violence Reported by Borderline Patients and Axis II Controls

<table>
<thead>
<tr>
<th></th>
<th>Borderline patients</th>
<th>Controls</th>
<th>χ² (df = 1)</th>
<th>p-Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abusive partner</td>
<td>192 (62.1%)</td>
<td>142 (43.1%)</td>
<td>22.07</td>
<td>.0002</td>
</tr>
<tr>
<td>Rape History</td>
<td>21 (5.4%)</td>
<td>5 (1.4%)</td>
<td>0.39</td>
<td>.53</td>
</tr>
<tr>
<td>Two or more rapes</td>
<td>10 (2.6%)</td>
<td>4 (1.1%)</td>
<td>0.77</td>
<td>.38</td>
</tr>
<tr>
<td>Known perpetrator</td>
<td>22 (5.7%)</td>
<td>0 (0.0%)</td>
<td>15.98</td>
<td>.0004</td>
</tr>
<tr>
<td>Both abusive partner and rape history</td>
<td>162 (45.5%)</td>
<td>120 (33.8%)</td>
<td>14.99</td>
<td>.0004</td>
</tr>
</tbody>
</table>

Victim of adult violence

A significantly higher percentage of borderline patients than controls were female (50.3% vs. 33.9%, χ² = 7.23, df = 1, p = .0068).

As Table 1 shows, borderline patients were significantly more likely than axis II controls to have reported being a victim of adult violence. They were also significantly more likely than controls to report having had a physically abusive partner, having been raped, having been raped multiple times, having been raped by a known perpetrator, and having been physically abused by a partner and raped. On average, borderline patients reported that they were first physically abused by a partner around the age of 20 (20.7 years [SD = 8.2]) and that they were first raped around the age of 22 (21.9 years [SD = 4.1]). A very similar pattern was found for controls (19.8 years [SD = 2.1]; 22.7 years [SD = 6.6]).

We next examined the effect of socioeconomic background and gender on the rates of adult experiences of violence among borderline patients. We found that socioeconomic status (social classes 1 and 2 compared with social classes 3 to 6) was not significantly associated with a history of adult violence (44.9% vs. 45.9%), being physically abused by a partner (31.5% vs. 33.5%), or being raped as an adult (29.2% vs. 28.2%). In contrast, we found that a significantly higher percentage of females than male borderline patients reported having been the victim of adult violence in general (59.2% vs. 26.3%, χ² = 2.61, df = 1, p = .0119) and rape in particular (36.6% vs. 14.0%, χ² = 8.33, df = 1, p = .0038). They were also significantly more likely than male borderline patients to have reported having been raped by a known perpetrator (24.5% vs. 7.1%, χ² = 7.37, df = 1, p = .0068). Although female borderline patients were also more likely than male borderline patients to report having had an abusive partner (35.6% vs. 22.5%), having been raped more than once (11.6% vs. 8.8%), and having been both physically abused by a partner and raped (21% vs. 10.5%), these differences were not significant.

However, we found that both female and male borderline patients were significantly more likely to report having been a victim of adult violence than controls of the same gender. Although about half of female borderlines reported having been the victim of adult violence, only about a quarter of female controls reported having had a physically abusive partner and/or having been raped as an adult (50.3% vs. 26.3%, χ² = 6.58, df = 1, p = .01). A similar pattern emerged when comparing male borderlines and male controls. Although about a quarter of male borderlines reported having been physically abused by a partner and/or raped, no male controls reported having been a victim of adult violence (26.3% vs. 0%). Fisher's exact test, two-tailed probability = .003).

Examining these adult experiences of violence more closely, we found that of the 132 borderline patients with such a history, 55 or 42% reported having had both an abusive partner and having been raped. Of the 91 borderline patients who reported having been raped, 52 or 58% reported being raped multiple times and 61 or 67% reported being raped by a known perpetrator. Somewhat similar figures were found for controls. Of the 13 controls with a history of adult violence, 5 or 4% reported having been a victim of both types of violence being studied. Of the seven controls reporting an adult rape history, 1 or 14% reported being raped multiple times and 6 or 68% reported being raped by someone she knew.

Exploring the relationship between adult experiences of violence and childhood experiences of physical and/or sexual abuse, we found that 55.0% of borderline patients who reported having been physically assaulted and/or raped as adults also reported a childhood history of physical and/or sexual abuse. In contrast, only 50.0% of borderline patients who reported a childhood history of physical and/or sexual abuse reported an adult history of physical assault by a partner and/or rape. We then compared the prevalence of 15 forms of childhood abuse and neglect reported by borderline patients with and without a history of having been physically assaulted and/or raped as adults. Five types of difficult childhood experiences were reported by a significantly higher percentage of borderline patients who reported having been a victim of adult violence: physical neglect by a caretaker (36.3% vs. 29.5%, χ² = 3.89, df = 1, p = .0468), emotional withdrawal by a caretaker (29.6% vs. 44.9%, χ² = 8.69, df = 1, p = .003), a caretaker's failure to provide needed protection (27.8% vs. 52.5%, χ² = 6.01, p = .0143), sexual abuse by a noncaretaker
TABLE 2

Results of Forced Entry Logistic Regression to Determine Risk Factors Associated with Adult Experiences of Victimization Among Borderline Patients

<table>
<thead>
<tr>
<th>Factor</th>
<th>Odds Ratio</th>
<th>p-Value</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female gender</td>
<td>2.3</td>
<td>0.002</td>
<td>1.181-4.581</td>
</tr>
<tr>
<td>Caretaker emotional</td>
<td>1.7</td>
<td>0.037</td>
<td>1.088-2.829</td>
</tr>
<tr>
<td>withdrawal</td>
<td>2.4</td>
<td>0.001</td>
<td>1.422-4.153</td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td>2.4</td>
<td>0.001</td>
<td>1.422-4.153</td>
</tr>
<tr>
<td>Juvenile onset</td>
<td>2.4</td>
<td>0.002</td>
<td>1.382-4.107</td>
</tr>
<tr>
<td>substance abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Model $\chi^2 = 43.61$, df = 9, $p < .0001$, N = 280 BPD patients.

(53.3% vs. 46.6%, $\chi^2 = 13.24$, df = 1, $p = .0003$), and any type of sexual abuse (76.5% vs. 50.6%, $\chi^2 = 19.45$, df = 1, $p = .00001$). A history of childhood physical abuse (50.4% vs. 57.7%), and sexual abuse by a caretaker (54.1% vs. 24.1%) as well as nine other forms of difficult childhood experiences failed to distinguish these two groups of borderline patients.

We next studied the rates of antisocial personality disorder and a juvenile onset substance use disorder among borderline patients. A significantly higher percentage of borderline patients who reported adult experiences of violence than did not report having been physically abused by a partner and/or raped as an adult met the DSM-III-R criteria for a substance use disorder before the age of 18 (50.8% vs. 34.3%, $\chi^2 = 6.87$, df = 1, $p = .00879$). However, the prevalence of antisocial personality disorder (25.0% vs. 20.3%) did not distinguish these two groups of borderline patients.

A forced entry logistic regression with victim of adult violence (yes/no) as the dependent variable was conducted next to determine the relative importance of the five forms of childhood neglect or abuse and the one type of juvenile psychopathology found to be significantly more common among those borderline patients with an adult history of victimization than those borderline patients without such a history. Patient gender was also studied as an independent variable.

As Table 2 shows, four factors were found to be significantly associated with an adult history of having been a victim of violence among borderline patients: being female, a childhood history of emotional withdrawal by a caretaker, a childhood history of sexual abuse, and a substance use disorder with a juvenile onset. In terms of these four variables, a borderline patient's risk of having been a victim of adult violence was about three times greater if the patient was female, and about two times greater if the patient had reported a childhood marked by abuse and neglect as well as a juvenile onset of drug abuse/dependence that began before the age of 18.

Discussion

Three main findings have emerged from this study. First, we found that adult experiences of violence were common among our borderline patients. More specifically, we found that 46% of our borderline patients reported some type of experience of adult violence. In terms of specific forms of violence, 83% of our borderline patients reported having had a physically abusive partner, 81% reported that they had been raped, 21% reported that they had been raped by a known perpetrator, and 11% reported a history of multiple rapes. In addition, 19% of the borderline patients in the study reported both having had a physically abusive partner and having been raped. These experiences of violence were common among both female and male borderline patients, with about 50% of female borderline patients and about 25% of male borderline patients reporting an adult history of physical assault and/or rape.

The results of this study are consistent with those of earlier studies that have found that both physical assault by a partner and rape are common among female psychiatric patients, particularly those with a childhood history of sexual abuse (Briere and Runtz, 1987; Briere et al., 1997; Olofsson et al., 1985). They are also consistent with the rates of repeated victimization (Beebe et al., 1994; Mandel and Burkert, 1980; Miller et al., 1978; Muram et al., 1991; Sorensen et al., 1981) and victimization by known perpetrators reported in earlier studies (Harrington and Leitzberg, 1994; Muram et al., 1995).

However, our finding that a quarter of male borderline patients reported having been a victim of adult violence represents a new finding. Other investigators, to the best of our knowledge, have not explored the prevalence of physical assault by a partner and/or rape in samples containing males. It is unfortunate, particularly given the earlier studies, that being a victim of violence occurs frequently in our society.

The second main finding of the study was that all of the types of adult violence studied were significantly more common among borderline patients than non-borderline patients. This finding is in contrast with our initial study finding as to whether or not we would compare the prevalence of adult violence among the groups. Violence obtained for men was compared to the rate obtained among women.

The third main finding of the study was that both childhood experiences of neglect as well as childhood experiences of abuse are important contributors to the nature of adult violence among patients.
age of 18 were found to be significant risk factors for adult experiences of violence among borderline patients. This triad of risk factors also represents a new finding. Many of the studies on this topic have focused on the effects of childhood physical and sexual abuse. Most of these studies have found a significant relationship between incestuous experiences and an adult history of being physically and/or sexually assaulted (Briere et al., 1987; Briere and Runtz, 1987; Coid et al., 1997; Cloitre et al., 1996; Gidycz et al., 1988; Russell, 1989; Urquiza and Goodlin-Jones, 1994; Wyatt et al., 1982). This type of observation has led some theorists to conclude that much of adult "re-victimization" is due to a repetition compulsion to actively master as adults what they passively experienced as children (Chu, 1991, 1992; van der Kolk, 1989). Other studies have found that acute alcohol intoxication often precedes being physically and/or sexually assaulted (Harrington and Leitenberg, 1984; Jenny, 1989; Muram et al., 1987).

The results of our study suggest that the risk factors for adult experiences of violence, at least for borderline patients, are more complicated and involve childhood experiences of both neglect and abuse as well as a substance use disorder that has a juvenile onset. Taken together, these risk factors suggest that borderline patients who experience violence in their adult lives were raised in a generally chaotic atmosphere where they were both sexually traumatized and lacked the presence of interested, emotionally available adults. In addition, a pattern of serious substance abuse beginning in adolescence and continuing into adult life, may well diminish an already vulnerable borderline patient's capacity for self-protective behavior, display usual controls, and contribute to his or her associating more generally with impulsive, potentially violent people.

The heightened prevalence of early onset substance use disorders may itself be a result of their traumatic childhood histories (Collins, 1989; Herman and van der Kolk, 1987). In this view, borderline patients abuse substances to cope with their painful memories of childhood abuse and neglect.

An alternative explanation of the relationship between the significant risk factors found in this study is that a substantial percentage of borderline patients have a general tendency toward impulsivity that leads them into situations of danger and potential harm. In this view, the reported abusive and neglectful behaviors of their parents are manifestations of a shared biologically based impulsivity. It is this underlying impulsivity, which includes but is not limited to early onset substance abuse, that puts these borderline patients at risk for being physically and/or sexually assaulted as adults. The repeated finding that there is a familial link between BPD and impulsive spectrum disorders, particularly substance use disorders and antisocial personality disorder, is consistent with this explanation (Andrulonis and Vogel, 1984; Baron et al., 1985; Loranger and Tullis, 1986; Links et al., 1988; Pope et al., 1985; Schulz et al., 1989; Soloff and Milward, 1982; Zanarini et al., 1989).

Taken together, the results of this study may have a number of important clinical implications, particularly in the realm of preventive care. First, an active, directive style may be necessary when working with borderline patients who are only beginning to enter adult relationships. Such patients may benefit from an approach that contains guidance and supervision that they lacked while growing up. This type of approach, which Linehan (1993) has found to be useful in decreasing long-standing patterns of physical self-harm in borderline patients, may also prove useful to borderline patients who present with a history of adult violence. Although they need help in learning to deal with the feelings of rage, shame, and powerlessness that being physically and/or sexually assaulted engenders, it is also critically important that they do not repeat this pattern of violence. This is so because studies have found that the sequelae of repeated trauma is cumulative and leads to an ever increasing level of psychiatric impairments (Follette et al., 1986; Ruch et al., 1991). The second clinical implication is that preventing or treating adult on set substance abuse in borderline patients may be even more important than previously recognized. It may not only help borderline patients to function better over time (Links et al., 1985; Stone, 1990), it may also help them to avoid experiences of adult violence that can only exacerbate their feelings of worthlessness and despair.

The major limitation of this study is the information concerning both adult experiences of violence and difficult childhood experiences were gathered by self-report. To be conservative, detailed vignettes were gathered and equivocal events were not counted. Another potential limitation is that all of the patients studied were inpatients. However, we believe that our results are generalizable to most outpatient borderlines since the majority of outpatient borderlines have been hospitalized at least once for psychiatric reasons (Skodol et al., 1989; Swartz et al., 1990).

Taken together, the results of this study suggest that both male and female borderline patients are at substantial risk for being physically and/or sexually assaulted as adults. While compensatory strategies are important for those borderline patients who present with a history of adult victimization, helping
to prevent these disheartening experiences is essential for clinicians working with young borderline patients who are in the process of entering adult relationships for the first time.

References


