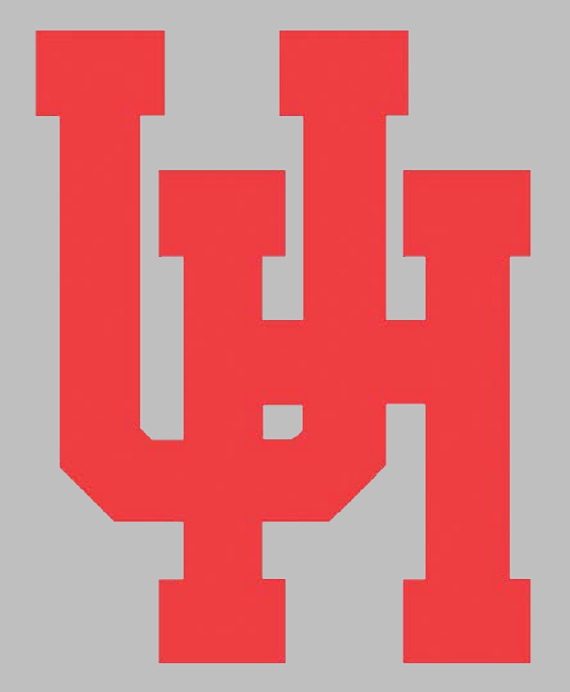




Sexual Concerns and Sexual Trauma in Adolescents with Borderline Personality Disorder

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Background & Aims

There is a strong link between borderline personality disorder (BPD) in adulthood and past sexual trauma, with 75% of BPD patients reporting sexual trauma (Battle et al., 2004). Furthermore, sexual trauma is reported more frequently by adults with BPD than any other disorder (Paris et al., 1994). Little is known about the link between trauma history, trauma symptoms, and BPD in adolescents.

Our aims were (1) to investigate the relation between trauma symptoms and BPD status and (2) determine whether the trauma symptoms endorsed by adolescents with BPD are associated with trauma history.

Methods

147 inpatient adolescents were given diagnostic interviews assessing BPD (CIBPD; Zanarini, 2003) and sexual trauma history (CDISC; Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000) and completed a self-report measure of trauma symptoms. Specifically, adolescents completed the Trauma Symptom Checklist for Children (TSCC; Briere, 1996), a 54 item measure that evaluates posttraumatic symptoms. This scale does not measure whether or not actual trauma occurred. Instead, it measures potential pathological reactions in response to trauma including anxiety, depression, post-traumatic stress, sexual concerns, dissociation, and anger.

Table 1. Independent Sample t-tests by BPD

	No BPD (<i>n</i> = 113) M (SD)	BPD (<i>n</i> = 34) M (SD)	<i>t</i>
Age	16.06 (1.44)	15.98 (1.48)	0.29
TSCC Anxiety	51.85 (11.36)	54.50 (19.04)	-0.77
TSCC Depression	56.11 (12.80)	60.56 (18.77)	-1.58
TSCC Anger	48.25 (8.77)	51.59 (17.21)	-1.09
TSCC Post-Traumatic Stress	52.03 (10.46)	53.29 (17.35)	-0.41
TSCC Dissociation	52.75 (11.81)	56.53 (19.03)	-1.10
TSCC Sexual Concerns	56.93 (16.82)	69.23 (31.89)	-2.17*

Note. TSCC = Trauma Symptom Checklist for Children **p* < .05.

Results

Our first aim was to investigate the relation between trauma symptoms and BPD status. Participants were assigned to a BPD (*n* = 34) or No BPD (*n* = 113) group and a series of independent sample t-tests with BPD status as the independent variable and age and trauma subscales as dependent variables were conducted. The sexual concerns subscale was the only subscale on which BPD subjects differed from psychiatric controls (*t* = -2.17, *p* = .000). To examine possible confounding variables, we computed the Pearson chi-square between sex and BPD status ($X^2 = 12.06$, *p* = .001). Because this relation proved significant, sex was controlled for in subsequent analyses.

Next, both sex and TSCC Sexual Concerns were entered as predictor variables into a binary logistic regression with BPD status as the outcome variable. The TSCC Sexual Concerns subscale retained significance (*B* = 0.022, *p* < .016) even after controlling for sex (*B* = -1.53, *p* < .002).

The second aim was to determine whether the trauma symptoms endorsed by adolescents with BPD are associated with trauma history. 14.3% of the sample endorsed sexual trauma. The Pearson chi-square was conducted in order to determine the relation between sexual trauma and BPD status ($X^2 = 9.48$, *p* = .002). Adolescents who had experienced past sexual trauma made up 52.6% of the BPD group and 17.5% of the non-BPD group. Binary logistic regression was again conducted, this time with sex, TSCC Sexual Concerns, and the sexual trauma item as predictor variables. The TSCC Sexual Concerns subscale (*B* = 0.024, *p* = .042) and sexual trauma history item (*B* = 1.26, *p* = .039) retained significance, though sex did not.

Conclusions

Adolescents with BPD are more likely to have experienced sexual trauma than other inpatients but the higher prevalence of sexual trauma in the BPD group does not completely account for their greater endorsement of the sexual concerns subscale.

