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Experiencing violence and abnormal personality development in adolescents

Abstract: In the literature on the subject and in clinical practice, the issue of personality disorders in children and adolescents appears more and more often, which so far has been discussed only in the context of adults, possibly recognizing their early symptoms in late adolescence. Studies show that behavioural patterns and developmental paths, manifesting themselves at different times and in different situations, can be symptoms of abnormal personality development. One of the most important sources of abnormal personality development is seen in victimization experiences. The aim of the study was therefore to establish the relationship between the experience of trauma and the symptoms of abnormal personality development in adolescence. The study involved 65 people aged 15–18 years (28 boys and 37 girls) in two study groups: (1) a clinical group – people at risk of maladjustment and socially maladjusted and (2) a control group – randomly selected high school students. The Juvenile Victimization Questionnaire (JVQ) (Hamby, Finkelhor, Turner, Kracke, 2011) was used in the Polish adaptation (Makaruk, Włodarczyk, Wojcik, 2013) and the CBCL (The Child Behavior Checklist; Achenbach & Rescorla) in the Polish adaptation by T. Wolańczyk (2001). As a result of the conducted research, it has been shown that there are significant differences between the clinical group and the control group in terms of symptoms of antisocial, narcissistic, borderline and schizoid personality disorders. On the other hand, the differences between the symptoms of personality disorders taking into account the gender of the respondents indicate only significant results in terms of symptoms of antisocial personality

disorders. The obtained results allow to confirm the existing dependencies in the literature on the subject, indicating at the same time the need for differentiated impact depending on gender, type of disorder and trauma or traumas suffered.
Key words: personality disorders, trauma, children and adolescences.

Introduction

The prevailing belief among developmental psychologists is that personality development is a dynamic process, and any deviation from the norm is characterized by instability over time. Thus, until recently, the prevailing view in clinical psychology was that personality disorders cannot occur during childhood and adolescence, and the issue of abnormal personality development in children and adolescents remained outside the sphere of intensive theoretical and empirical consideration. This situation has changed in the last two decades with the development of developmental psychopathology (Cicchetti, Cohen, 1995). Its achievements provide a better understanding of the interactions between biological and psychosocial factors that determine how children create, organize and construct their subjective experiences, coping mechanisms and relationship patterns (Cicchetti, Rogosch, 1997; Fonag, Target, 1997; Rutter, 1987; Sroufe, 1997). This research supports the idea of Paulina Kernberg and her colleagues (2000) that some children exhibit from early childhood characteristic traits of self- and environment perception, ruminations and behavior that can interfere with the course of normal development. Kernberg (2000) adds that these patterns and pathways revealing themselves at different times and in different situations can be symptoms of abnormal personality development if they become rigid, maladaptive and chronic, contribute to significant deterioration in functioning, and are the cause of experiencing severe stress. Bleiberg (2004) therefore proposes that abnormal personality development in children should be considered as the loss or inability to maintain a reflective attitude, which is the basis for a child's proper adjustment. Contemporary researchers and clinicians increasingly allow, in justified cases, the diagnosis of personality disorders in individuals under the age of 18, supported by both theoretical and empirical foundations (see Cierpiałkowska, Grzegorzewska, 2023). For example, a 10-year longitudinal study of the prevalence of personality disorders in the child and adolescent population found that about 15 percent of adolescents had Group B personality disorders by the time they reached adulthood. Prevalence rates were comparable for both sexes. The prevalence of personality disorders at the beginning of the study was 9.6% for cluster A, 16.7% for cluster B and 8.2% for cluster C. However, the prevalence of the disorder changed over time: for example, at the beginning of the study, 7.6% of boys and 9.4% of girls had a diagnosis of cluster B, but nine years later the prevalence was 22.4% in boys and 11.9% in girls. Other studies conducted in adolescent populations have found a varying

prevalence of borderline personality disorder at levels ranging from 14% to 3.3% (Miller, Muehlenkamp, Jacobson, 2008). Current research estimates that this is about 3% of the general population, while it ranges from 31% to 64% in adolescents hospitalized in various mental health facilities (cf. Chanen, 2015, Guilé, et al., 2018). Some studies show that both sexes are similarly prone to developing borderline disorder, while others show that girls are more likely to develop it. These data support the increasingly emphasized thesis in the literature that children or adolescents who experienced various neuropsychological problems in the preceding stages of development experience their accumulation and manifestation in the form of a personality disorder at a later age, including developmental age (Normandin, Ensink, Kernberg, 2015). This thesis finds increasing support in the results of research conducted on child and adolescent populations (cf. Kernberg et al, 2000; Sharp, Tackett, 2014; Cierpiałkowska, Grzegorzewska, 2023).

As interest in the early symptoms of personality disorders has increased, the question of their causes has arisen. One of the most important sources of abnormal personality development is attributed to victimization experiences (Cierpiałkowska, Grzegorzewska, 2023). A growing body of research in the area of trauma, especially relational trauma, shows that the experience of maltreatment negatively affects reflective functions, determining a child's ability to experience itself as a conscious and self-regulated person (Schneider-Rosen, Cicchetti, 1991). Problems with reflective functions especially affect those children who experience a combination of different forms of violence (e.g., sexual and physical) (Cicchetti, Toth, 1995). Retrospective studies of adults diagnosed with personality disorders indicate significantly elevated rates of early childhood trauma in this group of subjects. This is especially true for borderline personality disorder. For example, in a study by Zanarini et al. (1997), of 358 patients with borderline personality disorder, 91% reported having been abused and 92% had been neglected before the age of 18. Studies have also shown that an important factor in abnormal personality development is any type of trauma experienced in childhood.

Normal versus disturbed personality development of children and adolescents

Personality is the relatively permanent ways of internal experience (thoughts, feelings, sensations) and ways of behaving and interacting with other people that determine one's individuality and uniqueness. We speak of personality disorders when patterns of experience and behavior become rigid, repetitive, and their consequences are detrimental to the individual, causing suffering and maladaptive functioning (Grzegorzewska, Frączek, Pastwa-Wojciechowska, 2020). In the literature and clinical practice, issues related to personality disorders are increasingly emerging, previously discussed exclusively in the context of adults, occasionally

recognizing their early symptoms in late adolescence. A notable exception was antisocial/dissocial personality disorders, which drew attention in earlier developmental stages, mainly attributing them to behavioral indicators. The functioning of people with this diagnosis before the age of 15 is characterized by a lack of respect for basic rights and norms of society. For example, they may be aggressive towards people and animals, commit fraud, theft or destruction of public property. However, contemporary observations increasingly point out that abnormalities characteristic of personality disorders in the areas of cognition, emotions, impulse control, and interpersonal relationships are already observed in childhood and may hinder the proper development of individuals before they reach adulthood. The number of empirical and clinical evidence supporting the existence of early symptoms of personality disorders in late childhood and adolescence is increasing (Grzegorzewska, Frączek, Pastwa-Wojciechowska, 2020). An analysis of the life cycle's developmental course indicates three key periods in human development that are crucial for shaping personality disorders: 1) early childhood; 2) the transition from childhood to adolescence; 3) the transition from adolescence to early adulthood. During early childhood, genetic and neurobiological factors, related to psychobiological susceptibility to interpersonal reactivity, play a significant role. This period is also influenced by a so-called difficult temperament and resulting difficulties in emotional self-regulation, the role of attachment quality, and experiences of early trauma and their impact on brain development (Grzegorzewska, Frączek, Pastwa-Wojciechowska, 2020). A growing body of research indicates that the earlier the key features of personality disorders are revealed, the worse the prognosis (Grzegorzewska, Frączek, Pastwa-Wojciechowska, 2020; Cierpiałkowska, Grzegorzewska, 2023). At the transition between middle childhood and early adolescence, the role of identity integration and the development of social competencies are highlighted. It is also emphasized that during this period, unfavorable traits stabilize, laying the foundation for the development of personality disorders. Late adolescence and early adulthood represent a moment in the life cycle where individuals with abnormal personality development exhibit greater intensity of disorders compared to their peers. The significance of personality disorder symptoms changes over time in relation to significant life tasks and environmental demands.

However, it should be clearly emphasized that personality development disorders in children and adolescents is a complex problem with significant clinical, therapeutic or preventive implications. There is no doubt that a proper diagnosis is the basis for undertaking appropriate, and thus effective and efficient interventions. It is essential to underline that personality disorders constitute a stable pattern of character, representing an extreme intensification of commonly occurring traits, often leading to adverse consequences for the individual's life, including their environment. In individuals with personality disorders, we observe a lack of variability and plasticity in thinking, emotions, and behavior depending on the situations they encounter or the individuals they interact with. Therefore,

such individuals exhibit a clearly visible lack of change or very low variability, limited ways of experiencing, behaving, functioning, and forming relationships (Jakubik, 1997). In the psychodynamic approach, the fundamental assumption is adopted that observable behaviors and subjective disturbances in individuals with personality disorders reflect pathological features of basic psychological structures and the way these structures reinforce a sufficient balance between internal and external challenges, which in turn impact every individual (Yeomans, Clarkin, Kernberg, 2015). In other words, regardless of the definition or paradigm within which they are defined, the developmental aspect is clearly emphasized. Therefore, in addition to attempts to define personality disorders, determining the factors conditioning their etiology and development proves equally important. Currently, it is believed that the development of a personality disorder is a consequence of the impact or co-occurrence of unfavorable biological, genetic, and psychosocial factors. Until recently, researchers focused largely on family aspects (e.g., unfavorable course of various developmental stages, lack of satisfaction of the need for security, increased levels of tension and conflicts in the family, among others), but nowadays there is growing interest in genetic factors. The first symptoms of personality disorders typically manifest in late childhood or adolescence, although they are most commonly recognized in adulthood. This stems from the hope for the possibility of constructively coping with developmental tasks that arise in earlier stages of life, and the belief that, within the shaping of a young person's psyche, the ability to positively cope with encountered difficulties will develop.

Trauma and personality development disorders

In the subject literature, there is a well-established position that the irregularities in the functioning of children and adolescents result from processes embedded in a temporal perspective, accompanied by disruptions in their developmental trajectories. Longitudinal studies on child development indicate that one of the factors predicting a child's future in terms of their sense of happiness, emotional and social development, or professional growth is whether they had at least one person present with them, providing a sense of security (Siegal, Bryson, 2020). The predictability of the child's relationship with the caregiver is also crucial, supporting the formation of healthy relationships and giving children a sense of security, making them feel seen, comforted, and confident. A secure attachment is a mediating factor when a child has to face situations and frustrations. As Siegal and Bryson (2020) point out, children with a secure attachment style are able to regulate their emotions and make good decisions in a more effective and socially expected way. They also demonstrate the ability to anticipate the consequences of their actions, both regarding themselves and others. On the other hand, the situation is quite different when we are dealing with the type of attachment

that makes the child anxious or even fearful. The disorganized attachment style seems to be the most destructive for a child's development because, instead of protecting the child from threats, the parent becomes the source of the threat. In other words, the child begins to perceive the parent as a source of terror because of numerous experiences in which the parent neglects the child to the point of causing fear or behaves too chaotically and overwhelms the child or is dangerous and frightening to the child. In each of the mentioned variants of parental behavior towards the child, the consequence is the fear experienced by the child, which determines the intensification of their emotional regulation problems and the difficulty in finding a sense of security in the developmental process. Other anxious attachment types, such as avoidant and ambivalent, lead to the formation of established behavioral patterns that enable them to cope in the surrounding world. Individuals with a rejecting attachment pattern avoid emotional bonds and intimacy due to an avoidant attachment style with the parent in the past. On the other hand, individuals with an absorbed attachment pattern minimize the anxiety and ambivalent feelings they experience in relationships, often experiencing disorientation and sadness. As Siegal and Bryson (2020) point out, minimizing attachment in the avoidant/rejecting pattern and exaggerating it in the ambivalent/absorbed pattern is an organized survival strategy that is internally consistent; however, it is neither safe nor optimal. Adults who had terrifying parents and exhibit a disorganized attachment style in adulthood have no coping strategy in the world. The caregiver, who is supposed to be a source of security, becomes a source of suffering at the same time, which is manifested in behaviors of simultaneous seeking and avoiding. Therefore, these people develop a state of dissociation and severe emotional dysregulation. Relationships are challenging for them, arousing many negative emotions and cognitive judgments.

Factors most often influencing personality development disorders include the type of traumatic factors, parenting styles, and the type of attachment. Therefore, during early childhood, special emphasis is placed on recognizing the normal or disturbed development of attachment styles, experienced traumas, or subjective properties related to temperament, especially so-called difficult temperament and emotional regulation (Grzegorzewska, Frączek, Pastwa-Wojciechowska, 2020).

The concept of trauma and its significance for our functioning in the short and long term is widely described in the subject literature (cf. Danieli, 1998). However, it is worth noting that trauma is an experience that threatens our functioning or the loss of our sense of meaning, that is, our way of defining the relationships taking place between entities, situations or events. Research conducted by the Centers for Disease Control – Kaiser Permanente under Adverse Childhood Experiences (ACE) since 1994 demonstrates the prevalence of childhood stressors. The most frequently reported traumatic experiences by the surveyed individuals were emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, family dysfunction such as domestic violence, substance abuse,

mental illness, parental separation/divorce, and a family member's imprisonment. It is important to emphasize that negative experiences are interconnected. The subjects experienced not only individual stressors but also a combination of them, which developmentally translated into negative consequences for their functioning throughout life. Therefore, knowledge about negative life experiences in childhood is of significant importance because it enables the implementation of appropriate and effective interventions for this group of individuals[1].

The clinical approach is now dominated by a tendency to make diagnoses that emphasize the trauma experienced rather than problematic behaviors. For example, the term Complex Post-Traumatic Stress Disorder (CPTSD) is commonly used instead of shaping borderline personality, especially if the pre-diagnosis interview reveals a traumatic situation lasting for an extended period (Adshead, Brodrick, Preston, Deshpande, 2012; Zdankiewicz-Ścigała, 2017). Other terms encountered include Child Trauma (CT) to emphasize the developmental period in which a traumatic factor occurred or Developmental Trauma, resulting from chronic abuse, neglect, or the cumulative and prolonged impact of various factors (Helios, Jedlecka, 2017). Chronic trauma, especially when perpetrated by someone close or known to the child, significantly limits or even eliminates the occurrence of protective (buffer) factors. Long-term effects of trauma are associated with health problems, risky behaviors, cognitive functioning disorders, and social problems. It turns out that the type of violence experienced, whether active (e.g., physical abuse) or passive (neglect), also plays a significant role in shaping disorders in children. For instance, a child experiencing active violence has lesser coping skills with stress, whereas children experiencing passive violence exhibit deficits in regulating their emotional states.

Considering that **trauma-related disorders** are often highly heterogeneous and exhibit various levels of severity, their assessment becomes crucial both in clinical and scientific aspects. Another aspect to consider is the gender differences, as girls who have experienced traumatic events are more prone to developing borderline personality disorders, while boys more frequently exhibit conduct disorders and antisocial personality traits (Adshead, Brodrick, Preston, Deshpande, 2012). Research shows that although the history of experiencing violence is not a direct predictor of personality disorder development in individuals diagnosed with personality disorders, 80% of them report traumatic events that occurred in childhood (Hong, Lishner, & Liard, 2011).

Exposure to childhood trauma increases the likelihood of developing maladaptive personality traits and personality disorders. Factors determining this condition include: 1) neglect – defined as the failure to meet the child's essential needs for proper development. It has been noted that material neglect

[1] https://www.cdc.gov/violenceprevention/aces/about.html.

is, in consequence, the same as neglecting basic developmental needs, including emotional needs, 2) divorce and single parenthood – these factors may make it more challenging for children to adapt, manifesting in behavioral disorders and parent-child relationship problems, 3) physical and sexual violence – responsible for more complex forms of PTSD and borderline personality disorders, 4) poor material conditions – affect not only the child but also their perception of themselves and their environment (Bernstein, Stein, 1998; Handelsman, Bandelow et al., 2005; Zittel and Westen, 2005; Riggs et al, 2007; Dragan and Hardt, 2009). As emphasized by J. Koralewska-Samko (2019; Koralewska-Samko, Pastwa-Wojciechowska, Lammek, 2021), Rutter's Model of Malfunction posits that the probability of disorders in children exposed to a single stressor does not differ much from the risk in children without harmful factors. However, adding additional factors dramatically alters the situation. The author of the model indicates that the presence of two stressors increases the likelihood of child difficulties fourfold, while the presence of four factors increases it twentyfold. In other words, the accumulation of stress factors significantly worsens the child's functioning, encompassing factors such as low socioeconomic status of the family, family conflicts, parental mental health issues including various types of addictions, neglect, and violence towards children, criminal activity, and a large family. It has been observed that individuals experiencing a broad range of trauma-related disorders, such as dissociative disorders and personality disorders, in combination with a high level of psychological symptoms and maladaptive personality functioning, report a series of traumatic experiences along with a lack of care from their mother/caregiver (Draijer, 1989, 2003; Swart et al., 2020). Most research on the course of personality disorders and trauma focuses on borderline personality disorders, with a history of childhood sexual abuse, psychiatric hospitalization, coexisting PTSD, and anxiety disorders negatively influencing the course of borderline personality disorders (Gunderson et al., 2006; Skodol et al., 2005; Zanarini, Frankenburg, Hennen, Reich, and Silk, 2006). The research highlighted the impact of betrayal/disappointment-induced trauma on personality pathology. This type of trauma exacerbates personality pathologies and has a particularly negative impact compared to other types of trauma. In addition, the impact of betrayal-related trauma can also affect other forms of disorders and, moreover, is the strongest stressor among other types of trauma. It has also been noted that traumatic experiences associated with interpersonal betrayal disrupt the sense of support and care for individuals with personality disorders, exacerbating their severity (Freyd, 1996; Herman, 1992; van der Hart, Nijenhuis, & Steele, 2006; Kaehler, Babcock, DePrince, & Freyd, 2013). It has also been demonstrated that the effect of high-intensity betrayal trauma also influences identity diffusion, primitive defense, and reality testing in personality pathology. The unique impact of high-intensity betrayal trauma in sensitive areas of individual personality disorder categories (e.g., narcissism) suggests that not only are these

individuals exposed to high-intensity betrayal trauma (e.g., narcissistic sensitivity), but it also affects the means through which people defend themselves against this trauma (e.g., narcissistic grandiosity), (Kernberg, Caligor, 2005; Clarkin, Yeomans, Kernberg, 2006; Dowgwillo et al, 2016; Yalcha and Levendosky, 2014).

Purpose of the research undertaken

The presented context of theoretical analyses allowed for the determination of the research goal, which was to establish the relationship between experiencing trauma and symptoms of abnormal personality development during adolescence. In the conducted research project, the following research questions were posed:

1. Are there differences between socially adapted and socially maladjusted youth in terms of the occurrence of early symptoms of abnormal personality development and experienced trauma?
2. Is there a connection between early victimization and abnormal personality development during adolescence? What is the strength of this relationship?

Participants and research tools used

Participants

65 individuals aged 15–18 participated in the study, divided into two research groups: (1) clinical group – individuals at risk of maladjustment and social maladjustment, and (2) control group – randomly selected high school students. The mean age was 16.86 (SD = 0.527). The study included a total of 28 boys and 37 girls. The clinical group consisted of wards of the Ośrodek Szkolenia i Wychowania OHP [Training and Education Center] in Zielona Góra (N = 32). This sample included individuals at an elevated risk of using violence. The group was selected based on a prior community interview with the center's educators, who confirmed the use of various forms of violence by the participants. The second group comprised students from the first and second grades of high schools (n = 33), randomly recruited from secondary schools in the city of Zielona Góra. Prior to qualifying for the study, a preliminary interview was conducted to assess eligibility for the control group. Participants from both groups anonymously filled out sheets, providing only their age and gender, and the completed sheets were secured in sealed envelopes.

Research tools

In the study conducted, two research tools were utilized, addressing the measurement of victimization and abnormalities in personality development. The first

tool is the Juvenile Victimization Questionnaire (JVQ) (Hamby, Finkelhor, Turner, Kracke, 2011) in its Polish adaptation (Makaruk, Włodarczyk, Wójcik, 2013). This tool allows for the identification of various forms of victimization, enabling the tracking of relationships between them. It also distinguishes victimization that occurred throughout one's life from experiences in the year preceding the study. This allows for comparisons between different age groups of respondents, eliminating the cumulative effect of victimization experiences associated with age (older children are more likely to experience more forms of violence throughout their lives than younger ones). The JVQ questionnaire is designed for children aged 8 to 17. In its broadest version, the questionnaire measures more than 50 different forms of victimization divided into 5 broad categories: 1) conventional crimes (such as theft, robbery, etc.), 2) adult violence, 3) peer violence, 4) sexual abuse, and 5) indirect victimization. For the purposes of the study, items related to physical, psychological, sexual violence, and neglect were used. The questionnaire demonstrates good psychometric properties ($\alpha = 0.979$).

Tools developed by Achenbach and Edelbrock and their colleagues from the University of Vermont in Burlington, United States, are used for a comprehensive assessment of adaptive and maladaptive behaviors in individuals of different ages. The study utilized the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001), designed for the examination of school-age children and adolescents, i.e., from 6 to 18 years old. The Polish adaptation of the tool was conducted by Wolańczyk (Wolańczyk, 2002). The psychometric properties are estimated at the level of $\alpha = 0.712$. Selected items for assessing symptoms of abnormal personality development were used in the study. The items were selected as proposed by Paulina Kernberg and her team (2000), as follows: antisocial personality (items: 15, 16, 21, 26, 37, 41, 43, 67, 72, 81, 82, 97, 101, 106), borderline personality (items: 3, 12, 16, 18, 20, 33, 41, 57, 68, 87, 91, 95), narcissistic personality (items: 23, 32, 74), histrionic personality (items: 19, 73), schizoid personality (items: 22, 25, 84, 111, 85), paranoid personality (items: 27, 34, 69, 89), avoidant personality (items: 31,71,75), dependent personality (items: 1, 11, 83, 86, 109, 99). Kernberg's proposal (Kernberg, Weiner, & Bardenstein 2000) is based on both the theoretical premises underlying the construction of the questionnaire and the assumptions of the psychopathology of personality disorders, taking into account the specificity of the development of children and adolescents. Kernberg emphasizes that Achenbach's CBCL includes a statistical perspective/list of individual child behaviors that can be grouped both into two broad categories: externalizing and internalizing disorders (as proposed by the tool's author) and into nosological categories related to mental disorders (Axis I in DSM-IV) such as ADHD or anxiety disorders (Beiderman, 1992) or personality disorders (Axis II DSM-IV) (Kernberg et al., 2000). 57% of CBCL questionnaire items relate to behaviors typical of abnormal personality development, understood as behaviors meeting the criteria for personality disorders. It is possible to distinguish items

characteristic of specific personality disorders and reflecting individual symptoms of personality disorders as described in the literature and presented in the DSM (Kernberg et al., 2002).

Study results

Comparison of mean scores for personality disorder symptoms indicates that there are significant differences between the clinical group and the control group in terms of antisocial, narcissistic, borderline and schizoid personality disorder symptoms.

Table 1. Comparison of mean scores for personality disorder symptoms in study groups

Group		Symptoms of abnormal personality development towards the following types of personality:							
		antisocial	narcissistic	borderline	histrionic	paranoid	schizoid	avoidant	dependent
Clinical group	M	12.91*	4.28*	11.50*	1.94	2.81	3.91*	2.69	4.47
	SD	4.7888	2.413	4.040	1.105	1.847	1.748	1.533	2.140
Control group	M	4.18*	2.45*	6.70*	1.64	3.00	2.00*	2.39	4.70
	SD	3.235	1.769	4.538	1.025	1.732	1.601	1.580	1.895
T (df)		8.632 (63)	3.488(63)	4.502(63)	1.139(63)	-.419(63)	4.588(63)	.760(63)	-.455(63)
Significance		.000 *	.001*	.000 *	.259	.677	.000 *	.450	.650

Differences in symptoms of personality disorders, taking into account the gender of the participants, only indicate significant results in the area of symptoms of antisocial personality disorder ($t = 2.91$; $p = .005$).

The results of comparisons of experienced violence in the studied groups indicate statistically significant differences in relation to all forms of violence (Table 2).

Differences between types of experienced violence, taking into account the gender of the participants, only indicate significant results in the area of physical violence ($t = 2.84$; $p = .005$). This means that male and female participants experienced other forms of violence to a similar extent.

The research results confirm the assumption regarding the connection between victimization in childhood and adolescence and early symptoms of abnormal personality development. The results presented in Table 3 show that the strongest correlation occurs between overall victimization and symptoms of borderline ($r = 0.63$; $p < 0.01$), schizoid ($r = 0.61$; $p > 0.01$) and narcissistic ($r = 0.54$; $p < 0.01$) personality types. These correlations are high and indicate a significant relationship between experienced violence in development and symptoms of abnormal personality development.

Table 2. Comparison of average results regarding experienced violence in the studied groups

		t	df	Significance (bilateral)	Difference in means	Standard error of difference	95% confidence interval for the difference in means		Standard deviation
							Lower limit	Upper limit	
Physical violence	Assumed difference in variances	6.97	63	.000	3.65	0.52	2.6	4.7	2.286
Psychological violence	Assumed difference in variances	3.6	63	.000	0.9	242	0.39	1.35	1.933
Sexual violence	Assumed difference in variances	4.89	63	.001	2.54	0.52	1.5	3.58	.931
Negligence	Assumed difference in variances	6.02	63	.001	1.03	0.17	0.69	1.38	1.014

Table 3. Pearson's correlation (r) between the overall level of victimization and symptoms of personality disorders

	Symptoms of abnormal personality development towards the following types of personality:							
	antisocial	narcissistic	borderline	histrionic	paranoid	schizoid	avoidant	dependent
All types of violence	.616**	.537**	.627**	.368**	0.90	.614**	0.89	-.035
Significance	.000	.000	.000	.003	.478	.000	.482	.784

Correlational analyses regarding the relationships between different forms of experienced violence and symptoms of personality disorders indicate that, in the case of borderline and antisocial personalities, each type of experienced violence is associated with abnormal personality development in adolescents. However, for narcissistic, histrionic, and schizoid personality disorders, this association exists in relation to physical, psychological, and sexual violence (see Table 4). There is no correlation for other types of personality disorders.

Table 4. Correlations between symptoms of personality disorders and types of violence experienced

Personality symptoms		Physical violence	Psychological violence	Sexual violence	Negligence
Antisocial	Pearson's correlation	.617 **	.457**	.480**	.447**
	Significance	.000	.000	.000	.000
Narcissistic	Pearson's correlation	.483**	.511**	.526**	, 128
	Significance	.000	.000	.000	0.308
Borderline	Pearson's correlation	.593**	.588**	.472**	.468**
	Significance	.000	.000	.000	.000
Histrionic	Pearson's correlation	.312*	.282*	.417**	.075
	Significance	.011	.023	.001	.107
Paranoid	Pearson's correlation	.069	.226	.010	.107
	Significance	.585	.070	.939	.395
Schizoid	Pearson's correlation	.580**	.614**	.452**	.419**
	Significance	.000	.000	.000	.001
Avoidant	Pearson's correlation	.030	.222	.084	.023
	Significance	.813	.076	.504	.854
Dependency	Pearson's correlation	-.052	.173	-.014	-.251
	Significance	.679	.167	.912	.044

Discussion of the results

The obtained results of the study allowed for identifying links between different forms of experienced violence and symptoms of personality disorders. In the case of borderline and antisocial personality disorder symptoms, a relationship was found with each type of experienced violence. Analyzing the relevant literature, it should be noted that there are specific types and combinations of abuses (emotional, physical, sexual) and neglects (emotional, physical, lack of care) that may be associated with specific personality traits (Soroko, 2014). In particular, the development of borderline personality disorder is characterized by a relationship

with numerous forms of violence experienced, i.e. emotional abuse, sexual abuse, physical abuse, abuse, emotional neglect, physical neglect, and lack of care (Johnson et al., 2005). As emphasized by Cierpiałkowska and Soroko (2014), research on the interactions between biological and psychosocial factors in the etiology of *borderline* personality disorder shows that the perceived level of parental attachment, traumatic experiences, and family social functioning modify the genetic and environmental variability underlying emotional instability, a trait central to *borderline* personality disorder. In turn, Benjamin lists three factors in the development of borderline personality: 1) family chaos, 2) traumatic abandonment, 3) control of constructive drives. Thus, family chaos, including events such as arguments, romances, infidelity, suicide attempts, murder, or imprisonment, becomes an occurrence that creates a dramatic atmosphere in the family and protects against boredom. Meanwhile, family instability, constant changes in configuration and coherence, account for the intensity and variability of emotions observed by the child in an adult. Often, children from such families are left to fend for themselves without proper protection. In addition, it is difficult for them to predict when their caregiver will return, and the hidden message they receive implies, 'We abandoned you because you are not good enough.' It is also noted that many individuals diagnosed with borderline personality disorders experienced sexual abuse in childhood (Millon, Davis, 2005). As reported by Millon and Davis (2005), citing studies from other authors, they draw attention to the fact that a child who has been repeatedly sexually abused cannot form safe and satisfying bonds with others. They develop the belief that others are 'dangerous and only interested in satisfying their own needs.' In this aspect, gender differences have also been highlighted, indicating a prevalence of women receiving a diagnosis of this disorder more often. It is assumed that incest experiences in childhood and adolescence, including chronic victimization by the father or male family member, not only translate into disorders in sexual development but also personality disorders. In contrast, the control of constructive drives, which could help avoid the development of negative trauma coping mechanisms, is not supported by the family, considering it something wrong. Therefore, in any situation where a child might develop the belief that they are someone special, they encounter demeaning punishment.

In the case of antisocial personality disorders, it is emphasized that children most often experience the following types of trauma: neglect, indifference, hostility, and physical violence. These children come to the conclusion that the world is a cold place where there is no forgiveness. The lack of empathic sensitivity models means that they do not acquire the skills related to sensitivity to the emotional states of others, which, in turn, determines the development of lasting injury and a lack of readiness to consider the consequences of their actions. Such a way of functioning is further supported by the belief that intimidating and using violence can be used instrumentally to enforce expected behaviors, with the parent using violence becoming a role model of violence. Furthermore, children

who witness violence from, for example, one parent towards another, whether verbal or physical, leading them to submission, replicate such behavior patterns in later relationships with other people.

Moreover, the lack of parental control means that they do not learn appropriate control over their own aggression (Millon, Davis, 2005; Pastwa-Wojciechowska, 2014; Pastwa-Wojciechowska, Izdebska, 2016). In some clinical theories, psychopathy is associated with narcissism in the context of interpersonal relationships and defensive functioning (i.e., both narcissistic individuals and psychopaths use and direct aggression towards others to regulate internal feelings of vulnerability). On the other hand, other studies suggest that the development of psychopathy is the result of exposure to trauma, specifically high-intensity trauma related to betrayal (abandonment) (Benjamin, 2003; Clarkin et al, 2006; Gobin, Reddy, Zlotnick, & Johnson, 2015).

The results of the study demonstrated that in the case of narcissistic, histrionic, and schizoid personality disorders, this relationship exists in relation to physical, psychological, and sexual violence. According to data published by Jonson and colleagues (2005), there is a relationship between an increased risk of developing narcissistic personality disorders and types of violence such as emotional abuse, emotional neglect, and physical neglect. Millon and Davis (2005) emphasize that the sense of grandiosity and omnipotence is a defense mechanism for the fragile self-image. The sense of superiority makes them believe that the misfortunes that happen to less significant people will not befall them. Therefore, traumatic events challenge the assumptions they have about themselves. Referring to the etiology of this disorder in the literature, it is pointed out that the most common type of trauma experienced is the overestimation of the child by the parent, excessive demands, and loss of grace. According to Kernberg, the family environment plays a huge role in initiating the development of grandiose fantasies. Parents are often cold, indifferent, and send messages with a significant amount of malice and aggression, which, in turn, affects the child's self-image and contributes to the development of pathological ways of regulating self-esteem. As can be observed, the most frequently emphasized elements of experienced violence are emotional and physical violence, while sexual violence is not emphasized.

In the case of histrionic personality disorder, parents rarely punish or criticize the person developing them. Instead, they only reinforce behaviors they approve of, inconsistently at that. Since nothing triggers a consistent parental reaction, children who seek their attention experience frustration. To gain recognition and love, they exaggerate behaviors conforming to their gender stereotype. Over time, they convince themselves that only caricatured behaviors give them a chance to be noticed by the parent and obtain approval. Such children enter adolescence with an insatiable desire for attention and love, discovering that by exploiting their own sexuality, they quickly become objects of continuous sexual interest. The sexualization they employ is a form of controlling those they depend on. As Millon and Davis (2005)

point out, the time of being seductive by a future histrionic person often provides power over a violent father (such as an alcoholic) who threatens the mother and/or siblings. The desire to be the father's object, realized by recognizing his desires and conforming to them, leads to the development of a false self and a constant pursuit of the position of being desired (Groth, 2014). The behaviors undertaken aim to protect the family and alleviate the dangerous situation by offering innocent dependence and other tender emotions in the face of potential violence.

Understanding the relationship between the development of schizoid personality disorders and the types of experienced violence is more complicated. First and foremost, it is emphasized that a weak bond is formed between the child and the parents. In the case of individuals who subsequently develop schizoid personality disorders, parents feel disappointed in their contact with the child due to its weak responsiveness to them, leading to their withdrawal from contact with it. These parents are immersed in a sense of emptiness and grief due to the child's lack of reaction to them, narrowing the range of stimuli and social models provided to it. These relationships will be characterized by coldness and formalism, ultimately resulting in the intellectualization of these emotionally disconnected contacts. As a consequence, individuals developing schizoid personality disorders experience deficits in interpersonal competence. Other children may view future schizoid individuals as bizarre and tease them mercilessly (Millon, Davis, 2005). The history of a schizoid person is dominated by the theme of rejection by close individuals in the environment – family and peers, leading to a sense of alienation, being different and inferior to others. As a result, a negative self-image is created, where the overriding value is maintaining independence from other people, who are perceived as hostile, useless, and controlling. It is also worth noting that traumatic experiences, especially emotional, physical, or sexual traumas, can be a risk factor for the development of schizoid personality (Marshal, 2014). These people isolate themselves from negative experiences, closing themselves in their own world and feeling safe with themselves.

The results of the study indicate gender differences in the occurrence of personality disorders only in relation to antisocial personality disorders. These results align with other research findings. The increased prevalence of antisocial personality disorder in the young male population has been confirmed (Patterson, 1986; Dishion et al., 1995). Some research findings show that both genders are similarly exposed to borderline personality disorder, while others suggest that more girls than boys suffer from it (cf. Cierpiałkowska, Grzegorzewska, 2023).

The research presented here has its limitations, primarily related to the size of the study groups. Therefore, the results obtained should be considered as a trend and cannot be generalized to the population. However, due to the importance of the problem and, especially the increasing reports from clinicians about abnormalities in the development of personality in young individuals, these are important data, and most importantly, they align with the literature. They constitute the beginning of a research project and will be continued.

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