



The Relationship Between Childhood Trauma and Level of Resilience in Borderline Personality Disorder



Diana Atmaja^{1*}, Titis Hadiati², Natalia Dewi Wardani²

¹ Psychiatry Residency Program Faculty of Medicine, Universitas Diponegoro, Semarang, Indonesia

² Department of Psychiatry, Faculty of Medicine, Universitas Diponegoro, Semarang, Indonesia

Keywords:

Borderline personality disorder
CD-RISC
Childhood trauma
CTQ
Resilience

*) Correspondence to:
datmajaa@gmail.com

Article history:

Received 02-06-2025
Accepted 12-12-2025
Available online 15-12-2025

ABSTRACT

Background: Borderline personality Disorder (BPD) is a serious mental disorder characterized by instability in emotions, impulse control, interpersonal relationships and self-image. Childhood trauma such as physical emotional or neglect abuse, has been strongly linked to the development of mental disorders, including BPD. Resilience as a psychological capacity to adapt to adversity, has also been shown to vary among individuals with BPD and may relate to their history of childhood trauma.

Objective: To determine the relationship between childhood trauma and resilience level in BPD.

Methods: This study was a cross-sectional study with 41 subjects were patients who had been diagnosed with BPD. Childhood trauma and resilience levels were assessed using the Childhood Trauma Questionnaire (CTQ) and Connor Davidson Resilience Scale (CD-RISC).

Results: The relationship between emotional abuse and resilience level obtained a $p = 0.008$, physical abuse $p = <0.001$, sexual abuse $p = 0.002$ so that there is a significant relationship between emotional abuse, physical abuse and sexual abuse with resilience level in BPD.

Conclusion: There was a significant relationship between childhood trauma emotional abuse, physical abuse and sexual abuse with the level of resilience in BPD patients.

Copyright © by Author;; DIMJ, 2025, 6(2), 1-5 DOI: <https://doi.org/10.14710/dimj.v6i2.27515>

1. Introduction

Borderline personality disorder (BPD) is a complex and serious mental disorder characterized by a pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships and self image. BPD is the most common personality disorder in the clinical population, associated with severe functional impairment and significant individual and societal cost. It is estimated that 1 to 4% of people worldwide have the disorder with the incidence of BPD in primary care settings being 6.4%, which is 4 times higher than the general population.^{1,2} This condition often causes problems in daily life including relationships with others and has a suicide rate 10-50 times higher than the general population.

Childhood trauma is a condition that occurs when someone experiences a bad or unpleasant event in childhood, this condition can cause fear that is usually related to dangerous or even life-threatening acts of violence.³ In general childhood trauma can occur when a child witness or experiences a bad event that makes them threatened, unsafe or unable to cope. This event can occur more than once or repeatedly, it is estimated that around 46% of children have experienced trauma at least once during childhood.^{4,5}

Resilience can be generally defined as the ability of a dynamic system to withstand or recover from significant challenges that threaten its stability and survival. Resilience is also a dynamic process that leads to successful individual adjustment in the face of adversity. More attention has recently been paid to risk factors for this disease, including the influence of early experiences especially child trauma, to better prevent and treat it. Some authors have found that the inability to adapt is a core of BPD and that this is due to the inflexible human capacity for social communication and the difficulty in reappraising when faced with negative experiences in social interactions.^{6,7}

Currently many empirical studies have investigated the relationship between various types of childhood trauma and BPD.^{6,8} The results of these studies support the idea that childhood trauma is a major risk factor for BPD. Considering the role of resilience in the relationship between childhood trauma.⁷ A growing number of studies have shown that resilience has a significant relationship with childhood trauma in people with BPD. This has prompted researchers to examine the mediator relationship such as the level of resilience between childhood trauma and BPD characteristics.

2. Methods

Subjects and Procedure

This cross-sectional analytic study were conducted at Diponegoro University in November 2024 involving 41 BPD patients who were selected using a consecutive sampling method. Patients who have a history of chronic medical illnesses such as diabetes, hypertension and kidney failure based on interviews were exclude. The inclusion criteria for this study had an age range of 18-40 years, minimum junior high school education. The minimum education requirement was applied to ensure procedures, comprehend the research instrument, and provide accurate and reliable responses to the questionnaires used. Subjects were informed about the research objectives and signed an informed consent form. Data analysis was performed with SPSS computer statistical software. Nominal scale data is presented in the form of frequency distribution table. The confidence interval used is 95% and the p-value is considered significant if $p < 0.05$.

Measure

Subjects answered a questionnaire with socio-demographic variables to assess sex, years of education, occupational status and economic classification. Borderline personality disorder was assessed using DSM Structured Clinical Interview- SCID by psychiatrics in order to confirm diagnosis.

Trauma experiences were assessed using Indonesian version of the Childhood Trauma Questionnaire – CTQ that was validated by Rahma.⁹ The CTQ is a 28-item retrospective self-report questionnaire that assess the history of abuse and/ or neglect during childhood. Measures five childhood trauma subtypes, including emotional, physical and sexual abuse, as well as emotional and physical neglect. Items are scored on a five points Likert scale from 1 = never true to 5 = very often true, according to the frequency with which each event occurred. Severity classification were grouped into three categories : mild, moderate and severe. These categories were applied to each CTQ subscale to describe the level of traumatic exposure among subjects.

Table 1. CTQ Severity Cutoff for Childhood Trauma Subscales¹⁰

Subscales	None	Mild	Moderate	Severe
Emotional Abuse	<8	8-12	13–15	≥16
Physical Abuse	<7	7-9	10–12	≥13
Sexual Abuse	<5	5-7	8–12	≥13
Emotional Neglect	<9	9-14	15–17	≥18
Physical Neglect	<7	7-9	10–12	≥13

Resilience score was measured using Connor Davidson Resilience Scale (CD-RISC) and validated and adapted to Indonesian version by Almasyhur.¹¹ CD-RISC is a 25-item scale that measures and individual’s ability to adapt to change and cope with stress. It is evaluated on a 5 point Likert scale ranging from – to 4 (0= not true at all, 1 = rarely true, 2 = sometimes true, 3 = often true, and 4 = true nearly all the time). Higher scores indicate stronger adaptability skills with total score ranges from 0 to 100. Resilience scores below 40 are considered low, score between 40-70 are considered moderate and score above 70 are considered high.¹²

3. Result

The sociodemographic characteristics of the participants and their correlations with CD-RISC scores are presented in Table 2. Participants were aged 19 to 35 years, with the mean age of 25.32 ± 4.2 years. There was no significant correlation between age and resilience scores ($p = 0.896$). Most participants were female (90.2%), and gender was not associated with CD-RISC scores ($p = 0.809$).

Regarding marital status, the majority of participants had never been married (87.8%). No significant differences in resilience score were observed across marital status categories ($p = 0.767$). In terms of educational level, 65.9% of participants held a diploma, 31.7% had completed high school and 2.4% had completed middle school. Educational level showed no significant association with resilience score ($p = 0.674$). Most participants had been diagnosed with BPD for more than one year (87.8%), and the duration of diagnosis was not significantly related to resilience ($p = 0.202$).

Table 2. Sociodemographic characteristics and correlation with CD-RISC Scores

Characteristics		n	%	p
Age (years)	Min-max	19 - 35		0.896 ^a
	Mean (SD)	25.32 ± 4.2		
Gender	Male	4	9.8	0.809 ^c
	Female	37	90.2	
Marital	Married	3	7.3	0.767 ^b
	Divorce	2	4.9	
	Never married	36	87.8	
Level education	Middle school	1	2.4	0.674 ^b
	High school	13	31.7	
	Diploma	27	65.9	
Length of time diagnose	<1 years	5	12.2	0.202 ^c
	>1 years	36	87.8	

*. Significant ($p < 0,05$), ^aSpearman rho correlation, ^bKruskal Wallis test, ^cMann Whitney test

Table 3. Descriptive resilience levels

Variables	Mean ± SD
Resilience level	58.66 ± 8.59

Table 4. Descriptive data of childhood trauma and correlation with CD-RISC Score

Variables	n	%	Mean ± SD	p	r
Emotional abuse			14.8 ± 5.3	0.006*	-0.696 ^a
None	6	15			
Mild	7	17			
Moderate	9	22			
Severe	19	46			
Physical abuse			9.48 ± 4.8	<0.001*	-0.640 ^a
None	20	49			
Mild	6	14			
Moderate	4	10			
Severe	11	27			
Sexual abuse			12,10 ± 4.3	0.002*	-0.468 ^a
None	20	49			
Mild	2	5			
Moderate	12	29			
Severe	7	17			
Emotional neglect			10,51 ± 2.4	0.513	0.105 ^a
None	11	27			
Mild	16	39			
Moderate	5	12			
Severe	9	22			
Physical neglect			9,20 ± 2.4	0.421	0.129 ^a
None	12	29			
Mild	10	24			
Moderate	17	42			
Severe	2	5			

*Significant $p < 0,05$, ^a Spearman rho correlation

From 41 subjects, the average CD- RISC score was 58.66 ± 8.59 with a normality test indication that sore data was normally distributed. Based on the classification of the CD-RISC score interpretation, it was found that the average score of 58.66 ± 8.59 was included in the moderate resilience category. Childhood trauma in this study was divided into 5 categories with the most emotional abuse in the severe category (46%), no physical abuse (49%), no sexual abuse (49%), mild emotional neglect (39%), moderate physical neglect (42%).

In table 3 the correlation between emotional abuse and resilience level shows the results of $p = 0.006$ ($p < 0.05$) using Spearman correlation test and shows a negative correlation figure of $r = -0.696$. Spearman test analysis on the physical abuse variable with resilience level shows the results of $p < 0.001$ ($p < 0.05$) and shows a negative correlation figure of $r = -0.640$. Analysis of the sexual

abuse variable with the level of resilience showed a results of $p = 0.002$ ($p < 0.05$) and showed a negative correlation figure of $r = -0.468$.

Meanwhile there is insignificant correlation between emotional neglect and physical neglect with resilience levels in BPD. Analysis of the emotional neglect variable with the level of resilience obtained a results of $p = 0.513$ and a correlation figure value of $r = -0.105$. the Spearman correlation test between physical neglect and the level of resilience also showed the regression coefficient ($r = 0.129$ with a $p = 0.421$) ($p > 0.05$).

4. Discussion

This study found that from all research subjects, the average age of the subjects was $25.32 \pm 4,2$ where borderline personality disorder is most often found in the young adulty age range, namely between 18 and 24 years and can still be found up to the age of 35 years. The most female gender is in accordance with previous research from Bozzatello et all (2021) which found that the prevalence of BPD was most often found in women. At the level education, more subjects were found to have DIII, S1, S2 education levels, but usually the tendency for BPD patients to have low levels of education can be caused because demographic and also based on the social environment of each patients.^{13,14}

In this study the average resilience level was 58.66 ± 8.59 . This is similar to Guillén¹⁵ (2021) study which found a resilience level in BPD of 58.92 ± 20.76 . High resilience has been shown to be associated with better health outcomes in the face of trauma or adversity, while low resilience has been found to have negative consequences for an individual's mental health. In this study a moderate level of resilience was obtained because individuals with BPD often experience rapid and intense emotional changes, and face stressful and critical situations. Many individuals with BPD grow up in stressful or traumatic environments and as a result they may develop the ability to adapt in ways that are not fully adaptive but sufficient to survive.¹⁶

The largest percentage of respondents experienced emotional abuse (46%). This result is line with research by Ensink¹⁷ (2024), where emotional abuse that occurs in childhood is consistently associated with BPD. This study also found a significant relationship between emotional abuse and resilience level ($p = 0.006$) with a strong negative correlation ($r = -0.696$). The findings of this study are in line with previous research by Xie (2021)¹⁸ in China which was conducted on BPD patients that there was an influence between emotional abuse and resilience level. Emotional abuse is also mentioned as a potential "core" feature of a person social environment that leads to the development of BPD pathology. Research by Yuan (2023) also showed that emotional abuse significantly predicts BPD characteristics

including emotional dysregulation and the complex interplay between biological vulnerabilities and social environmental factors. Examples of emotional abuse items on the CTQ questionnaire are “People in my family call me stupid, lazy or ugly” and “I think my parents wish I had never been born.” Such verbal attacks are common in less supportive environments.¹⁹

In this study a significant relationship was found between physical abuse and resilience levels in BPD patients ($p = < 0.001$) with a moderate negative correlation ($r = -0.640$). This is like Porter’s 2020²⁰ study which found a significant relationship between physical abuse and resilience level. Children who experience physical abuse have a higher risk of experiencing emotional, behavioral and social adjustment problems. Physical abuse can cause deep emotional trauma. Children who experience abuse may feel anxious, afraid, have low self-esteem, or have difficulty trusting others, which can reduce their ability to cope with stress in the future.

This study found a significant relationship between sexual abuse and resilience levels in BPD patients ($p = 0.002$) with a weak negative correlation ($r = -0.468$). These results are similar to a study conducted by Paulo²¹ in 2020 in Portugal which found a significant relationship between sexual abuse and resilience levels ($p = -0.004$). Sexual abuse can cause significant psychological disorder, such as anxiety, depression, post traumatic stress disorder, feelings of shame and low self-esteem.²² this can reduce an individual’s ability to cope with life challenges which are very important for building resilience.

In this study there was no significant relationship between emotional neglect and resilience levels in BPD patients ($p = 0.513$). This is line with research conducted by Yuan²³, namely there was no significant relationship between emotional neglect and resilience levels ($p = 0.59$), although a study by Li²⁴ in 2023 found a significant relationship ($p < 0.001$). Strong social support can provide a sense of security and appreciation, and help children feel accepted, even though they have experienced neglect.^{20,25}

This study has several limitations that should be acknowledged. First, the cross sectional design restricts the ability to draw casual inferences regarding the directionality between childhood trauma and resilience level in individuals with BPD. Second, the sample size and sampling approach may limit the generalizability of the findings, particularly given that the cohort was drawn from a specific clinical population. A more diverse and larger sample would allow for broader applicability. Third, the study relied on retrospective self-report measures, which may be influenced by recall bias or subjective interpretation of past events. Future research would be benefit from employing longitudinal designs and incorporating multi-informant or clinical-rated assessments to better capture developmental trajectories and minimize reposting bias.

5. Conclusion

This study found a significant relationship with a negative correlation between emotional abuse, physical abuse and sexual abuse on the level of resilience in BPD patients, indicating that the higher trauma the lower the level of resilience. Meanwhile in emotional neglect and physical neglect there was insignificant relationship to the level of resilience in BPD patients.

Ethical Approval

Ethics approval was obtained from the Health Research Ethic Commission (KEPK) Faculty of Medicine, Diponegoro University number 628/EC/KEPK/FK-UNDIP/XI/2024 dated November 15th, 2024.

Conflicts of Interest

The authors declare no conflict of interest.

Funding

No specific funding was provided for this article.

Author Contributions

All authors equally contribute to this study from the conceptual framework, data acquisition, data analysis, until interpreting the study results through publication.

Acknowledgments

We extend our sincere appreciation to the Department of Psychiatry, Faculty of Medicine, Diponegoro University, for their insightful and valuable suggestions.

References

1. Leichsenring F, Heim N, Leweke F, Spitzer C, Steinert C, Kernberg OF. Borderline Personality Disorder. *JAMA*. 2023 Feb 28;329(8):670.
2. Mendez-Miller M, Naccarato J, Radico JA. Borderline Personality Disorder. *Am Fam Physician*. 2022 Feb 1;105(2):156–61.
3. Haim-Nachum S, Amsalem D, Lazarov A, Seedat S, Neria Y, Zhu X. Childhood maltreatment and its associations with trauma-related psychopathology: disentangling two classification approaches. *npj Mental Health Research*. 2024 Aug 16;3(1):39.
4. Bertsch K, Göhre I, Cottin M, Zettl M, Wienrich C, Back SN. Traumatic childhood experiences and personality functioning: effect of body connection in a cross-sectional German and Chilean sample. *Borderline Personal Disord Emot Dysregul*. 2024 Aug 27;11(1):20.
5. The Lancet Psychiatry. Responding to childhood trauma. *Lancet Psychiatry*. 2022 Oct;9(10):759.

6. Hasya NH. The Impact of Childhood Trauma on Borderline Personality Disorder. *Journal of Psychiatry Psychology and Behavioral Research*. 2023 Sep 30;4(2):33–6.
7. Bogaerts A, Claes L, Raymaekers K, Buelens T, Bastiaens T, Luyckx K. Trajectories of adaptive and disturbed identity dimensions in adolescence: developmental associations with self-esteem, resilience, symptoms of depression, and borderline personality disorder features. *Front Psychiatry*. 2023 Apr 24;14.
8. Williams K, Fleck L, Fuchs A, Koenig J, Kaess M. Mother–child interactions in adolescents with borderline personality disorder traits and the impact of early life maltreatment. *Child Adolesc Psychiatry Ment Health*. 2023 Aug 10;17(1):96.
9. Rahma, Alsarhi K, Prevoo MJL, Alink LRA, Mesman J. Predictors of sensitive parenting in urban slums in Makassar, Indonesia. *Attach Hum Dev*. 2018 Mar 27;1–9.
10. Hagborg JM, Kalin T, Gerdner A. The Childhood Trauma Questionnaire—Short Form (CTQ-SF) used with adolescents – methodological report from clinical and community samples. *J Child Adolesc Trauma*. 2022 Dec 30;15(4):1199–213.
11. Almasyhur AF, Nasrun MW, Kusumadewi I. Uji Validitas Instrumen Connor- Davidson Resilience Scale 25 (CD-RISC 25) versi Bahasa Indonesia = The Validation Study of Connor-Davidson Resilience Scale 25 (CD-RISC 25) in Indonesia. [Jakarta]: Universitas Indonesia, Fakultas Kedokteran; 2021.
12. Alfuqaha OA. Validating the Arabic version of the Connor-Davidson resilience scale among university students. *PLoS One*. 2023 Oct 24;18(10):e0293384.
13. Bozzatello P, Blua C, Brandellero D, Baldassarri L, Brasso C, Rocca P, et al. Gender differences in borderline personality disorder: a narrative review. *Front Psychiatry*. 2024 Jan 12;15.
14. Yaniv-Rosenfeld A, Savchenko E, Netzer M, Elalouf A, Nitzan U. Socio-demographic Predictors of Hospitalization Duration Among Patients with Borderline Personality Disorder. *Administration and Policy in Mental Health and Mental Health Services Research*. 2024 May 30;
15. Guillén V, Tormo ME, Fonseca-Baeza S, Botella C, Baños R, García-Palacios A, et al. Resilience as a predictor of quality of life in participants with borderline personality disorder before and after treatment. *BMC Psychiatry*. 2021 Dec 12;21(1):305.
16. Guillén Botella V, García-Palacios A, Bolo Miñana S, Baños R, Botella C, Marco JH. Exploring the Effectiveness of Dialectical Behavior Therapy Versus Systems Training for Emotional Predictability and Problem Solving in a Sample of Patients With Borderline Personality Disorder. *J Pers Disord*. 2020 Apr 6;1–18.
17. Ensink K, Fonagy P, Normandin L, Rozenberg A, Marquez C, Godbout N, et al. Post-traumatic Stress Disorder in Sexually Abused Children: Secure Attachment as a Protective Factor. *Front Psychol*. 2021 Jul 27;12.
18. Xie GD, Chang JJ, Yuan MY, Wang GF, He Y, Chen SS, et al. Childhood abuse and borderline personality disorder features in Chinese undergraduates: the role of self-esteem and resilience. *BMC Psychiatry*. 2021 Dec 1;21(1):326.
19. Tunç P. The Effects of Borderline Personality and Sociodemographic traits on Self-Harm and Suicidal Behaviors in Substance Use Disorder. *J Psychiatr Nurs*. 2021;
20. Porter C, Palmier-Claus J, Branitsky A, Mansell W, Warwick H, Varese F. Childhood adversity and borderline personality disorder: a meta-analysis. *Acta Psychiatr Scand*. 2020 Jan 18;141(1):6–20.
21. Ferrajão PC. The role of parental emotional validation and invalidation on children’s clinical symptoms: A study with children exposed to intimate partner violence. *Journal of Family Trauma, Child Custody & Child Development*. 2020 Jan 2;17(1):4–20.
22. González-Acosta CA, Rojas-Cerón CA, Buriticá E. Functional Alterations and Cerebral Variations in Humans Exposed to Early Life Stress. *Front Public Health*. 2021 Jan 20;8.
23. Yuan Y, Lee H, Newhill CE, Eack SM, Fusco R, Scott LN. Differential associations between childhood maltreatment types and borderline personality disorder from the perspective of emotion dysregulation. *Borderline Personal Disord Emot Dysregul*. 2023 Feb 6;10(1):4.
24. Li C, Lv G, Liu B, Ju Y, Wang M, Dong Q, et al. Impact of childhood maltreatment on adult resilience. *BMC Psychiatry*. 2023 Aug 30;23(1):637.
25. Puriani DN, Sri Diniari NK, Sri Diniari NK, Jaya Lesmana CB, Ernawati DK. Karakteristik dan Proporsi Trauma Masa Kanak pada Remaja di Kota Denpasar. *E-Jurnal Medika Udayana*. 2021 Dec 24;10(12):28.