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RESEARCH ARTICLE

IMPULSIVITY IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER: THE ROLE OF SEVERITY OF CHILDHOOD ABUSE

H. Rharbaoui, M.Boubekri, Z.Bencharfa and F.El Omari

1. Ar-Razi University Psychiatric Hospital of Sale Faculty of Medicine and Pharmacy, Mohamed V University, Rabat, Morocco.

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Abstract

Borderline personality disorder (BPD) is a complex disorder defined by cognitive, affective, behavioral and interpersonal symptoms. It is a chronic condition that manifests itself in adolescence or early adulthood. BPD prevalence is estimated to vary between 1.6% and 5.9% of the overall population. It is associated with severe impacts on functioning, particularly on a psychological, physical, interpersonal and social level. In addition to its various consequences, BPD is associated with a high mortality rate of 5-10%, as an estimated 40 to 85% of people with this disorder attempt suicide.

This psychopathology is mainly characterized by emotional dysregulation, identity disturbance and relational instability. Additional characteristics associated with BPD include intense fear of abandonment, a chronic feeling of emptiness, intense anger that is inappropriate or difficult to control, risky or impulsive self-harming behavior and suicidal threats or gestures. It is accompanied by significant suffering and alterations in the individual's behavior.

Introduction:-

Borderline personality disorder (BPD) is a complex disorder defined by cognitive, affective, behavioral and interpersonal symptoms. It is a chronic condition that manifests itself in adolescence or early adulthood. BPD prevalence is estimated to vary between 1.6% and 5.9% of the overall population. It is associated with severe impacts on functioning, particularly on a psychological, physical, interpersonal and social level. In addition to its various consequences, BPD is associated with a high mortality rate of 5-10%, as an estimated 40 to 85% of people with this disorder attempt suicide.

This psychopathology is mainly characterized by emotional dysregulation, identity disturbance and relational instability. Additional characteristics associated with BPD include intense fear of abandonment, a chronic feeling of emptiness, intense anger that is inappropriate or difficult to control, risky or impulsive self-harming behavior and suicidal threats or gestures. It is accompanied by significant suffering and alterations in the individual's behavior.

Marked impulsivity remains predominant and can manifest itself in various contexts involving risky behavior. It represents a core symptom and one of the main factors underlying the symptomatology of borderline personality disorder (BPD), which is seen as a key element of neurobehavioral models. Furthermore, the rate of prevalence of these impulsive behaviors is very high in this disorder, ranging from 43% to a staggering 99%. [(2)]It is an important

Corresponding Author:- H. Rharbaoui
Address:- Ar-Razi University Psychiatric Hospital of Sale Faculty of Medicine and Pharmacy, Mohamed V Universitv. Rabat. Morocco.

problem and a major diagnostic criterion that needs to be better understood. In an attempt to alleviate their distress, several BPD patients engage in self-harm or suicidal gestures, and 10% of them die as a result. [3]

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines borderline impulsivity as potentially self-destructive behavior in at least two areas such as expenditure, sex, use of psychoactive substances, reckless driving or binge eating. According to several studies, one of the mechanisms that may explain borderline impulsivity is lack of inhibition. If the definition of impulsivity is a lack of temperamental and behavioral inhibition, four other criteria could be linked to impulsivity: unstable interpersonal relationships, recurrent suicidal or self-harming behavior, emotional instability and inappropriate anger.[4]

Borderline personality disorder (BPD) is a clinical condition associated with enormous burdens, both on an individual and collective level. It is therefore imperative to identify its causes and precursors. Several etiological theories have proposed hypotheses regarding the impact of precocious traumatic experiences on the development of BPD. [5] In fact, for several researchers and psychiatric practitioners, it has become accepted wisdom that childhood abuse is one of the risk factors for BPD.

Several scholars and researchers recognize that adults with BPD exhibit risk factors stemming from childhood. Firstly, exposure to traumatic events of abuse within the primary attachment relationship (e.g. sexual or physical abuse, neglect, maltreatment, lack of protection) would predispose the child to develop a borderline pathology in adulthood, especially when subjected to repeated exposure to these traumas. [6] In addition, multiple separations or rejections in the parent-child relationship are linked to an increased risk of developing borderline symptoms.

According to Bozzatello et al., a preliminary multifactorial model of BPD has been proposed, which includes a dysfunctional family environment—such as early abuse, inappropriate family behavior, and inadequate parent-child relationships —all of which interact with the child's temperament and can be identified as significant risk factors for BPD. [7]

Child abuse can be defined as the failure to respect a child's fundamental rights and needs: health, safety, morality, education, physical, emotional, intellectual and social development. [8]An abused child may be the victim of physical violence, sexual abuse, psychological violence, or severe neglect with consequences for their physical and psychological development. Child abuse is often underestimated, and its exact prevalence remains unknown because it is difficult to measure. However, the prevalence rates used by the WHO for the European region are very alarming: 22.9% of children are thought to suffer physical abuse (5-35%) and up to 29.1% suffer psychological abuse. Sexual abuse affects up to 13.4% of young girls (15-30% according to the studies) and 5.7% of young boys (5-15% according to the studies). Only a few studies have been conducted on child neglect, even though it has as many consequences as other types of abuse. Moreover, children who witness domestic abuse or are victims of one type of abuse are 30 to 60% more likely to be subjected to other types of abuse. [9][10]

According to a range of etiological theories, it seems that several models have proposed that the development of BPD is significantly influenced by an unbalanced social environment potentially involving several forms of child abuse. [11]Despite the emphasis placed on early experiences of abuse in the development of BPD, few studies highlight their impact on the degree and severity of impulsivity in borderline personality disorder.

I. Purposes:

Borderline personality disorder is a particularly devastating form of psychopathology, yet it has been largely overlooked in research. One of the most significant gaps in the current knowledge is the lack of empirical attention to the developmental precursors of borderline personality.

The present study will attempt to address this limitation by exploring the impact of a prior history of childhood abuse such as physical or sexual abuse, and emotional neglect, which can aggravate difficulties in regulating emotions. this in turn can give rise to impulsive behavior in borderline personality disorder (BPD), thus attempting to establish whether certain types of abuse or neglect are greater detriments in terms of the development of BPD than other types.

The aim of thestudy will also serve to highlight the prevalence of impulsive behavior with inhibition difficulties, profile the various aspects of impulsivity in a sample of female patients with different levels of borderline personality traits hospitalized at the Arrazi hospital in Salé using the Barratt Impulsiveness Scale (BIS), and determine the association between the severity of childhood abuse and impulsivity in these patients using childhood trauma assessment scalessuch as Adverse Childhood Experiences (ACE). Additionally, a literature review is to be undertaken to understand what causes and maintains impulsivity in patients with borderline personality disorder (BPD) in hopes of being able to intervene effectively and prevent the occurrence of these impulsive acts.

1. Describe the sociodemographic and clinical characteristics of patients with borderline personality disorder.
2. Identify past personal and family history and the nature of childhood trauma in these patients.

3. Establish the characteristics of impulsive behavior in these patients.
4. Determine the prevalence and severity of childhood abuse and its association with impulsive behavior or difficulties regulating emotions in these patients.
5. Investigate the link between a history of childhood trauma and impulsivity in patients with borderline personality disorder.

II. Methodology:

This is a retrospective, descriptive and analytical study, conducted over a period of 4 years running from September 1, 2020, to September 1, 2024, involving a sample of patients and a survey distributed using Google Forms to the various doctors at the Arrazi Hospital in Salé.
120 patients were diagnosed, according to DSM 5, with borderline personality disorder and hospitalized at the Arrazi hospital in Salé. Ahetero-questionnaire with several items was developed, taking into account data from the literature on borderline personality disorder. The questionnaire was centered around the following themes:
The first part concerns the sociodemographic and clinical characteristics of the patients, namely the age, the duration of the pathology, the number and reason for hospitalization or the reason for the consultation, as well as the therapeutic or psychotherapeutic care that the patient has received.
The second part covers the history and type of childhood abuse.
The third part specifies theprevalence, duration and type of impulsive behavior of borderline patients, focusing on the underlying motives behind their impulsivebehaviors.
The last part evaluates childhood abuse using the childhood trauma scale (ACE) and also specifies the degree of impulsivity using the Barratt Impulsiveness Scale (BIS) in Borderline patients who were abused during their childhood.
The criteria for inclusion are: patients diagnosed with borderline personality disorder undergoing consultation or hospitalization during this period, aged between 18 and 70 years, with the informed consent of the patient and their legal guardian.
And the criteria for exclusion are: age < 18 years or >70 years, pathologies affecting the capacity for discernment or profound cognitive impairments, intellectual disability or psychotic disorder.
The statistical analysis was carried out using Jamovi software version 2.3.21.0 and Microsoft Excel 2021. For the analytical statistics, a simple linear regression was used for the univariate study, while multiple regression was applied for the multivariate study. The dependent variable is the score on the given scale and the explanatory variables include all the other parameters studied.
The significance threshold was set at 95% ($p<0.05$). In the multivariate analysis,only variables thatwere statistically significant in the univariate analysis were included, with a limit of one variable per 10 participants. Meanwhile, the analytical statistics are produced by binomial logistic regression.

III. Results:

A total of 120 patients were included in the clinical trial from October 2020 to October 2022

i) Sociodemographic data: The table below summarizes the sociodemographic characteristics of the study population (table 1).

Socio-demographic characteristics	n= 120	
Gender	Female Male	70.8 % (85) 29.2% (35)
Age group	Under 20 years 20-30 Over 30 years	27.5 % (33) 51.7 % (62) 20.8 % (25)
Socio-economic level	Low income Average Income Wealthy	25 % (30) 62.5 % (75) 12.5 % (15)
Living environment	Urban Rural	95 % (114) 5 % (6)
Marital status	Single Married Divorced	80 % (96) 8.3 % (10) 11.7 % (14)
Level of education	Primary education Secondary education	6.7 % (8) 28.3 % (34)

	High school University	55.8 % (67) 9.2% (11)
Occupation	Without Student Worker Civil servant	53.3% (64) 23.3% (28) 5% (6) 18.4 % (22)

Table 1: Sociodemographic characteristics of the population studied

The majority of the sample is predominantly female, accounting for 70.8%, while males account for 29.2% of the study group. The average age of the population is 38 ± 10 years [19; 63]. With regard to marital status, most patients (80%) are single, while only 8.3% are married.

In terms of educational level, a higher proportion of patients had completed secondary education accounting for 55.8% and those who had reached university level represented 9.2%, while those who had completed primary education constituted a proportion of 6.7%. Almost the entire population resided in urban areas, representing a percentage of 95%.

ii) Clinical characteristics and history: The tables below summarize the history and clinical characteristics of the participants in the study (tables 2, 3 and 4).

History			N= 120
Psychiatric		Depressive disorder Bipolar disorder Anxiety disorder Schizophrenia Schizoaffective disorder	(87) 72.5% (23) 19.16% (6) 5% (2) 1.67% (2) 1.67%
Medical - Surgical		Yes No	(48) 40% (72) 60%
Family Psychiatric: Suicide attempt:		 Yes No Yes No	 (66) 55% (54) 45% (43) 35.83% (77) 64.17%

Table 2: The history of the population studied

History of disorder related to the use of psychoactive substances		N= 120
Use-related disorders	No	(40) 33.33%
	Yes	(80) 66.67%
Substances used	Tobacco	(61) 50.83%
	Cannabis	(59) 49.16%
	Alcohol	(46) 83.33%
	Benzodiazepines	(20) 16.66%
	Cocaine	(10) 8.33%
	Organic solvent	(5) 4.16%
	Ecstasy	(5) 4.16%
	Codeine	(5) 4.16%
	Crack	(4) 3.33%
	Pregabalin	(4) 3.33%
	MDMA	(4) 3.33
	Heroin	(2) 1.66
	Morphine	(2) 1.66

Table 3: History of disorders related to psychoactive substance use in the population studied

Clinical data	N= 120	
Duration of the illness	Less than a year	16.6% (20)

	Between 1 and 5 years	39.2% (47)
	More than 5 years	44.2% (53)
Number of hospitalizations	Never	10 % (12)
	1	19.2% (23)
	2	33.3% (40)
	3	19.2(23)
	4 or more	18.3(22)
Cause of hospitalization	Depression	76.7 % (92)
	Use of psychoactive substances	66.67% (80)
	Suicide attempts	70% (84)
	Suicidal equivalents	25% (30)
Medical treatment received by patients	Antidepressants	91.6 % (110)
	Atypical antipsychotics	55% (66)
	Mood stabilizers	42.5% (51)
	First-generation neuroleptics	7.5% (9)
	Benzodiazepines	60.8% (73)
	Hypnotics	16.7% (20)
Psychotherapy received by patients	None	45% (54)
	Cognitive-behavioral therapy (CBT)	55.8% (67)
	Dialectical Behavior therapy (DBT)	2.5% (3)
	Schema therapy (ST)	3.3% (4)
	Family therapy	3.3% (4)

Table 4: Clinical data of the study population

The vast majority of patients (76.7%) suffer from depressive disorders and 70% have attempted suicide. The duration of the disease was found to be beyond 5 years in 44.2% of the population. In terms of the number of hospitalizations, a substantial proportion of the population (33.3%) had been hospitalized twice. As for medication, 91.6% of the patients were receiving antidepressants. Atypical antipsychotics were prescribed to 55% of our population, conventional neuroleptics to 7.5%, and benzodiazepines to 60.8%. 45% did not receive any psychotherapy and 55.8% of them were able to undergo cognitive-behavioral therapy.

With regards to previous history: 40% of participants had a medical or surgical history and 72.5% had suffered previously from depression. 55% had a family psychiatric history and 35.83% had a family history of attempted suicide. In the studied sample, 66.67% of patients had a history of psychoactive substance use, with 83.33% of alcohol use, 50.83% of tobacco use and 49.16% of cannabis use.

iii)Childhood trauma:

		N= 120
Childhood trauma	No	(15) 12.5%
	Yes	(105) 87.5%
By whom the patient suffered the abuse	Someone close	(24) 20%
	Stranger	(96) 80%
Number of childhood traumas	O	(15) 12.5%
	1	(45) 37.5%
	2	(33) 27.5%
	3	(14) 11.67%
	4	(10) 8.33%

	5	(2) 1.67%
	Several	(1) 0.83%
Type of trauma	Sexual abuse	(57) 47.5%
	Physical violence	(30) 25%
	Verbal violence	(13) 10.83%
	Death of a relative	(10) 8.33%
	Neglect	(5) 4.17%
	Abandonment	(5) 4.17%

Table 5: Characteristics of childhood trauma in the study population

Approximately 87.5% of the population had suffered trauma in childhood. Among them, 80%were abused by a stranger. And about 37.5% had suffered trauma only once.
Moreover, 47.5% of the sample had suffered sexual abuse, followed by a percentage of physical violence at 25%, verbal violence at 10.83%, and finally negligence and abandonment at 4.17% respectively.

iv)Characteristics of impulsive behavior:

		N= 120
Average age of first impulsive behavior		17.54
Setting of impulsive behavior:	In a depressive state	(86) 71.67%
	other	(34) 28.33%
Types of impulsive behavior exhibited:		
Suicide attempts		(84) 70%
Self-harm		(98) 81.67%
Hetero-aggression		(23) 19.17%
Substance- use disorder		(62) 51.67%
Eating disorders		(45) 37.5%
High-risk behavior		(39) 32.5%

Table 6: Characteristics of impulsive behavior in the study population.

It is important to note that the majority of the patients (71.67%) displayed impulsive behavior in a depressive state. Among the patients in the sample, 70% had attempted suicide in an impulsive manner, 81.67% had engaged in self-mutilation, 19.17% had exhibited hetero-aggression, 37.5% had eating disorders, and 32.5% engaged in risky behavior.

v) Characteristics of self-harm and suicide attempts:

Suicide attempts	N= 84
Average age on first suicide attempt	18.32
Means used for Attempted Suicide	
Drug overdose	(33) 39.29%

Phlebotomy	(27) 32.15%
Defenestration	(8) 9.52%
Hanging	(7) 8.33%
Rat poison	(5) 5.95%
Drowning	(2) 2.38%
Jumping in front of a train	(2) 2.38%

Table 7: Characteristics of suicide attempts in the population studied

Self-mutilations		N=98
Average age on first act of self-harm		17.56
Frequency of injuries:		
	Rarely	(16) 16.3%
	Once per week	(30)30.6%
	Several times per week	(39)39.8%
	Once per day	(8)8.2%
	Several times per day	(5)5.1%
Zones of Injury:		
	Zone 1:Head, neck and face	(24)24.4%
	Zone 2:Forearm and arm	(92)93.9%
	Zone 3: Thorax and abdomen	(42)42.8%
	Zone 4:Thigh and feet	(5)5.1%
The manner of injury:		
	Cutting the skin with a sharp object	(85)86.7%
	Burning the skin with a cigarette	(45)45.9%
	Hitting one's head against a wall	(20)20.4%
Injury triggering factor:		
	Yes	(80)81.6%
	No	(20)20.4%
The purpose of self-harm:		
	To express emotional pain	(75)76.5%
	In effort tostave off abandonment	(55)56.1%
	To resolve interpersonal difficulties	(47)47.9%
	To express feelings of culpability	(35)35.7%
	To escape trauma	(57)58.2%
	As a cry for help	(12)12.2%

Table 8: Characteristics of self-harm in the population studied

Based on the results, the average age of the first suicide attempt is 18.32 years. The means used were mainly medication intake at 39.29%, followed by bloodletting at 32.15%, defenestration at 9.52% and hanging at 8.33%.

Regarding self-harm, the average age of the first incident according to the sample is 17.56 years. The injuries occurfrequently several times a week accounting for 39.8% of recorded incidents. The areas affected most commonly are the forearm and arm, accounting for 93.9% of cases.

Cutting the skin with a sharp object was the most common method of inflicting self-harm, accounting for apredominant 86.7%. The primary motivation for self-harm was to express emotional pain as it was reported by 76.5%. Trying to escape trauma at a percentage of 58,2%, to stave off abandonment at 56.1%, while 47.9% of sample engaged in self-harm to resolve interpersonal difficulties and finally 35.7% trying to assuage feelings of guilt.

vi) Characteristics of traumatic childhood experiences according to Adverse Childhood Experiences (ACE) score:

Characteristics of traumatic childhood experiences	N= 120	
Humiliation by a parent or guardian	Yes	10.8% (13)
	No	89.2% (107)
Physical violence by a parent or guardian	Yes	25% (30)
	No	75% (90)
Sexual assault by an adult or an older person by at least 5 years	Yes	47.5 % (57)
	No	52.5% (63)
Emotional neglect by the family	Yes	4,2 % (5)
	No	95.8 % (115)
Divorce or separation of the parents	Yes	52.5% (63)
	No	47.5% (57)
Having lived with someone who was an alcoholic or drug addict	Yes	62.5% (75)
	No	37.5% (45)
Member of the guardianship suffered from depression or mental illness or attempted suicide	Yes	69.2% (83)
	No	30.8% (37)
Member of the guardianship has been to prison	Yes	33.3% (40)
	No	66.7% (80)

Table 9: Characteristics of traumatic childhood experiences based on ACE score within the studied population

The ACE score (Adverse Childhood Experiences) shows that 10.8% of the population experienced humiliation by a parent or guardian, 25% suffered physical violence by a parent or guardian, 47.5% reported having been sexually assaulted by an adult or an older person by at least than five years, 4.2% experienced emotional neglect by their family, 52.5% experienced their parents' separation or divorce, 62.5% have already lived with someone who was an alcoholic or drug addict, 69.2% have a guardian who has suffered from depression or mental illness or has attempted suicide, and 33.3% have a family member who has been to prison.

V. Discussion:

In accordance with all the etiological theories, it seems that several models have proposed that the development of BPD is significantly influenced by an unbalanced social environment potentially involving several forms of child abuse.[12] There is indeed a very important link between exposure to early stress such as child abuse and the onset of BPD, and despite the importance ascribed to experiences of abuse in the development of BPD, few studies underline the role of these stressors on the degree and severity of impulsivity in borderline personality disorder.

The aim of this study was to explore the impact of a history of childhood abuse such as physical or sexual abuse, as well as emotional neglect in the development of borderline personality disorder.This, in turn, can exacerbate difficulty in regulating emotions. This in turn can lead to impulsive behavior in borderline personality disorder(BPD), including suicide attempts and self-harm. Equivalently, the studysought todetermine whether certain types of abuse or neglect are more harmful than others in the development of BPD.

Due to the high prevalence of a history of child abuse among patients with borderline personality disorder, some authors have studied its developmental consequences and its involvement in the etiology of borderline disorder (Zanarini and Frankenburg, 1997, Bandelow et al., 2005, Lobbestael et al., 2010). In addition to personality traits, having suffered negative experiences in childhood could also be at the root of the behavioral disorders of borderline

personality disorder,[13] particularly self-destructive behavior (Gratz, 2003, Gratz et al., 2011, Wingenfeld et al., 2011).

Traumatic experiences in early childhood appear to be associated with a propensity for self-harm and suicidal behavior at a later stage in life. The results of our study confirm this link and show a correlation between childhood abuse and the severity of impulsive behavior in patients with borderline personality disorder in adulthood, in particular non-suicidal acts of self-harm and suicidal tendencies.It was possible through this study to demonstrate that childhood abuse is associated with a very high risk of attempted suicide and of self-harm in patients with borderline personality disorder.

Childhood maltreatment, and in particular childhood sexual abuse (CSA), has already been associated with the elevated risk of suicide in people with borderline personality disorder (Brodsky et al., 1997, Soloff et al., 2002, Soloff et al., 2008, Horesh et al., 2009). Soloff et al. (2002) showed that the occurrence and severity of childhood sexual abuse (CSA) predicted impulsive and suicidal behavior independently from other known risk factors. In fact, this study group revealed that the risk of suicidal behavior was 10 times higher in patients with a history of CSA than in patients with no history of this type of trauma.

A correlation between self-harm and experiences of violence during childhood has been noted in a plethora of studies (e.g., Borrill, Snow, Medlicott, & Paton, 2003; Favazza &Conterio, 1989; Fillmore & Dell, 2000, 2005; Gladstone et al., 2004; Gratz, Conrad and Roemer, 2002; Himber, 1994; Langbehn and Pfohl, 1993; Liebling, Chipchase and Velangi., 1997; Lipschitz et al., 1999; Matsumoto et al., 2005; Roe-Sepowitz, 2007; Shapiro, 1987; Turell and Armsworth, 2003; van der Kolk, Perry and Herman, 1991; Wiederman, Sansone and Sansone, 1999; Zlotnick et al., 1996). In both general population and clinical samples, those who engage in non-suicidal self-injury are more likely to have been victims of childhood sexual abuse (Briere & Gil, 1998; Briere & Zaidi, 1989; DiClemente et al., 1991).

In another study conducted by Kaplan et al. in 2016, The aim was to determine whether childhood abuse contributes to high-risk behaviors, namely non-suicidal self-injury (NSSI) and suicide attempts, in young people with BPD. The study included 58 participants aged between 13 and 21 years. 100% of the participants were female, 88.7% were single, and 84.5% had an average socioeconomic status. The majority of patients had a secondary level of education (62%) while 52% were unemployed. The average number of suicide attempts was 7.9, with a severity rate of 52% according to the Suicidal Intent Scale (SSI). Among the 58 participants, 29 (50%) had suffered childhood abuse.

Several results were observed. Primarily, relative to the non-maltreated borderline personality disorder youth, the maltreated group reported a higher number of non-suicidal self-injury behaviors in the past. However, no significant differences emerged during the follow-up period. Secondly, childhood maltreatment was associated with a 5-fold increase in the rate of suicide attempts over the course of a lifetime compared with the non-maltreatment group and, in addition, prospectively predicted suicidal ideation (but not attempts).

Finally, exploratory analyses revealed that the co-occurrence of physical and sexual abuse in childhood was associated with a higher number of non-suicidal Self-Injury behaviors and suicidal tendencies compared to those with no history of maltreatment and those who had only suffered sexual abuse. In conclusion, child abuse, particularly concomitant physical and sexual violence, increases the risk of non-suicidal self-injury and suicide in young people with borderline personality disorder.[14] [15]

In the study conducted by Alberdi-Paramo et al. in 2019, which was a cross-sectional study, a sample of 109 patients, consisting of 36 men (33%) and 73 women (67%), with borderline personality disorder was divided into two groups according to whether or not there was a history of suicidal behavior. Traumatic childhood experiences and bullying, in particular, showed a statistically significant association with the incidence of suicidal behavior. The average age of these patients is 30, with ages ranging from 17 to 56. 77.5% were single, 19.1% were married or in a relationship and 3.4% were divorced or separated. In terms of education, 58.7% had completed primary or secondary education, 14.7% had undergone vocational training and 26.6% had pursued higher education (diploma, bachelor'sdegree or postgraduate studies).In terms of employment, 65.1% of participants were unemployed. 31.81% had a history of sexual abuse. The average number of suicide attempts was 2.98, reaching a severity level of 64% according to the Beck scale, thus emphasizing the link between traumatic childhood experiences and suicidal behavior in patients with borderline personality disorderin adulthood.

Our results indicate a strong linkage between childhood abuse and neglect and the severity of impulsivity in borderline personality disorder in adulthood. In the analysis of the progression of this relationship, the p-value was significant, reinforcing the validity of the results, which align closely with existing literature.

A high prevalence of early trauma was observed for all of the patients with borderline personality disorder, who had significantly higher rates of childhood/ adolescence sexual abuse and were more likely to develop fairly severe symptoms of impulsivity.

Associations with childhood trauma and self-harm, risk-taking and suicide attempts were more prominent in subjects with borderline personality disorder,who consequently exhibited higher scores for suicide attempts (SA) and self-harm tendencies,according to the findings, in parallel with high prevalence of various types of childhood abuse.

VI. Conclusion:

Several studies have retrospectively examined the history of early trauma in patients with borderline personality disorder (BPD), mainly childhood abuse. This research study has established a direct link between suicide attempts, non-suicidal self-injury and various forms of abuse and/or neglect during childhood in these patients.

Borderline personality disorder was the diagnosis most frequently associated with sexual abuse, and subjects with borderline characteristics reported higher levels of emotional neglect and/or physical abuse. This was found to have a significant impact on the occurrence of suicide attempts and self-harming behaviors in Borderline patients.

Nevertheless, to reinforce this statement, additional research and other more extensive and carefully controlled studies involving a larger sample and rigorous research methodologies must be undertaken in order to achieve an in-depth understanding examining the links between suicide attempts, self-harm, major self-destructive behaviors and different types of childhood maltreatment in Borderline patients.

This information can help with the early detection and rapid recognition of people who have suffered abuse as a specific group at risk of developing a borderline personality and prevent severe impulsive behavior in this population. Future research should systematically explore the role of vulnerability and protection factors, i.e. factors that can act to increase or mitigate, respectively, the association between childhood abuse and self-harming or suicidal behavior in patients with borderline personality disorder.

References:

1. Acklin, M. W. (1993). Psychodiagnosis of personality structure II: Borderline personality disorder. Journal of Personality Assessment,

2.Gunderson, G., & Phillips, K. A. (1990). A current view of the interface between borderline personality disorder and depression. American Journal of Psychiatry,

3 .Coping, suicidalité et trouble de personnalité limite à l'adolescence - A. Knafo, R. Labelle, J.-M. Guilé , V. Belloncle , C. Mille , B. Mirkovic , D. Cohen , P. Gérardin, université de Picardie, CHU d'Amiens, place Victor-Pauchet, , France

4.États limites et personnalité borderline, J.-D. Guelfi, L. Cailhol, M. Robin, C. Lamas, EMC, Elsevier-Masson, Psychiatrie, 2011

5.Gunderson J.G., Links P.S. Borderline personality disorder. a clinical guide. Washington: American Psychiatric Publishing Inc; 2008

6.Schuengel C., Bakermans-Kranenburg M.J., Van Ijzendoorn M.H. Frightening maternal behaviors linking unresolved loss and disorganized infant attachment. J. Consult. Clin.Psychol. 1999

7. Bounoua, N., Felton, J. F., Long, K., Stadnik, R. D., Loya, J. M., MacPherson, L. et Lejuez, C. W. (2015). Childhood emotional abuse and borderline personality features: The role of anxiety sensitivity among adolescents. Personality and Mental Health,

8. Wu Y, Zheng Y, Wang J, Zhang T.Type spécifique de traumatisme infantile et de trouble de la personnalité limite chez les patients chinois.FrontPsychiatry. 26 juillet 2022

9. Kuo, J. R., Khoury, J. E., Metcalfe, R., Fitzpatrick, S. et Goodwill, A. (2015). An examination of the relationship between childhood emotional abuse and borderline personality disorder features: The role of difficulties with emotion regulation. Child Abuse and Neglect,

10.Warmingham, J. M., Handley, E. D., Rogosch, F. A., Manly, J. T. et Cicchetti, D. (2019). Identifying maltreatment subgroups with patterns of maltreatment subtype and chronicity: A latent class analysis approach. Child abuse & neglect,

11.Yen S., Shea M.T., Battle C.L., Johnson D.M., Zlotnick C. Traumatic exposure and post-traumatic stress disorder in schizotypal, borderline, avoidant, and obsessive-compulsive personality disorders: findings from the Collaborative longitudinal Personality Disorders Study. J Nerv Ment Dis,200

12.Cheavens, J. S., Rosenthal, M. Z., Daughters, S. B., Nowak, J., Kosson, D., Lynch, T. R., &Lejuez, C. W. (2005). An analogue investigation of the relationships among perceived parental criticism, negative affect, and borderline personality disorder features: The role of thought suppression. Behaviour research and therapy,

13.Journal of Personality Disorders, IMPULSIVITY IN BORDERLINE PERSONALITY DISORDER: REWARD-BASED DECISION-MAKING AND ITS RELATIONSHIP TO EMOTIONAL DISTRESS Katherine A. Lawrence, BAppSci, BA (Hons), DPsych (Clinical),J. Sabura Allen, BA, MS, PhD,and Andrew M. Chanen, MBBS, MPM, FRANZCP. 2010 The Guilford Press

14.Chapman, A. L., Dixon-Gordon, K. L., Layden, B. K., & Walters, K. N. Borderline Personality Features Moderate the Effect of a Fear Induction on Impulsivity. Personality Disorders-Theory Research and Treatment, (2010)

15.Joyce PR, Light KJ, Rowe SL, Cloninger CR, Kennedy MA.Automutilation et tentatives de suicide: relations avec le trouble bipolaire, le trouble de la personnalitélimite, le tempérament et le caractère.NZJPsychiatrie. mars 2010