



Childhood Trauma and the Risk of Personality Disorders in Adulthood: A Systematic Literature Review

Awaluddin Bahar^{1A-E*}, Andi Nur Ilma^{2B-D}

^{1,2} Universitas Negeri Makassar, Kota Makassar, Indonesia

Email Corresponding Author: awaluddin.bahar@unm.ac.id^{1*}

ABSTRACT

Background: Childhood trauma is a multidimensional developmental experience that may influence adult personality functioning through attachment disruption, emotion dysregulation, neurobiological stress sensitization, and maladaptive self-concept. However, the relationship between specific trauma experiences and adult personality disorders remains complex and non-deterministic. **Objective:** This systematic literature review aimed to synthesize conceptual and empirical evidence regarding childhood trauma as a risk factor for personality disorders and maladaptive personality traits in adulthood. **Methods:** The review followed the PRISMA 2020 framework. Scopus, PubMed, PsycINFO, and Google Scholar were searched for peer-reviewed English-language literature published between 2016 and 2026. Eligible studies examined childhood abuse, neglect, adverse childhood experiences, or household dysfunction in relation to adult personality disorder, personality dysfunction, or maladaptive traits. Fifteen articles met the inclusion criteria and were analyzed through narrative synthesis because of substantial methodological and clinical heterogeneity. **Results:** The evidence consistently demonstrated a positive association between childhood trauma and adult personality pathology. The strongest empirical evidence concerned borderline personality disorder, particularly in relation to emotional abuse, emotional neglect, sexual abuse, and cumulative adversity. Trauma exposure was also associated with negative affectivity, detachment, disinhibition, antagonism, psychoticism, impaired identity, interpersonal distrust, and emotion-regulation difficulties. Protective relationships, resilience, adaptive coping, and timely intervention appeared to moderate these risks. **Conclusion:** Childhood trauma represents a significant but non-deterministic developmental risk factor. Trauma-informed assessment and the dimensional ICD-11 framework may improve early identification, prevention, and intervention for adults experiencing personality dysfunction.

AUTHORS' CONTRIBUTION

- A. Conception and design of the study;
- B. Acquisition of data;
- C. Analysis and interpretation of data;
- D. Manuscript preparation;
- E. Obtaining funding

ARTICLE HISTORY

Reviewed: 2026/07/20

Revised: 2026/07/28

Accepted: 2026/08/13

Published: 2026/09/21

Keyword : Childhood Trauma; Personality Disorder; Adverse Childhood Experiences; Adult Psychopathology; Systematic Literature Review.

INTRODUCTION

Childhood trauma is a major developmental risk factor associated with long-term psychological, emotional, interpersonal, and behavioral difficulties. It includes emotional, physical, or sexual abuse,



emotional or physical neglect, exposure to domestic violence, parental substance misuse, household dysfunction, and chronic experiences of threat or deprivation. Unlike isolated stressful events, repeated childhood adversity may disrupt the development of emotion regulation, self-concept, interpersonal trust, and adaptive coping mechanisms (McLaughlin & Sheridan, 2016; McCrory et al., 2017). These developmental consequences are particularly relevant to personality disorders, which are characterized by persistent disturbances in self-functioning, interpersonal relationships, emotional regulation, and behavioral patterns.

The association between childhood trauma and adult personality disorders has been consistently reported, although the magnitude of the relationship varies across trauma types, diagnostic groups, and research designs. Individuals with a history of childhood adversity are more likely to display maladaptive personality traits, including affective instability, impulsivity, detachment, distrust, antagonism, and identity disturbance (Back et al., 2021). The relationship is especially prominent in borderline personality disorder (BPD), for which childhood emotional abuse, neglect, sexual abuse, and invalidating family environments have repeatedly been identified as important risk factors (Porter et al., 2020).

However, childhood trauma should not be understood as a deterministic cause of personality disorder. Many individuals exposed to adversity do not develop personality pathology, while some people diagnosed with personality disorders do not report severe childhood trauma. This indicates that the relationship is probabilistic and influenced by multiple mediating and moderating factors, including genetic vulnerability, neurobiological changes, attachment insecurity, social support, resilience, and the timing and cumulative nature of adversity (Nemeroff, 2016; Solmi et al., 2021). Therefore, the central problem is not merely whether childhood trauma is associated with adult personality disorders, but how, under what conditions, and through which mechanisms this association emerges.

The contemporary literature explains the relationship between childhood trauma and adult personality disorders through several complementary theoretical perspectives. First, attachment theory proposes that repeated experiences of neglect, abuse, inconsistency, or emotional unavailability may interfere with the development of secure internal working models. Children who experience caregivers as threatening or unreliable may develop expectations that others are unsafe and that their own needs are unacceptable. These expectations may persist into adulthood as interpersonal distrust, fear of abandonment, dependency, avoidance, or emotional dysregulation (Bach & First, 2018).

Second, developmental psychopathology emphasizes the cumulative and transactional nature of adversity. Childhood threat may heighten vigilance and emotional reactivity, whereas deprivation may restrict the development of language, cognitive flexibility, and social learning. McLaughlin and Sheridan (2016) argue that threat and deprivation represent distinguishable dimensions of childhood adversity, although they frequently co-occur. This model helps explain why different trauma profiles may be associated with different personality dimensions rather than producing a single, uniform disorder.

Third, neurobiological research indicates that early adversity can influence the development of stress-response systems, limbic circuitry, and prefrontal regulatory networks. Childhood maltreatment has been associated with enduring alterations in the amygdala, hippocampus, corpus callosum, and prefrontal regions involved in threat processing and emotion regulation (Teicher & Samson, 2016). Such alterations may contribute to heightened emotional sensitivity, impaired impulse control, dissociation, and difficulties in interpreting social cues. These mechanisms are relevant to the development of borderline, antisocial, paranoid, avoidant, and other forms of personality pathology.

Empirically, Porter et al. (2020) conducted a meta-analysis of case-control, epidemiological, and prospective cohort studies and found a robust association between childhood adversity and BPD. Importantly, the evidence supported the relevance of multiple types of adversity rather than a single traumatic experience. Kleindienst et al. (2021) further demonstrated that the association between childhood adversity and BPD requires careful interpretation because adversity is common but not universal among people with BPD. This finding reinforces the need to distinguish risk association from causal attribution.

Broader reviews have also confirmed that childhood maltreatment is linked to adult mental disorders through longitudinal and quasi-experimental evidence (Baldwin et al., 2023; McKay et al.,

2021). The literature on personality pathology has increasingly moved beyond categorical diagnoses. Back et al. (2021) noted that childhood trauma is associated with dimensional personality dysfunction and maladaptive traits, including detachment, negative affectivity, disinhibition, antagonism, and psychoticism. This development is consistent with the ICD-11 classification, which conceptualizes personality disorder according to the severity of personality dysfunction and prominent trait domains rather than relying exclusively on separate categorical diagnoses (Reed et al., 2019; World Health Organization, 2022).

The state of the art therefore indicates that childhood trauma is a transdiagnostic and developmentally embedded risk factor. Its effects may be expressed through disturbances in identity, self-direction, empathy, intimacy, and emotional regulation. Protective processes are also increasingly recognized. Social support, adaptive coping, secure relationships, and resilience may reduce the likelihood that early adversity develops into persistent personality pathology (Ioannidis, 2020; Solmi et al., 2021).

Despite substantial progress, several gaps remain. First, many studies continue to focus disproportionately on BPD, while fewer systematically examine the relationship between childhood trauma and other personality disorder presentations, including avoidant, paranoid, antisocial, narcissistic, and schizotypal patterns. Consequently, the field has limited knowledge regarding whether specific trauma types are differentially related to particular personality dimensions.

Second, existing studies often rely on retrospective self-report measures of childhood adversity. Such measures are clinically valuable but may be influenced by recall bias, current mood, diagnostic status, and differences in trauma definitions. Longitudinal and prospective studies remain less common than cross-sectional investigations, limiting conclusions about temporal sequence and causality (McKay et al., 2021).

Third, emotional abuse and emotional neglect remain underexamined despite evidence that they may be as psychologically damaging as physical or sexual abuse. A systematic review by Xiao et al. (2023) showed that psychological maltreatment is associated with multiple adult mental health problems, yet its specific contribution to personality dysfunction requires further synthesis. In addition, research often treats childhood trauma as a cumulative score, without sufficiently distinguishing threat, deprivation, betrayal, attachment disruption, and household instability.

Fourth, the transition from DSM-5 categorical models to ICD-11 dimensional models has not been fully integrated into trauma research. Studies using different diagnostic frameworks are difficult to compare, and there is insufficient evidence concerning how childhood adversity predicts the severity and trait dimensions of personality dysfunction. Research from Indonesia and other Southeast Asian contexts is also relatively limited, although local studies have documented the psychological consequences of sexual abuse and trauma-related symptoms (Rusman et al., 2019). Cultural factors, family structures, social norms, and help-seeking patterns may shape both trauma exposure and its psychological expression.

This systematic literature review aims to synthesize conceptual and empirical evidence concerning the relationship between childhood trauma and the risk of personality disorders in adulthood. Specifically, it examines: (1) the types and dimensions of childhood trauma most consistently associated with adult personality pathology; (2) the psychological, attachment-related, and neurobiological mechanisms that may explain this relationship; (3) variations across personality disorder dimensions and diagnostic frameworks; and (4) protective factors that may moderate risk.

The novelty of this review lies in integrating trauma theory, developmental psychopathology, neurobiological evidence, and contemporary dimensional models of personality disorder. Rather than treating childhood trauma as a single undifferentiated exposure, the review distinguishes abuse, neglect, threat, deprivation, and relational disruption. It also positions the ICD-11 framework as a clinically relevant model for understanding how early adversity may influence personality functioning and maladaptive traits. This integrated approach may support more precise assessment, trauma-informed intervention, early prevention, and culturally responsive mental health services.

Overall, current evidence indicates that childhood trauma is an important but non-deterministic risk factor for personality disorders in adulthood. Its influence is shaped by cumulative exposure,

developmental timing, attachment experiences, neurobiological adaptation, personality functioning, and resilience. Nevertheless, important inconsistencies remain regarding trauma specificity, causal mechanisms, cultural context, and dimensional diagnosis. A systematic review that integrates these perspectives is therefore necessary to clarify the pathways linking early adversity with adult personality pathology and to strengthen the empirical foundation for prevention and clinical practice.

METHODS

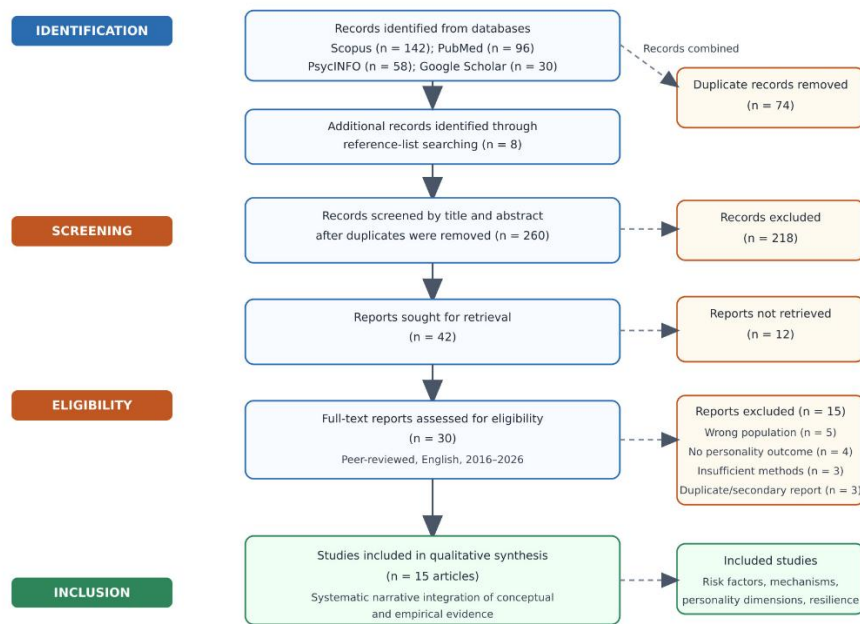
This study employed a systematic literature review design to examine the conceptual and empirical relationship between childhood trauma and the risk of personality disorders in adulthood. The review was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement, which emphasizes transparency in the identification, screening, eligibility assessment, and inclusion of scholarly evidence (Page et al., 2021a, 2021b). The review focused on peer-reviewed articles published between 2016 and 2026 in order to capture recent theoretical developments, empirical findings, and diagnostic perspectives related to personality pathology.

The literature search was conducted through four electronic databases: Scopus, PubMed, PsycINFO, and Google Scholar. The search strategy combined controlled and free-text keywords using Boolean operators. The principal search terms included childhood trauma, childhood maltreatment, adverse childhood experiences, emotional abuse, physical abuse, sexual abuse, childhood neglect, personality disorder, personality pathology, borderline personality disorder, and adult mental health. Search terms were adapted to the indexing characteristics of each database. Reference lists of relevant systematic reviews and meta-analyses were also examined to identify additional eligible studies.

The inclusion criteria were: (1) articles published in English between 2016 and 2026; (2) studies published in peer-reviewed journals indexed by Scopus, PubMed, or recognized national academic databases; (3) studies examining childhood trauma or maltreatment before the age of 18 years; (4) studies assessing personality disorder, personality dysfunction, or maladaptive personality traits during adolescence or adulthood; and (5) empirical, systematic review, meta-analytic, or theoretically grounded studies with clearly described methods. Studies were excluded if they focused exclusively on adult trauma, non-human samples, general psychological distress without a personality-related outcome, dissertations, conference abstracts, editorials, or articles without sufficient methodological information.

The selection process was conducted in four stages. First, 334 records were identified from electronic databases and reference-list searching. After removing 74 duplicates, 260 titles and abstracts were screened. Of these, 218 records were excluded because they did not address the research question or failed to meet the population and outcome criteria. Forty-two full-text reports were then sought, while 12 reports could not be retrieved. Thirty full-text articles were assessed for eligibility. Fifteen articles were excluded because of an inappropriate population, absence of a personality-related outcome, insufficient methodological reporting, or duplicate publication. Consequently, 15 articles were included in the final qualitative synthesis.

Data were extracted systematically using a structured matrix containing author and publication year, country, study design, sample characteristics, trauma type, personality-related outcome, theoretical framework, principal findings, and methodological limitations. The included literature addressed cumulative adversity, attachment disruption, emotional dysregulation, neurobiological adaptation, dimensional personality traits, and resilience (Back et al., 2021; McLaughlin & Sheridan, 2016; Nemeroff, 2016). Methodological quality and risk of bias were considered through the principles of AMSTAR 2 and critical appraisal of sampling, measurement, temporal design, and reporting transparency (Shea et al., 2017). Due to substantial heterogeneity in study populations, trauma definitions, diagnostic frameworks, and outcome measures, the findings were synthesized narratively rather than statistically pooled.



RESULTS AND DISCUSSION

Result

Characteristics of the Included Literature

The systematic review included 15 articles published between 2016 and 2023 that met the predefined eligibility criteria. The selected literature comprised meta-analyses, systematic reviews, umbrella reviews, longitudinal and quasi-experimental evidence, theoretical reviews, and empirical studies conducted in clinical and community populations. Because the included studies differed substantially in sample characteristics, trauma definitions, diagnostic systems, and outcome measures, the findings were synthesized narratively rather than statistically pooled.

Overall, the literature demonstrated a consistent positive association between childhood trauma and personality pathology in adulthood. The strongest evidence concerned borderline personality disorder (BPD), although several studies also identified relationships with broader personality dysfunction, maladaptive personality traits, antisocial features, detachment, negative affectivity, and impaired interpersonal functioning. Emotional abuse and emotional neglect appeared to be particularly important, although physical abuse, sexual abuse, household dysfunction, and cumulative adversity were also repeatedly identified.

Table 1. Characteristics of the Included Studies

Study	Design or Evidence Type	Main Focus	Principal Finding
Teicher and Samson (2016)	Neurobiological review	Brain and stress-system consequences of maltreatment	Childhood maltreatment is associated with enduring changes in stress regulation, limbic structures, and prefrontal functioning.
Nemeroff (2016)	Clinical and neurobiological review	Abuse, neglect, and adult psychopathology	Early adversity increases vulnerability to persistent emotional and interpersonal dysfunction.
McLaughlin and Sheridan (2016)	Theoretical review	Threat and deprivation dimensions	Threat and deprivation may influence psychopathology through partially distinct developmental mechanisms.
Bach and First (2018)	Conceptual review	ICD-11 personality disorder model	Personality disorder is better understood through severity of dysfunction and trait dimensions.
Reed et al. (2019)	Classification review	ICD-11 diagnostic framework	The dimensional model improves assessment of self-functioning, interpersonal functioning, and maladaptive traits.
Tyrer et al. (2019)	Classification review	ICD-11 personality disorder development	Dimensional diagnosis reduces overlap among categorical personality disorder diagnoses.

Porter et al. (2020)	Meta-analysis	Childhood adversity and BPD	Childhood adversity is consistently associated with BPD across case-control, epidemiological, and prospective studies.
Ioannidis (2020)	Resilience review	Resilience following maltreatment	Social support, adaptive coping, and environmental enrichment may reduce long-term psychological impairment.
Back et al. (2024)	Systematic conceptual review	Trauma and dimensional personality pathology	Childhood trauma is associated with negative affectivity, detachment, disinhibition, antagonism, and psychoticism.
Kleindienst et al. (2021)	Meta-analytic supplementary analysis	Childhood adversity and BPD	Childhood adversity is common among individuals with BPD but is neither necessary nor sufficient for diagnosis.
McKay et al. (2021)	Longitudinal systematic review and meta-analysis	Childhood trauma and adult mental disorders	Multiple forms of childhood trauma demonstrate stronger associations with adult psychopathology than isolated exposures.
Solmi et al. (2024)	Umbrella review	Risk and protective factors for personality disorders	Childhood trauma is a significant risk factor, although genetic, social, and developmental factors also contribute.
Baldwin et al. (2023)	Quasi-experimental meta-analysis	Maltreatment and adult mental health	Evidence from quasi-experimental studies supports a non-random association between childhood maltreatment and later mental health problems.
Xiao et al. (2023)	Systematic review and meta-analysis	Emotional abuse and neglect	Psychological maltreatment is associated with depression, anxiety, suicidality, and broader adult psychological dysfunction.
Rusman et al. (2019)	Empirical intervention study	Trauma-related symptoms following sexual abuse	Trauma-focused intervention reduced post-traumatic symptoms among women with histories of sexual abuse.

Main Empirical Findings

The first major finding was the consistent association between childhood trauma and adult personality pathology. Across the included studies, exposure to abuse or neglect was related to increased difficulties in emotional regulation, self-identity, interpersonal trust, impulse control, and social functioning. The evidence was particularly strong for BPD. Porter et al. (2020) reported that childhood adversity was associated with BPD across different study designs, supporting the relevance of early relational and environmental experiences in the development of borderline pathology. However, Kleindienst et al. (2021) emphasized that childhood adversity should be interpreted as a risk factor rather than a diagnostic requirement, because a substantial proportion of individuals with BPD do not report severe childhood abuse or neglect.

The second finding concerned the relative importance of emotional abuse and emotional neglect. Although physical and sexual abuse were frequently investigated, the literature indicated that emotional forms of maltreatment may have particularly broad consequences for adult personality functioning. Emotional abuse can undermine self-worth and promote chronic shame, whereas emotional neglect may interfere with the development of emotional awareness, self-soothing, empathy, and interpersonal reciprocity. Xiao et al. (2023) found that psychological maltreatment was associated with multiple forms of adult mental health impairment, suggesting that its effects extend beyond conventional trauma-related diagnoses.

The third finding involved cumulative and multidimensional exposure. Studies that examined several adverse experiences simultaneously generally reported stronger associations than studies examining a single trauma category. Repeated exposure to threat, deprivation, family instability, and caregiver inconsistency may create a developmental environment in which maladaptive coping strategies become persistent. McLaughlin and Sheridan (2016) distinguished between threat-related experiences, such as violence and abuse, and deprivation-related experiences, such as emotional neglect and insufficient cognitive stimulation. This distinction provides a useful explanation for differences in later personality outcomes.

The fourth finding involved mechanisms linking trauma to personality disorder. The reviewed evidence identified four major mechanisms: attachment insecurity, emotion dysregulation, neurobiological stress sensitization, and maladaptive self-referential processing. Childhood

maltreatment may disrupt the development of secure attachment and lead to expectations that other people are unreliable or threatening. These expectations may later be expressed through abandonment fears, interpersonal avoidance, hostility, dependency, or chronic mistrust. Neurobiological reviews further indicated that early adversity may affect the hypothalamic-pituitary-adrenal axis, amygdala reactivity, hippocampal development, and prefrontal regulation (Nemeroff, 2016; Teicher & Samson, 2016).

The fifth finding was the relevance of dimensional personality models. Back et al. (2021), Bach and First (2018), and Reed et al. (2019) indicated that childhood trauma is not limited to one categorical personality disorder. Instead, trauma exposure is associated with multiple maladaptive domains, including negative affectivity, detachment, disinhibition, antagonism, and psychoticism. This finding supports the ICD-11 approach, which assesses the severity of personality dysfunction and prominent trait domains rather than relying exclusively on separate diagnostic categories.

Table 2. Conceptual and Empirical Synthesis

Theme	Conceptual Interpretation	Empirical Pattern
Emotional abuse	Produces shame, invalidation, and unstable self-concept	Frequently associated with emotional dysregulation and BPD features
Emotional neglect	Restricts emotional learning and secure attachment	Associated with interpersonal difficulties, detachment, and low self-worth
Physical and sexual abuse	Creates chronic threat and impaired safety expectations	Associated with impulsivity, dissociation, mistrust, and broader psychopathology
Cumulative adversity	Increases developmental burden through repeated exposure	Multiple trauma types generally show stronger associations than isolated exposure
Attachment disruption	Interferes with trust, intimacy, and identity development	Linked to abandonment fears, avoidance, dependency, and interpersonal instability
Neurobiological adaptation	Alters stress regulation and emotion-processing systems	Associated with heightened reactivity and weaker executive control
Personality functioning	Trauma affects self-direction, identity, empathy, and intimacy	Supports dimensional assessment under the ICD-11 framework
Resilience and protection	Supportive relationships may interrupt maladaptive developmental pathways	Social support and adaptive coping reduce, but do not eliminate, risk

Integrated Interpretation

Taken together, the findings indicate that childhood trauma is a significant but non-deterministic risk factor for adult personality disorders. The association is strongest when trauma is chronic, relational, cumulative, and emotionally invalidating. Nevertheless, the evidence does not support a simple causal model in which childhood trauma inevitably produces personality disorder. Personality development is shaped by interactions among early adversity, biological vulnerability, attachment experiences, social context, developmental timing, and resilience. The evidence also suggests that the most appropriate clinical approach is trauma-informed and dimensional. Assessment should identify the type, duration, developmental timing, and cumulative burden of childhood adversity, while simultaneously examining personality functioning and protective resources. Such an approach may improve early identification of individuals at risk and support interventions focused on emotion regulation, attachment security, identity integration, interpersonal functioning, and resilience. Finally, the findings demonstrate the need for more prospective, culturally diverse, and ICD-11-based studies. Existing evidence remains disproportionately focused on BPD and Western clinical samples. Future research should examine how cultural context, family structure, social norms, and access to mental health services influence the pathways between childhood trauma and adult personality pathology.

Discussion

Interpretation of the Main Findings

This systematic literature review examined the relationship between childhood trauma and the risk of personality disorders in adulthood based on 15 selected articles published primarily during the last decade. The findings demonstrate that childhood trauma is consistently associated with adult personality pathology, particularly difficulties in emotional regulation, identity formation, interpersonal functioning, impulse control, and self-direction. The evidence also indicates that the relationship is

complex and probabilistic rather than deterministic. Childhood trauma increases vulnerability to personality dysfunction, but it does not inevitably result in a personality disorder. The strongest empirical evidence concerned borderline personality disorder (BPD). Porter et al. (2020) reported a consistent association between childhood adversity and BPD across case-control, epidemiological, and prospective studies. This finding supports the view that BPD may emerge partly through developmental disruptions in attachment, emotional regulation, and self-concept. Nevertheless, Kleindienst et al. (2021) emphasized that childhood adversity is neither necessary nor sufficient for the development of BPD. Some individuals with BPD do not report severe childhood maltreatment, whereas many trauma-exposed individuals do not develop personality disorders. Therefore, trauma should be conceptualized as a significant vulnerability factor that interacts with biological, psychological, familial, and social conditions. The results further indicate that the association between childhood trauma and adult personality pathology extends beyond BPD. The dimensional literature reviewed by Back et al. (2021) demonstrated that childhood trauma is related to several maladaptive personality domains, including negative affectivity, detachment, disinhibition, antagonism, and psychoticism. This observation is important because it challenges the traditional assumption that specific childhood experiences lead directly to specific categorical personality disorders. Instead, different forms of trauma may influence broad personality processes that are expressed in varying diagnostic patterns depending on individual development and environmental context.

Childhood Trauma as a Developmental and Transdiagnostic Risk Factor

The findings support a developmental psychopathology perspective in which childhood trauma affects personality through cumulative and transactional processes. Childhood is a critical period for the development of emotional regulation, social cognition, moral reasoning, and interpersonal expectations. When children repeatedly encounter threat, rejection, neglect, or inconsistent caregiving, they may develop coping strategies that are initially adaptive but become maladaptive in adulthood. For example, emotional withdrawal may protect a child from rejection but later manifest as detachment and interpersonal avoidance. Hypervigilance may be useful in an unsafe environment but may subsequently appear as suspiciousness, hostility, or paranoid ideation. McLaughlin and Sheridan (2016) distinguish between threat and deprivation as two related but theoretically different dimensions of childhood adversity. Threat includes experiences such as physical abuse, sexual abuse, domestic violence, and intimidation. Deprivation refers to the absence of expected cognitive, emotional, and interpersonal stimulation, including emotional neglect and inadequate caregiving. The findings of this review suggest that both dimensions are relevant to personality development, but they may operate through different pathways. Threat may primarily influence emotional reactivity, danger perception, and impulse control, whereas deprivation may impair language development, social learning, emotional awareness, and the ability to interpret interpersonal experiences. This distinction also helps explain why emotional abuse and emotional neglect were repeatedly identified as important predictors of adult personality dysfunction. Unlike an isolated traumatic event, chronic emotional invalidation may become embedded in the individual's self-concept. Children who are repeatedly criticized, humiliated, ignored, or denied emotional support may internalize the belief that their needs are unacceptable or that they are fundamentally unworthy of care. In adulthood, these beliefs may contribute to shame, unstable identity, dependency, fear of rejection, or chronic interpersonal dissatisfaction. Xiao et al. (2023) similarly found that psychological maltreatment is associated with broad adult mental health problems, indicating that the consequences of emotional abuse and neglect may be as clinically significant as those of physical or sexual abuse.

Attachment, Emotion Regulation, and Personality Functioning

One of the most important mechanisms identified in the reviewed literature is attachment disruption. Secure attachment provides a developmental context in which children learn that relationships can be reliable, emotions can be regulated, and personal needs can be communicated safely. Conversely, abusive, neglectful, or unpredictable caregiving may produce insecure or disorganized attachment patterns. These patterns may persist into adult relationships through distrust, fear of abandonment, emotional dependency, avoidance, or difficulty maintaining stable intimacy. Attachment disruption may also influence the development of personality functioning. Within the ICD-

11 framework, personality disorder is assessed partly through impairments in identity, self-direction, empathy, and intimacy (Bach & First, 2018; Reed et al., 2019). The results of this review are consistent with this model because trauma exposure was associated with disturbances in precisely these domains. Childhood adversity may impair the ability to form a coherent sense of self, understand one's own motives, recognize the emotional states of others, and sustain reciprocal relationships. Emotion dysregulation represents a second central mechanism. Children exposed to chronic stress may not receive adequate support in identifying, expressing, and managing emotional states. Over time, intense emotions may be experienced as uncontrollable or dangerous. This may result in impulsive behavior, self-harm, anger outbursts, dissociation, or unstable interpersonal reactions. These features are particularly relevant to BPD, but they may also contribute to antisocial, avoidant, paranoid, and other personality presentations. The reviewed findings also indicate that emotion dysregulation should not be understood solely as an individual deficit. It is frequently an adaptive response to an environment in which emotional expression was punished, ignored, or met with inconsistency. This interpretation is important for clinical practice because it shifts intervention away from blaming the individual and toward understanding the developmental function of maladaptive behavior.

Neurobiological Pathways

The association between childhood trauma and adult personality pathology is also supported by neurobiological evidence. Teicher and Samson (2016) reported that childhood maltreatment may affect the development of limbic and prefrontal systems involved in threat detection, emotional learning, impulse control, and social decision-making. Nemeroff (2016) similarly described the long-term influence of childhood abuse and neglect on the hypothalamic-pituitary-adrenal axis, stress reactivity, and emotional processing. These neurobiological changes may create a heightened sensitivity to rejection, conflict, or perceived threat. In adulthood, such sensitivity may be interpreted as emotional instability, impulsivity, hostility, or interpersonal mistrust. However, neurobiological findings should not be interpreted as evidence of irreversible damage. The brain remains responsive to environmental conditions, supportive relationships, psychotherapy, and adaptive learning. Ioannidis (2020) emphasized that resilience following childhood maltreatment is possible and may involve changes in stress regulation, social support, and environmental enrichment. Accordingly, the neurobiological findings reinforce a developmental vulnerability model rather than a fixed biological determinism. Trauma may alter the probability of later personality dysfunction, but supportive environments and effective interventions may modify these pathways.

Cumulative Adversity and Differential Trauma Effects

The reviewed evidence suggests that cumulative adversity is more strongly associated with adult personality dysfunction than isolated exposure. McKay et al. (2024) found that individuals exposed to multiple forms of childhood trauma generally experienced greater risks of adult mental disorders than those exposed to a single form of adversity. Solmi et al. (2021) also identified childhood trauma as one of several interacting risk factors for personality disorders. Cumulative adversity may influence personality development through repeated activation of stress systems and the absence of stable corrective relationships. A child who experiences emotional neglect, parental conflict, economic instability, and physical abuse may have limited opportunities to develop trust, autonomy, and effective emotional regulation. The effects of each adversity may therefore accumulate or interact rather than operate independently. Nevertheless, the results also indicate that not all trauma types have identical consequences. Emotional abuse and neglect appear especially relevant to self-concept and interpersonal functioning, while physical and sexual abuse may be more strongly associated with threat sensitivity, dissociation, impulsivity, and post-traumatic symptoms. These distinctions should be interpreted cautiously because many individuals experience multiple forms of maltreatment simultaneously, making it difficult to isolate the effect of a single trauma type.

Dimensional Models and the ICD-11 Perspective

The findings support the growing relevance of dimensional models of personality disorder. Traditional categorical models may obscure the fact that many individuals display mixed patterns of personality dysfunction and may not fit neatly into one diagnostic category. Tyrer et al. (2019) and Reed

et al. (2019) argued that the ICD-11 model provides a more clinically useful approach by emphasizing severity of personality dysfunction and prominent trait domains.

From this perspective, childhood trauma may be associated with a general reduction in personality functioning that is later expressed through different combinations of negative affectivity, detachment, dissociality, disinhibition, or anankastia. This model is consistent with the findings of Back et al. (2021), which showed that trauma exposure was associated with multiple maladaptive trait domains rather than a single disorder. It also has implications for prevention because early intervention can target impaired emotional regulation, identity disturbance, and interpersonal functioning before a stable personality disorder becomes established.

Resilience, Protection, and Cultural Considerations

Although the results demonstrate increased risk, they also highlight the importance of protective factors. Ioannidis (2020) noted that supportive relationships, adaptive coping, social connection, and environmental stability may promote resilience after childhood maltreatment. This finding has significant clinical implications. Trauma exposure should not be used to define an individual's identity or predict an inevitable negative outcome. Instead, assessment should examine both risk and protective processes. Cultural context must also be considered. Most high-impact studies included in the review were conducted in Western countries, whereas evidence from Indonesia and other Southeast Asian contexts remains limited. Rusman et al. (2019) demonstrated the relevance of trauma-focused intervention for women exposed to sexual abuse in Indonesia, but culturally specific evidence concerning trauma and adult personality disorders is still scarce. Family hierarchy, collectivist values, stigma, religious beliefs, and restricted access to psychological services may influence trauma disclosure, symptom expression, and help-seeking behavior.

Future studies should therefore include culturally sensitive measures and locally validated instruments. The use of ICD-11 dimensional assessment may support cross-cultural comparison while allowing researchers to examine personality functioning in a less culturally restrictive manner.

This review has several limitations. First, the included studies varied considerably in design, population, trauma measurement, and diagnostic framework. Second, many studies relied on retrospective self-report, which may be affected by recall bias and current psychological state. Third, the available evidence was concentrated on BPD and general psychopathology, while other personality disorder dimensions received less attention. Fourth, the narrative synthesis does not provide a pooled effect size and therefore cannot determine the precise magnitude of risk.

Despite these limitations, the findings provide important implications for research and practice. Clinicians should routinely assess childhood trauma histories when evaluating personality dysfunction, while avoiding assumptions that trauma is always present or causally sufficient. Interventions should address emotional regulation, attachment insecurity, identity integration, interpersonal trust, and resilience. Early prevention should focus on reducing emotional neglect, strengthening caregiving quality, and providing stable relational support.

The findings indicate that childhood trauma is a significant developmental risk factor for personality dysfunction in adulthood. Its influence operates through interacting pathways involving attachment disruption, emotion dysregulation, neurobiological stress sensitization, maladaptive self-concept, and impaired interpersonal functioning. The strongest evidence concerns BPD, but the association extends across dimensional personality traits and broader personality pathology. Childhood trauma is therefore best understood as a transdiagnostic vulnerability factor rather than a deterministic cause. Future research should prioritize prospective, culturally diverse, and ICD-11-based designs to clarify how trauma type, cumulative adversity, resilience, and social context shape adult personality development.

CONCLUSION

Based on the synthesis of 15 articles, this systematic literature review concludes that childhood trauma is a significant developmental risk factor for personality pathology in adulthood. Across conceptual reviews, meta-analyses, longitudinal evidence, and empirical studies, exposure to emotional abuse, emotional neglect, physical abuse, sexual abuse, household dysfunction, and cumulative

adversity was consistently associated with impaired emotion regulation, insecure attachment, unstable identity, interpersonal distrust, impulsivity, and reduced personality functioning. The most consistent empirical association concerned borderline personality disorder, although the evidence also implicated broader dimensional traits, including negative affectivity, detachment, antagonism, disinhibition, and psychoticism (Back et al., 2024; Porter et al., 2020; Solmi et al., 2021). Conceptually, these outcomes may emerge through interacting attachment, neurobiological, cognitive, and social-developmental pathways. However, childhood trauma is neither a necessary nor sufficient cause of adult personality disorder. Resilience, supportive relationships, adaptive coping, and access to timely intervention may reduce the likelihood of persistent personality dysfunction. The findings support trauma-informed assessment and prevention, together with the dimensional ICD-11 framework for evaluating severity and personality traits. Future research should use prospective, culturally diverse, and locally validated designs, particularly in Indonesia, to clarify causal mechanisms and strengthen evidence-based interventions for adults with histories of childhood trauma and adversity.

REFERENCES

- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR). American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
- Bach, B., & First, M. B. (2018). Application of the ICD-11 classification of personality disorders. *BMC Psychiatry*, 18, Article 351. <https://doi.org/10.1186/s12888-018-1908-3>
- Back, S. N., Flechsenhar, A., Bertsch, K., & Zettl, M. (2021). Childhood traumatic experiences and dimensional models of personality disorder in DSM-5 and ICD-11: Opportunities and challenges. *Current Psychiatry Reports*, 23, Article 60. <https://doi.org/10.1007/s11920-021-01265-5>
- Baldwin, J. R., Wang, B., Karwowska, L., Schoeler, T., Tsaligopoulou, A., Munafò, M. R., & Pingault, J.-B. (2023). Childhood maltreatment and mental health problems: A systematic review and meta-analysis of quasi-experimental studies. *American Journal of Psychiatry*, 180(2), 117–126. <https://doi.org/10.1176/appi.ajp.20220174>
- Ioannidis, K., Askelund, A. D., Kievit, R. A., & van Harmelen, A.-L. (2020). The complex neurobiology of resilient functioning after childhood maltreatment. *BMC Medicine*, 18, Article 32. <https://doi.org/10.1186/s12916-020-1490-7>
- Kleindienst, N., et al. (2021). Childhood adversity and borderline personality disorder: Analyses complementing the meta-analysis by Porter et al. *Acta Psychiatrica Scandinavica*. <https://doi.org/10.1111/acps.13256>
- McKay, M. T., Cannon, M., Chambers, D., Conroy, R. M., Coughlan, H., Dodd, P., Healy, C., O'Donnell, L., & Clarke, M. C. (2021). Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. *Acta Psychiatrica Scandinavica*, 143(3), 189–205. <https://doi.org/10.1111/acps.13268>
- McLaughlin, K. A., & Sheridan, M. A. (2016). Beyond cumulative risk: A dimensional approach to childhood adversity. *Current Directions in Psychological Science*, 25(4), 239–245. <https://doi.org/10.1177/0963721416655883>
- Nemeroff, C. B. (2016). Paradise lost: The neurobiological and clinical consequences of child abuse and neglect. *Neuron*, 89(5), 892–909. <https://doi.org/10.1016/j.neuron.2016.01.019>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021a). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, Article n71. <https://doi.org/10.1136/bmj.n71>

- Page, M. J., Moher, D., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., McGuinness, L. A., Stewart, L. A., Thomas, J., Tricco, A. C., Welch, V. A., Whiting, P., & McKenzie, J. E. (2021b). PRISMA 2020 explanation and elaboration: Updated guidance and exemplars for reporting systematic reviews. *BMJ*, 372, Article n160. <https://doi.org/10.1136/bmj.n160>
- Porter, C., Palmier-Claus, J., Branitsky, A., Mansell, W., Warwick, H., & Varese, F. (2020). Childhood adversity and borderline personality disorder: A meta-analysis. *Acta Psychiatrica Scandinavica*, 141(4), 6–20. <https://doi.org/10.1111/acps.13118>
- Reed, G. M., First, M. B., Kogan, C. S., Hyman, S. E., Gureje, O., Gaebel, W., Maj, M., Stein, D. J., Maercker, A., Tyrer, P., Claudino, A., Garralda, E., Salvador-Carulla, L., Ray, R., Saunders, J. B., Dua, T., Poznyak, V., Medina-Mora, M. E., Pike, K. M., ... Saxena, S. (2019). Innovations and changes in the ICD-11 classification of mental, behavioural and neurodevelopmental disorders. *World Psychiatry*, 18(4), 3–19. <https://doi.org/10.1002/wps.20611>
- Rusman, K. N. F., Mintarsih, W., & Nurvita, N. (2019). The effect of hypnotherapy on post-traumatic stress disorder decrease in women of sexual abuse in Tasikmalaya. *Jurnal Ners dan Kebidanan Indonesia*, 7(3), 153–160. [https://doi.org/10.21927/jnki.2019.7\(3\).153-160](https://doi.org/10.21927/jnki.2019.7(3).153-160)
- Shea, B. J., Reeves, B. C., Wells, G., Thuku, M., Hamel, C., Moran, J., Moher, D., Tugwell, P., Welch, V., Kristjansson, E., & Henry, D. A. (2017). AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ*, 358, Article j4008. <https://doi.org/10.1136/bmj.j4008>
- Solmi, M., Dragioti, E., Croatto, G., Radua, J., Borgwardt, S., Carvalho, A. F., Demurtas, J., Mosina, A., Kurotschka, P. K., Thompson, T., Cortese, S., Shin, J. I., & Fusar-Poli, P. (2021). Risk and protective factors for personality disorders: An umbrella review of published meta-analyses of case-control and cohort studies. *Frontiers in Psychiatry*, 12, Article 679379. <https://doi.org/10.3389/fpsy.2021.679379>
- Teicher, M. H., & Samson, J. A. (2016). Annual research review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry*, 57(3), 241–266. <https://doi.org/10.1111/jcpp.12507>
- Tyrer, P., Mulder, R., Kim, Y. R., & Crawford, M. J. (2019). The development of the ICD-11 classification of personality disorders. *World Psychiatry*, 18(3), 303–306. <https://doi.org/10.1002/wps.20619>
- World Health Organization. (2022). International classification of diseases for mortality and morbidity statistics (11th Revision). <https://icd.who.int/>
- Xiao, Z., Murat Baldwin, M., Wong, S. C., Obsuth, I., Meinck, F., & Murray, A. L. (2023). The impact of childhood psychological maltreatment on mental health outcomes in adulthood: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 24(5), 3049–3064. <https://doi.org/10.1177/15248380221122816>