

Childhood Maltreatment, Personality Disorder, and Criminal Behaviours

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Abstract. Childhood trauma can affect children throughout their lives. Adverse childhood experiences (ACEs) are highly associated with greater future crime risk. A list of adverse effects underlying illness, behavioral disorders, suicide risk, substance abuse, and mental health problems may also accompany in the future. This article also describes the association between adverse personality development caused by childhood trauma and antisocial behavior and violent criminal behavior, mainly on research on borderline personality disorder (BPD) and antisocial personality disorder (ASPD). The results show that childhood abuse, personality disorders, and criminal tendencies are inextricably linked. To reduce the crime rate and the recurrence of social harmony, it is necessary to take effective and timely psychotherapy and drug intervention for children when accidental traumatic events or adverse experiences occur. Cognitive behavioral therapy (CBT) and trauma crisis intervention can help alleviate the subsequent deterioration of some behavioral and mental disorders.

Keywords: Adverse childhood experiences (ACEs), Childhood Abuse, Personality Disorder, Criminal Behaviour.

1. Introduction

Adverse childhood experiences (ACEs) are distressing and potentially traumatic incidents that occur before age eighteen [1]. Unlike childhood abuse, which includes physical abuse, emotional abuse, and neglect, adverse childhood events include poor parenting practices, parental death, parental divorce, and childhood exposure to domestic violence. Child abuse is widespread worldwide. According to the National Center for Injury Prevention and Control [2], an average of one in seven children experiences and suffers from abuse and neglect. In the United States alone, 1,750 children died from abuse and neglect of various causes in 2020.

Past research shows that childhood adversity is closely related to different mental disorders. Abusive and dysfunctional family relationships also predict a range of underlying disorders, including depression, anxiety, PTSD, and ADHD. They are also strongly associated with substance abuse, externalizing disorders, and suicidal behavior [3]. Childhood abuse has long-term effects on a child's personality development. The study found that, compared with ordinary children, children who experienced maltreatment were generally associated with interpersonal difficulties, pessimistic and withdrawn personalities, low self-esteem, impaired self-concept, inability to develop essential trust, and unpredictable behavioral disorders [4]. Numerous studies have also emphasized childhood trauma's adverse effects on future growth, including conduct behaviors, interpersonal problems, personality disorders, and atypical development of mental illness. These are important risk factors for antisocial and criminal behaviors [3].

Understanding why experiencing Adverse Childhood Experiences (ACEs) affects future mental health and a series of adverse reactions is an essential factor in improving the mental health of the entire population and increasing the harmony of society. This paper focuses on the impact of Adverse Childhood Experiences (ACEs) on mental disorders and antisocial behavior to ultimately assess the impact of mechanisms of ACEs on personality disorders and delinquency rates. Such findings could, on the one hand, inspire the relevant authorities to establish targeted measures for effective

psychological intervention for children after trauma. On the other hand, it will also provide a theoretical basis for future legislation, related child protection measures, and the popularization of proper parenting education.

2. Literature Review

2.1.Criminal Behaviours

2.1.1 Definition

Criminal behavior, considered one of the violent and antisocial behaviours in criminology, refers to any action that has the potential to result in a crime and, if revealed, can result in a verdict of guilt in the criminal justice system. A description of an offense or crime is an act that harms a community, society, or the state as well as some individual people. Such actions are illegal and subject to legal penalties. Crime is also seen as a significant social issue with intricate roots. Numerous environmental, social, and psychological factors are associated with an increased risk of conviction for such crimes. Poverty, social inequality, low education background, adverse mental health condition, low self-esteem, and impulsiveness are all potential factors for committing crimes [5].

2.1.2 Types of Crime

In reality, there are numerous various types of crimes of violence; property crime, organized crime, association crime, and victimless crime are the primary classification of crime. There are more specific types of crime within each general classification. For instance, homicide, robbery, rape, and sexual assault are examples of violent crimes. The theft of motor vehicles, arson, larceny, and burglary were all considered property crimes.

2.1.3 Negative Effect

Society can be affected by crime, not just by the victims. So how does crime affect society? First, citizens' sense of security will be significantly reduced at first. People are still scared, even at home. Secondly, suppose the crime rate and violent crime increase substantially in the city. In that case, this will lead to a severe decline in the community and society, with an increased desire or physical mobility of residents to move, a decrease in attachment and satisfaction with the community, a decrease in home values, and then the consequence of economic depression. On the other hand, crime also significantly impacts the everyday lives of individuals. People's safety is not guaranteed, and there is a range of medical costs, property damage, and loss of income for victims and non-victims alike. More seriously, in a stressful and frightening environment for long periods, people are more likely to have negative emotions and various mental health problems. Anyone who has experienced crime as a victim may also have symptoms such as panic, depression, impaired concentration, guilt, isolation, and insomnia. The more violent the crime, the greater the impact on the victim. Most individuals find trauma's psychological, physical, and long-term impacts upsetting and disturbing.

2.2.Antecedent Mechanism

2.2.1 Childhood Maltreatment or Trauma

A typical childhood psychological trauma is childhood traumatic stress, characterized as any painful event that has occurred in one's life and has a lasting effect on one's day-to-day activities after it has passed. Numerous physiological reactions, such as phantom pain or organ disorders, occur in addition to intense and ongoing emotional swings, bipolar disorder, which includes mania and depression, anxiety, self-regulation difficulties, dependence symptoms, degradation or discarding of acquired skills, decreased concentration, poorer sleep quality, and difficulty eating. Children exposed to society more deeply run the risk of becoming drug or alcohol addicts, acting riskier and committing crimes, failing to accurately assess their physical worth, and engaging in inappropriate sexual behavior.

When the traumatic incident is aroused or reminded in some way, traumatized youngsters frequently display these symptoms. From an adult's point of view, this stress response is simple to get rid of, but for kids, it can affect how they feel and interact with the world. No of their age, children are susceptible to the impacts of any traumatic event. Traumatic events can have an impact on infants and young children. Age and intelligence play a more significant role in its performance than how it manifests itself, which differs from person to person.

According to statistics, exposure to traumatic situations repeatedly as a youngster can hurt the brain and nervous system. This raises the likelihood that an individual will engage in behaviors that put their health at risk (e.g., eating disorders, uncontrolled schedules, and participation in high-risk activities). According to studies, those who have experienced childhood trauma are more prone to develop chronic health issues (including heart disease, organ failure, cancer, and diabetes). Additionally, it would result in more child welfare and juvenile justice systems, which will be harder for people who have endured childhood trauma.

2.2.2 The Causes of Criminal Behavior

Explaining why people exhibit criminal behavior is complex and controversial. Bandura's social learning theory is one of the most mainstream theories to explain criminal behavior. The social learning hypothesis claims that criminal behavior is reinforced and learned via observation of other people's behaviors and the consequences of those activities [6]. It emphasizes that the formation of an individual's identity is reinforced by a learned response to the social stimuli around them. Suppose a child grows up seeing or suffering family adversity early. In that case, the child may learn and approve that the violent behavior (e.g., physical abuse, witnessing or experiencing domestic violence, parental alcohol or drug abuse) is based on a reasonable and effective solution to the problem and rationalize such dysfunctional experiences and behaviors [6]. Since family members function as critical role modeling for children's learning and healthy development, early adversity happens in the family with numerous dire consequences. Children are frequently prone to imitating such aggressions and violent actions. The victim becomes the perpetrator again, leading to what is known as a 'cycle of violence' [7]. Many studies have proven that children who have suffered dysfunctional family adversity or catastrophic events like sexual or physical violence are more likely to exhibit antisocial behavior or perpetrate violent crimes later in adulthood.

In addition to the social learning theory, several other theories also help explain criminal conduct, such as stress on the individual level. Stress results from failure to achieve financial and educational goals and a series of stressful or adverse life experiences. These negative outcomes, emotional states (e.g., anger, frustration, hostility, etc.), or other mental disorders become potentially important causes of crime.

Child victims who have experienced traumatic events and abuse are highly likely diagnosed with post-traumatic stress disorder (PTSD), a condition that may persist into adulthood. Thus, Widom [8] argues that the impact of childhood maltreatment on adult criminal behavior may be caused by trauma and stress rather than the specific nature of the event. Once experienced, stress and other aversive stimuli can lead to anger or aggression. From his perspective, childhood abuse should be more strongly correlated with homicide and assault than other crimes. In addition, the stress caused by child abuse can lead to mental illness, which increases the likelihood of violence and crime. Mental health treatment history is also more strongly correlated with aggressive violence and sexual offending than other crime types [9].

Another theory of why adverse childhood experiences can lead to prosocial and criminal behavior is attachment theory. The quality of attachment relationships significantly impacts both interpersonal relationships and the social functioning of individuals. Children who have not established a secure attachment relationship with their caregivers before the age of three, sudden long-term separation from caregivers or frequent change of caregivers, and mistreatment by caregivers can develop psychopathic personalities and problematic behavior later in life that can lead to delinquency. Securely attached individuals are more self-reliant and exploratory, whereas insecurely attached

individuals often experience problems with emotional distress, disorganized behavior, and lack of self-control. Insecurely attached individuals also displayed more aggression than securely attached individuals. Any abuse can lead children to perceive the world as hostile and interfere with their capacity to form intimate and satisfactory relationships with others [10]. As a result, abused children are more likely to develop hostile prejudices. They believe other people have aggressive intentions toward them when they do not. Once they think that others have attacked them, they will likely get angry and fight back with physical attacks [10]. Several studies have shown that individuals who developed antisocial personality disorder had an early attachment system threatened by adverse circumstances such as neglect and physical or sexual abuse. Attachment problems may be highly associated with conduct disorders during childhood and adolescence. Attachment may be associated with violent crime, sexual assault, and domestic violence in adulthood. Therefore, the establishment and quality of early attachment relationships can predict future criminal behavior to a certain extent.

2.3. Personality Disorder

2.3.1 Definition

In terms of thought, emotion, and behavior, a person's personality will set them apart from others. One's personality can be influenced by life experiences, environment, and genetic characteristics. To some extent, personality can determine the way of behavior. For example, a person is helpful to others, a characteristic of his personality. He will not hesitate to help others when he encounters difficulties. Therefore, a person's personality and behavior are closely related and inseparable. Personality can also be gradually formed and refined through the practice of social life, and once it is formed, it is relatively stable. However, the fact that a personality is stable does not mean that it is constant and unchanged. Suppose a person's personality is formed in adverse experiences. In that case, major changes in the living environment must bring about significant changes in his character traits, and such changes may even lead to personality disorders [4].

A personality disorder is a psychiatric disorder that exhibits a relatively persistent and pervasive adverse interference of cognition, emotional experience, emotional expression, and behavior. People with severe personality disorders have difficulties understanding and processing a variety of situations and interpersonal relationships [11]. This can create significant barriers and limitations in interpersonal relationships, social activities, work, and study. Personality disorders can deviate significantly from expected social behaviors and conscious experiences. Trends in perception and behavior begin in late childhood or early adulthood and lead to distress. If left untreated, personality disorders may persist throughout life. Changes in perception and behavior begin in late childhood or early adulthood, and if left untreated, personality disorders can persist throughout life.

2.3.2 The Relationship Between Personality Disorder, Child Trauma, and Criminal Behavior

Childhood trauma hurts children's personality development. It is well known that personality is more like individual differences in patterns of thinking, feeling, and behavioral traits. It can be acquired later in life, and childhood adversity can also impact the development of personality traits. Traumatic events in childhood can undermine a child's sense of security, contentment, and self-worth. Their common similarities include low self-esteem, often feeling insecure, impulsiveness and irritability. In some atypical and extreme cases, child maltreatment is closely associated with developing personality disorders, such as borderline personality disorder (BPD) and antisocial personality disorder (ASPD).

Childhood trauma strongly correlates with adolescent borderline personality disorder (BPD) and impacts their psychobiological systems. BPD is a psychiatric disorder that is often characterized by an inability to control emotions and impulses, fear of rejection and abandonment, accompanied by long-term unstable relationships, and destructive behavior such as self-harm [12]. This mental illness is of great concern as the suicide rate in this group is 10 to 50 times higher than that of common personality disorders. Research into its causes or why BPD occurs is uncertain, but what is known is

that, in addition to genetic causes, adverse childhood experiences affect their biological systems. Many people with borderline personality disorder have been physically or sexually abused and experience child abuse more frequently than people with other types of personality disorder. A new study [12] suggests that people with BPD experience child abuse (including sexual abuse, physical and verbal violence, neglect, and bullying) more frequently than people with other personality disorders and that adverse childhood experiences will affect different physiological systems to some extent (e.g., HPA axis, grey matter volume, white matter connectivity, and neurotransmission mechanisms).

Another personality problem related to childhood trauma is antisocial personality disorder (ASPD). In a big difference from BPD, people with ASPD are described as unconcerned about right and wrong and disregarding the rights and feelings of others. People with antisocial personality disorder tend to provoke, manipulate and be very harsh or insensitive towards others. They have no guilt or regret for any of their actions. People with antisocial personality disorder are more likely to tend to break the law and become criminals. Similar to BPD, research has found that early childhood trauma or abuse as a significant environmental factor increases the likelihood of developing ASPD in adolescence and adulthood. (other factors include biology, genetics, substance use, etc.). Multiple studies also support that people with antisocial personality disorder generally have a considerable history of antisocial behavior and criminal activity in their early years.

Personality disorders are highly associated with an increased risk of offending. Personality is one of the important causes explaining criminal behavior and plays a decisive role in offending. Although developmental adversity and neurological factors significantly impact crime, this hypothesis may imply that specific individuals are more likely to commit the crime. One study [13] found that a personality disorder was highly associated with an increased crime risk. He conducted a mental health assessment of inmates in prison. The results showed that 55.2% of the inmates had various forms of personality disorder, with the most common type being borderline personality disorder (BPD). At the time of the case, 87% of the female and 83% of the male had a mental disorder, with Major Depressive Disorder (MDD), Borderline Personality Disorder (BPD), and Antisocial Personality Disorder (ASPD) ranking in the top three. This study provides insight into the relationship between personality disorders and offending behavior and whether the effects of rearing environmental factors develop into personality disorders and future offending rates, which has important implications for early intervention and prediction.

2.4.Prevention and Treatment

Childhood trauma can have immediate and future adverse effects, but the bright side is that psychotherapy can help victims identify triggers, develop coping strategies, and reduce symptoms after traumatic events. Effective psychosocial interventions include cognitive processing therapy (CPT), trauma-focused cognitive behavioural therapy (TF-CBT), and crisis intervention.

2.4.1 Cognitive Processing Therapy (CPT)

Cognitive processing therapy (CPT) is similar to cognitive behavioral therapy and is a subtype of it. CPT is often the first choice when treating people with PTSD, especially when addressing the long-term effects of childhood trauma on adolescents and adults. It typically interferes with and directs thoughts and emotions about PTSD, followed by formal processing and resolving of the trauma. It then applies its specialized skills to identify and resolve unhelpful thoughts related to the traumatic event [14].

Similar to CPT, there is another type of therapy called trauma-focused cognitive behavioral therapy (TF-CBT), which is also a cognitive behavioral therapy (CBT) category. This model of psychotherapy combines trauma-sensitive interventions with cognitive-behavioral techniques, family support, and humanistic principles as a base. It also requires trusted parents and caregivers to be involved in the treatment process. Nearly all of these studies have included parents in the treatment.

They have shown that CBT conditions typically result in more significant improvements in at least some aspects of the child, reducing parental distress and improving parental perceptions [14].

There is considerable evidence that TF-CBT is effective for children and adolescents with severe emotional difficulties due to traumatic events and that CBT is also effective for other childhood problems. In many studies, CBT is more effective than other psychotherapy or psychiatric medication forms.

2.4.2 Crisis Intervention

Crisis intervention is a supportive intervention that occurs immediately after a stressful event. It usually provides the victim with an immediate opportunity to express feelings about the incident, receives emotional support, and often provides advice on dealing with acute reactions or next steps. Such interventions include discussing and clarifying facts about the trauma/offense, normalizing the child's emotional and behavioral responses to the event, providing a forum for the child to discuss their feelings about what happened, and teaching problem-solving skills to help the child deal with troubling thoughts and feelings, screening for significant symptomatology and re-treating such children for additional treatment.

3. Further Implications

Although parental mortality is strongly associated with adverse risks, it must be recognized that parents and children are distinct individuals with different biological, cognitive, and psychological systems. Individuals also deal with crisis events differently, and people learn how to heal (resilience) through learning, which does not necessarily indicate a direct link between suicide and criminal behavior, and the death of a parent. The contributing factors in developmental research of child abuse, personality disorders, and criminal behavior are numerous and cannot be fully identified. Second, a review of the prevalence of child abuse found that of the several publications, only about 20 percent of the research was conducted in Europe and North America. With little research and data on countries in Asia, it is essential to examine and compare the impact of different forms of ACEs across different countries from a cultural perspective to obtain more accurate and general data and findings. In addition, it is worth noting that, in terms of prevention and intervention, cooperation between health and social services and the criminal justice system should also be strengthened, and more emphasis should be placed on early intervention for adolescents.

4. Conclusion

In conclusion, childhood adversity is strongly associated with criminal behavior and personality disorders. Childhood adversity, including domestic violence, physical and sexual abuse, and parental drug and alcohol abuse, can negatively contribute to present and future interpersonal interactions, personality development, the ability to form intimate relationships, physical health, and mental health now and later life. These adverse childhood experiences can be a significant potential risk for antisocial behavior and violent crime in adulthood. At the same time, childhood trauma is also one of the important reasons for the development of personality disorders, mainly BPD and ASPD, and personality disorders are also strongly correlated with increased crime rates. To address the long-term effects of childhood trauma in children and adolescents, psychosocial and pharmacological interventions for child victims, especially CBT and crisis intervention, play an influential role. In future research, more attention could be paid to protective measures for children, the popularisation of proper parenting, and the improvement of future legislation on child protection and post-trauma punishment.

References

- [1] Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., Anda, R. F. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*, 2003, 111: 564–572.
- [2] National Center for Injury Prevention and Control, 2022, Available at: <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- [3] Basto-Pereira, M., Gouveia-Pereira, M., Pereira, C., Barrett, E., Lawler, S., Newton, N. et al. The global impact of adverse childhood experiences on criminal behavior: A cross-continental study. *Child Abuse & Neglect*, 2022, 124: 105459.
- [4] Oates R. Personality development after physical abuse. *Archives Of Disease In Childhood*, 1984, 59(2): 147-150.
- [5] Levitt M. Genetics and crime. *Encyclopedia of applied ethics*. San Diego: Elsevier Press. 2012.
- [6] Akers R. Social learning and social structure: A general theory of crime and deviance. New York: Routledge Press, 2017.
- [7] Felson R, Lane K. Social learning, sexual and physical abuse, and adult crime. *Aggressive Behavior*, 2009, 35(6): 489-501.
- [8] Widom C. Childhood sexual abuse and its criminal consequences. *Society*, 1996, 33(4): 47-53.
- [9] Silver, E., Felson, R., VanEseltine, M. The Relationship Between Mental Health Problems and Violence Among Criminal Offenders. *Criminal Justice And Behavior*, 2008, 35(4): 405-426.
- [10] Crittenden, P. M., Ainsworth, M. D. S. Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 432–463). Cambridge University Press. 1989.
- [11] Tyrer P, Reed G, Crawford M. Classification, assessment, prevalence, and effect of personality disorder. *The Lancet*, 2015, 385(9969): 717-726.
- [12] Bozzatello P, Rocca P, Baldassarri L, Bosia M, Bellino S. The Role of Trauma in Early Onset Borderline Personality Disorder: A Biopsychosocial Perspective. *Frontiers in Psychiatry*, 2021, 1-12.
- [13] Fakhrzadegan S, Gholami-Doon H, Shamloo B, Shokouhi-Moqhaddam S. The Relationship between Personality Disorders and the Type of Crime Committed and Substance Used among Prisoners. *Addict Health*, 2017, 9(2): 64-71.
- [14] Cohen J, Berliner L, Mannarino A. Psychosocial and pharmacological interventions for child crime victims. *Journal Of Traumatic Stress*, 2003, 16(2): 175-186.