This study investigated the relationship between childhood abuse and personality disorder symptoms in a nonclinical sample of college males (N = 584, mean age = 28.8 years). Childhood sexual and physical abuse and personality disorder (PD) symptoms, among other variables, were assessed using self-report measures. Abuse histories were categorized into no abuse, sexual abuse only, physical abuse only, and both types of abuse. Also, a dimension of severity was measured by tallying, for sexual and physical abuse scales separately, the number of items meeting abuse criteria. Multivariate analyses indicate that even when statistically controlling for possible confounding variables, childhood abuse histories are associated with greater levels of adult symptomatology. The severity dimension predicted statistically significant, although clinically negligible, portions of the variance for three PD scales.

Associations Between Childhood Abuse and Personality Disorder Symptoms in College Males

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Despite the wealth of evidence for the relationship between childhood abuse and psychopathology, much of this research has neglected male victims. Only in the last decade or so has the experience of abused males been considered, and much of this literature has focused on clinical and child samples. Published research on the effects of childhood abuse using samples with a substantial proportion of nonclinical, unincarcerated adult males is regrettably sparse, encompassing only a handful of studies, such as Boudewyn and Liem (1995), Collings (1995), Finkelhor, Hotaling, Lewis, and Smith (1989), Fromuth and Burkhart (1989), Lisak (1994), Lisak, Hopper, and Song (1996), Lisak and Luster (1994), Peters and Range (1995), and Vrana and Lauterbach (1994).

The recent literature on the relationship between childhood abuse and personality disorders (PDs) appears relatively restricted to borderline and

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antisocial personality disorders and has focused mainly on clinical or incarcerated samples. Despite the importance of establishing the etiological association between childhood trauma and these disorders, broader investigations of PDs, particularly among more heterogeneous samples, are also needed. The current study focuses on PD symptoms as delineated by the *DSM-III-R* (American Psychiatric Association [APA], 1987) in an all-male, college sample.

We want to underscore our interest in PD symptoms rather than PD diagnoses. Focusing on the latter would imply agreement with a categorical understanding of personality psychopathology, an approach thoroughly critiqued by Widiger (1993). Moreover, we find the notion of a disordered personality to be needlessly stigmatizing, especially in the context of research on the correlates of childhood abuse. Herman (1992), among others, has made this point well in relation to borderline personality disorder (BPD), the symptoms of which are most accurately conceptualized as stemming from originally adaptive attempts at psychological self-preservation.

Research on the correlates of child abuse, as reviewed, for example, in Briere (1992) and Trickett and McBride-Chang (1995), has demonstrated a link between childhood abuse and a wide range of psychosocial difficulties. Against these findings we hypothesized that men with any history of childhood sexual or physical abuse would score higher on a measure of PD symptoms than men with no such history. Also, we hypothesized that men with more than one type of abuse would score higher than men with only one type of abuse. This would occur because of a greater frequency of abusive events, some sort of synergy between the types of abuse, or the possibility that families that create, or allow for, this level of abuse are more pathogenic in general.

In addition, in the interest of identifying valid, empirically useful dimensions of abuse severity that would allow for continuous rather than categorical ratings of abuse history, we explored the predictive ability of one dimension that has received almost no attention. As explained below in more detail, this dimension is the variety of different types of abusive experiences or situations falling under the broad categories of sexual and physical abuse. We are aware of two published studies that explore this dimension. Epstein, Saunders, and Kilpatrick (1997) found that the number of rape types experienced in childhood in a sample of women was a powerful predictor of posttraumatic stress disorder symptomatology even when controlling for other severity variables. DiTomasso and Routh (1993) found that childhood sexual abuse severity, construed similarly as in the present study, predicted dissociation. Given that we are focusing on one dimension of severity in this study,

further references to severity should be read as referring to this restricted construct.

METHOD

Participants

Participants were males from an urban commuter university in the northeastern United States. This university attracts a diverse student body in terms of age and other demographic characteristics. The sample had a mean age of 28.8 years ($SD = 9.18$, $N = 581$), ranging from 16 to 62 years. The racial/ethnic distribution was as follows: White (64.3%, $n = 377$), Asian (9.9%, $n = 58$), African American (9.4%, $n = 55$), Latino (4.1%, $n = 24$), Native American (1.5%, $n = 9$), Cape Verdean (0.9%, $n = 5$), mixed race (3.6%, $n = 21$), and other or missing data (6.3%, $n = 37$; $N = 586$). The distribution of Hollingshead index scores ($M = 56.9$, $SD = 16.5$, $N = 536$) indicates that the majority of participants were from middle- to upper-middle-class backgrounds.

Procedure and Materials

The sample was composed of volunteers who agreed to participate in return for a payment of $3. They were recruited by setting up a table in a conspicuous location on campus with a sign advertising a "childhood experiences survey." After completing a consent form and being instructed on where and when to return the packet and receive their payment, they were given a packet to complete on their own time. Approximately two thirds (63.2%, 619 of 980) of the distributed packets were returned.

Measures. In addition to a brief demographic information questionnaire, each packet included the Home Experiences History (HEH), a six-item checklist of typically disruptive family situations, including parental abuse of alcohol and drugs, physical and sexual abuse of a sibling, battery of a parent by another adult, and removal from the home by child protective services. The HEH was designed by Lisak and has been used in his research program (e.g., Altschuler, 1997; Hopper, 1997; Lisak et al., 1996; Smith, 1997). The Family Relationship Index (FRI) assesses perhaps more subtle aspects of family functioning and is composed of the Cohesion, Expressiveness, and (reverse-scored) Conflict subscales of the Family Environment Scale (FES),

Form R (Moos & Moos, 1984). The FES is a widely used instrument, has demonstrated construct validity in a range of applications, and has strong internal consistency (Holahan & Moos, 1982; Moos & Moos, 1984). In what seems to be a relatively common revision (e.g., Sines, 1984), the items were recast in the past tense and participants were asked to respond in terms of their family while they were "growing up."

The Abuse-Perpetration Inventory (API) assesses histories of sexual and physical abuse. The abuse items of the API list a series of potentially abusive situations and ask subjects to respond regarding whether these happened to them before age 16. For each item, if subjects answer positively, they are then asked a short series of questions that assess the characteristics of the experience(s). The situations are stated in strictly behavioral terms (e.g., "someone had you fondle them," "someone beat you with an object"); participants are not asked whether they were "abused," "molested," and so forth. The API has been used in six studies and has demonstrated validity with college male samples (Lisak, Conklin, Hopper, Miller, & Smith, 1997).

Abuse status is coded on an item-by-item basis. The criteria for sexual abuse consider the age difference between the parties, the use of force, and current feelings about the experience(s). Specifically, for subjects younger than age 13 at the time of the experience, an item is coded as abuse if the other party was at least 5 years older than the subject; this age difference criterion increases to 10 years for subjects age 14 or 15 years. If these criteria are not met but the incident involved some level of coercion (e.g., bribery, seduction, intimidation, physical force) and the subject reports currently feeling negatively about the event, then the event is also coded as abuse.

The criteria for physical abuse consider the nature of the relationship, the presence of injury, the threat of death, and the chronicity and frequency of the experience(s). First, with rare exception, physical abuse is restricted to intrafamilial relationships. Exceptions include relationships in which the other party appears to have chronic proximity to, and power over, the subject, beyond that afforded by the violent acts themselves. Moreover, the subject must have apparently few means of escape or recourse from the abusive situation (e.g., a student-teacher relationship). Second, if the subject reports physical injuries greater than mild bruises or scratches or thought, or was told, that he was going to die, then the item is coded as abuse. Third, if these injury criteria were not met but the event occurred at least 10 times and for at least 1 year, then the item is coded as abuse as well. Note that the coding procedure for physical abuse allows for aggregation of data across items. That is, if a participant does not meet the duration or frequency criteria for an item but if his responses would meet criteria if this item were restated to include subtypes of physical abuse (e.g., kicking, hitting, stabbing) from another item(s)

as well, then these combined items would be coded as abuse for the last of the items aggregated (i.e., representing a total of one "item's worth" of physical abuse). This procedure was initiated to avoid categorizing as "not abused" individuals whose physical abuse characteristics were not well represented by the distribution of behaviors over the abuse items. In practice, however, abuse designations based on aggregated items were infrequent compared to those based on the more straightforward criteria.

Personality disorder symptoms were measured using the Schizoid, Antisocial, Borderline, Narcissistic, Avoidant, Dependent, and Passive-Aggressive subscales from the Personality Diagnostic Questionnaire-Revised (PDQ-R) (Hyler & Rieder, 1987), an instrument designed to assess personality disorders as defined by *DSM-III-R* criteria. The full PDQ-R was not used primarily because of concerns about the length of the packet. In addition to using Hyler and Rieder's subscales, we constructed a composite scale (PDQTOT), which is composed of the total number of responses indicating pathology across the seven subscales. Note that results for PDQTOT cannot be compared directly with other reports of PDQ-R composite scores because of the deletion of several subscales.

Published reliability information on the PDQ-R appears to be lacking. However, data on its predecessor, the PDQ, have been reported. The earlier versions of most of the subscales used in this study demonstrated adequate internal consistency; KR20 alphas ranged from .56 for Schizoid to .84 for Dependent in a clinical population (Hyler et al., 1989). Regarding test-retest reliability for PDQ versions of the scales used in the present study, Reich (1989) reported 8-week kappas ranging from .50 for Avoidant and Borderline to .75 for Dependent in psychiatric outpatients. It should be noted that the kappas reported here reflect stability on the categorical level, not on the item level.

The PDQ-R has been used with both clinical and nonclinical samples. Studies using college samples include Dolan, Evans, and Norton (1995), Johnson, Bornstein, and Krukonis (1992), Johnson, Borstein, and Sherman (1996), Lindsay and Widiger (1995), Rosen and Tallis (1995), and Wierzbicki and Gorman (1995). Although a highly sensitive instrument, the PDQ-R has less than adequate specificity (Hyler, Skodol, Kellman, Oldham, & Rosnick, 1990; Hyler, Skodol, Oldham, Kellman, & Doidge, 1992). While producing few false-negatives, the PDQ-R overdiagnosed PDs in clinical (Hyler et al., 1990, 1992) and college (Johnson & Bornstein, 1992) samples. This shortcoming is readily acknowledged by Hyler et al. (1990, 1992), who recommend that in clinical settings it be used as a screening instrument in conjunction with a structured interview. This inadequacy, moreover, is not a particular concern for the present research, which focused on the differences

between groups on continuous scale scores, not on the diagnosis of individuals. Mindful of these concerns, however, the present report will not compare groups with reference to diagnostic status.

Last, we used the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) scale *L* to measure socially desirable response styles. Hathaway and McKinley (1991) reported a test-retest reliability coefficient of .77 among a sample of 82 community adult males. This scale measures a combination of impression management and self-deception (Paulhus, 1984).

Analyses

Thirty-five (5.7%) of the 619 participants were excluded from the sample because their abuse history could not be determined, their responses were obviously randomized, or they left key measures incomplete. Each of the remaining 584 men were placed into one of four abuse categories: no abuse (NAB), sexual abuse only (SEX), physical abuse only (PHYS), and sexual and physical abuse (SEX/PHYS). To test for intergroup differences, we ran an analysis of covariance (ANCOVA) for the PDQTOT scores and a multivariate analysis of covariance (MANCOVA) for the PDQ-R subscales. The analyses partialed out the variance contributed by the covariates age, race (White/non–White), FRI, HEH, and MMPI-2 *L* scores using the regression method (Norusis, 1990).

Post-hoc tests consisted of six *t* tests for each of the scales with significant differences on the omnibus tests. Three of these tests compared the three abused groups (SEX, PHYS, and SEX/PHYS) against the nonabused group. Two compared the SEX and PHYS groups against the SEX/PHYS group. The last compared the SEX and PHYS groups against one another. Although not reflecting a hypothesis of the study, this last test was included because of its inherent interest.

In addition, sexual abuse and physical abuse severity scores, as discussed above, were calculated by tallying the number of items that met abuse criteria within the corresponding sections of the API. Thus, an individual's sexual abuse severity score was the number of API sexual abuse items that met sexual abuse criteria, and his physical abuse severity score was the number of API physical abuse items that met physical abuse criteria. To determine the relationship between the severity of abuse and the endorsement of PD symptoms, we performed separate multiple regression analyses for each PDQ-R scale (the composite scale and the seven subscales) using the backward elimination method. Each procedure began with seven independent variables: sexual abuse severity, physical abuse severity, age, race, and the FRI, HEH, and

MMPI-2 *L* scores. Multicollinearity was a potential concern. However, inspection of diagnostic statistics (tolerance and variance inflation factors) and of a correlation matrix of these variables indicated no significant multicollinearity. An alpha level of .05 was employed for all of the analyses reported above. These analyses were performed using SPSS (Norusis, 1990).

RESULTS

In this section, we report the breakdown by abuse category, group differences on PDQ-R scale scores, and the predictive abilities of the abuse severity scales. Of the 584 men in the sample, 361 (61.8%) reported no sexual or physical abuse, 62 (10.6%) reported sexual abuse only, 100 (17.1%) reported physical abuse only, and 61 (10.4%) reported both types of abuse.

Differences in Personality Disorder Symptoms Among Abuse Groups

As shown in Table 1, there were significant between-group differences for the composite score PDQTOT and the Avoidant, Borderline, and Dependent subscales. In addition, between-group differences on Schizoid, while not meeting the conventional level of significance, did achieve a significance level of $p = .061$ and were included in the post-hoc tests. The first hypothesis, that men with any abuse history would indicate significantly greater levels of PD symptoms, was generally supported. Table 2 shows that for PDQTOT, Avoidant, Borderline, and Dependent, all of the abuse groups scored significantly higher ($p <. 004$) than the nonabused groups, except there was no significant difference between the PHYS and NAB groups on Dependent. For Schizoid, only the test contrasting SEX/PHYS with NAB was significant ($p = .001$), with the difference in the hypothesized direction.

As indicated in Table 2, the second hypothesis, that men with both types of abuse would score significantly higher than men with one type of abuse, was partially supported for PDQTOT, Borderline, Dependent, and Schizoid but not for Avoidant. The SEX/PHYS group scored significantly higher than the SEX group on PDQTOT ($p = .013$), Borderline ($p = .031$), and Schizoid ($p = .013$). In addition, the SEX/PHYS group scored significantly higher than the PHYS group on PDQTOT ($p = .004$), Borderline ($p = .011$), Dependent ($p = .020$), and Schizoid ($p = .018$). These differences may be due to differences in home environment. As shown in Table 3, analysis of variance and Tukey tests revealed that, compared to men with one type of abuse only, men with both types of abuse had FRI and HEH scores indicating poorer relationship quality

TABLE 1: Summary and Univariate *F* Statistics for Personality Diagnostic Questionnaire-Revised (PDQ-R) Scales

	Total	*NAB*	*SEX*	*PHYS*	*SEX/PHYS*	
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	*Univ.* F
PDQTOT	18.03 (8.07)	16.64 (7.73)	19.58 (8.14)	19.13 (7.79)	22.95 (8.15)	4.36***
Antisocial	2.46 (2.10)	2.18 (2.07)	2.77 (1.86)	2.76 (1.92)	3.30 (2.47)	0.81 *ns*
Avoidant	2.01 (1.60)	1.74 (1.48)	2.38 (1.45)	2.31 (1.71)	2.75 (1.86)	3.90***
Borderline	3.67 (1.96)	3.28 (1.88)	4.18 (1.96)	4.04 (1.88)	4.87 (1.86)	5.99****
Dependent	2.24 (1.82)	2.04 (1.78)	2.73 (1.99)	2.24 (1.73)	2.93 (1.81)	3.46**
Narcissistic	3.56 (1.94)	3.44 (1.97)	3.42 (2.02)	3.66 (1.85)	4.22 (1.72)	0.97 *ns*
Passive-Aggressive	2.91 (1.82)	2.76 (1.82)	3.07 (1.65)	3.00 (1.84)	3.48 (1.92)	0.75 *ns*
Schizoid	1.86 (1.36)	1.74 (1.29)	1.82 (1.37)	1.94 (1.37)	2.48 (1.52)	2.48*

NOTE: $N = 575$; $df = 3, 566$. PDQTOT is composed of the total number of responses indicating pathology across the seven PDQ-R subscales used in these analyses. NAB = not abused (n = 357), SEX = sexually abused only (n = 60), PHYS = physically abused only (n = 98), SEX/PHYS = sexually and physically abused (n = 60). Wilks's Λ for subscales = .935, $F = 1.80$, $p = .014$.
*$p = .061$. **$p \leq .05$. ***$p \leq .01$. ****$p \leq .001$.

TABLE 2: Abuse Group Differences on Personality Diagnostic Questionnaire-Revised (PDQ-R) Scales

	SEX versus NAB[a]	*PHYS versus NAB*[b]	*SEX/PHYS versus NAB*[c]	*SEX versus SEX/PHYS*[d]	*PHYS versus SEX/PHYS*[e]	*SEX versus PHYS*[f]
	t	t	t	t	t	t
PDQTOT	2.53**	2.89***	5.75****	–2.50**	–2.91***	0.14 *ns*
Avoidant	3.01***	2.90***	3.97****	–1.30 *ns*	–1.57 *ns*	0.26 *ns*
Borderline	3.27****	3.75****	6.03****	–2.16**	–2.56**	0.16 *ns*
Dependent	2.58***	1.03 *ns*	3.57****	–0.79 *ns*	–2.33**	1.47 *ns*
Schizoid[g]	0.42 *ns*	1.08 *ns*	3.55****	–2.53**	–2.39**	–0.40 *ns*

NOTE: $N = 583$. NAB = not abused (n = 361), SEX = sexually abused only (n = 62), PHYS = physically abused only (n = 100), SEX/PHYS = sexually and physically abused (n = 60), PDQTOT is composed of the total number of responses indicating pathology across the seven PDQ-R subscales used in these analyses. *df* for *t* tests = 579 except where indicated. All scales except Avoidant and Schizoid used pooled variance estimates.
a. *df*: Avoidant = 84, Schizoid = 81.
b. *df*: Avoidant = 144, Schizoid = 151.
c. *df*: Avoidant = 72, Schizoid = 74.
d. *df*: Avoidant = 112, Schizoid = 117.
e. *df*: Avoidant = 116, Schizoid = 114.
f. *df*: Avoidant = 144, Schizoid = 131.
g. $p = .061$ for univariate F statistic.
**$p \leq .05$. ***$p \leq .01$. ****$p \leq .001$.

TABLE 3: FRI and HEH Summary Statistics for Abuse Groups

	FRI		*HEH*	
	M (SD)	n	M (SD)	n
NAB	49.37 (11.53)[a]	360	0.50 (0.89)[a]	361
SEX	44.95 (12.72)	62	0.87 (1.21)[c]	62
PHYS	41.40 (11.70)	100	1.29 (1.23)[c]	100
SEX/PHYS	36.63 (11.38)[b]	61	1.73 (1.59)[b]	60

NOTE: FRI = Family Relationship Index, HEH = Home Experiences History, NAB = not abused, SEX = sexually abused only, PHYS = physically abused only, SEX/PHYS = sexually and physically abused.
a., b. Tukey test indicates significant difference at the .05 level between this group and groups not marked with the same symbol within the same column.
c. Tukey test indicates significant difference at the .05 level between groups that are both marked with a or b.

and more overt disruption within their families, respectively. Finally, there were no significant differences between the SEX and PHYS groups on any of the PD scales.

Severity of Abuse as Predictors of Personality Disorder Symptoms

Among all of the sexually abused men ($n = 123$), the number of API sexual abuse items that met abuse criteria ranged from 1 to 13, with a median of 2 items ($M = 2.69, SD = 2.41$). The physically abused men ($n = 161$) met criteria for a median of 1 API physical abuse item, ranging from 1 to 6 items ($M = 1.73, SD = 1.05$). The sample as a whole met criteria for a mean of 0.57 sexual abuse items ($SD = 1.56$) and a mean of 0.48 physical abuse items ($SD = 0.95$). Although the relationships between sexual abuse severity and the three PD scales were statistically significant (Borderline: $\beta = .165$, $p < .0001$; PDQTOT: $\beta = 0.131, p = .0007$; Dependent: $\beta = .085, p = .045$), its predictive ability was clinically negligible. Sexual abuse severity was associated with squared partial correlations of .03, .02, and .007 for Borderline, PDQTOT, and Dependent, respectively. Physical abuse severity did not predict scores on any PDQ-R scale.

DISCUSSION

Both hypotheses were supported. Compared to nonabused men, men with any history of sexual or physical abuse indicated a greater degree of

personality psychopathology associated with Avoidant, Borderline, Dependent, and general PD (i.e., PDQTOT) symptoms. Moreover, men with both types of abuse indicated greater symptomatology than men with one type of abuse on PDQTOT, Borderline, and Dependent. In addition, Schizoid scores exhibited trends consistent with both hypotheses. No differences were found on the Antisocial, Narcissistic, or Passive-Aggressive subscales.

All discussion of differences among subscales must occur, however, with the awareness that the PDQ-R, like the diagnostic system on which it is based, may not demonstrate acceptable levels of discriminant validity among PD diagnostic categories. The substantial degree of criteria overlap among these categories and the high prevalence of PD comorbidity indicates that this discriminant validity has not been reached (Livesley & Jackson, 1991; Shea, 1995). Accordingly, an instrument based on the *DSM-III-R*, such as the PDQ-R, may be most useful for indicating a general level of trait-like, possibly maladaptive, personality characteristics.

In light of these concerns, the finding that both hypotheses were supported by PDQTOT may be the most meaningful. This scale, along with Borderline, provided the most consistent support for the hypotheses by demonstrating significant group differences for all five of the contrasts used to test these hypotheses. The finding of a relatively strong association between childhood abuse and BPD symptoms supports previous empirical work among clinical populations (Briere & Zaidi, 1989; Herman, Perry, & van der Kolk, 1989; Norden, Klein, Donaldson, Pepper, & Klein, 1995; Ogata et al., 1990) as well as critiques of traditional formulations of BPD (Briere, 1992; Herman, 1992; Saunders & Arnold, 1993). Although females are apparently more likely than males to be diagnosed with BPD (APA, 1987), neither this study nor the previously cited studies shed light on sex differences in prevalence. Either only one sex is sampled, as in the current study and in Briere and Zaidi (1989), or sex differences are not analyzed (Herman et al., 1989; Norden et al., 1995; Ogata et al., 1990).

The findings for Avoidant and Dependent are interesting in light of prevalent masculine gender norms that emphasize social confidence, self-assurance, and autonomy, among other characteristics. The elevated scores on these scales indicate that estrangement from self and others, common sequelae of interpersonal trauma (Herman, 1992), can exist among victims of both sexes. The experience of these symptoms may interact with gender identity development differently between men and women, however, given the stereotypically feminine nature of these symptoms. That is, males may experience more difficulty than females in allowing feelings of isolation/dependence and a secure sense of masculinity to coexist as elements of the self-concept (Lisak, 1994). On the other hand, these feelings may seem congruent with a

female's sense of her femininity, which would reduce the chance that they would be noticed and treated.

For Dependent, the heightened symptomatology was related to sexual abuse but not to physical abuse. That is, there was no difference on this scale between physically abused and nonabused men. In addition, whereas the SEX by SEX/PHYS contrast was not significant, the PHYS by SEX/PHYS contrast was significant. Although there is a possible relationship between the behaviorally homosexual nature of the abuse for many of these men and the decidedly feminine nature of these symptoms, characterized by "a pervasive pattern of dependent and submissive behavior" (APA, 1987, p. 353), this was not supported by a supplemental ANCOVA: Dependent scores of men who were sexually abused only by females ($M = 2.48$, $SD = 1.60$, $n = 27$) were compared with those who were abused only by males ($M = 2.67$, $SD = 1.76$, $n = 63$). Significant sex-of-perpetrator differences were not found ($F = 0.176$, $p = .676$). Although these results do not support a sex-of-perpetrator hypothesis, they do not disconfirm a more general gender-based interpretation of the data. That is, regardless of the perpetrator's sex, some men may react to sexual victimization by internalizing cultural labels and schemas related to passivity and vulnerability, with the result that they may experience themselves as being "feminized."

One interesting feature of these data is the absence of an association between childhood abuse and symptoms of antisocial personality disorder (APD). Although clinical levels of this disorder are less likely to be found in a relatively high functioning college sample, this lack of any association whatsoever was unexpected, given reports such as Luntz and Widom (1994) in which histories of abuse and/or neglect predicted APD symptoms and diagnostic status in adults when controlling for sex, race, age, socioeconomic status (SES), and criminal history. The reason for this lack of significant findings is unclear. One possible explanation is that *DSM-III-R* criteria (and therefore the PDQ-R's criteria) for APD are weighted in the direction of criminality per se and away from personality characteristics such as callousness, low frustration tolerance, lack of moral development, and so forth, which are also associated with APD (Hare, Hart, & Harpur, 1991; Widiger & Corbitt, 1995). Thus, this emphasis on antisocial behavior may be achieved at the expense of sensitivity toward personality attributes, attributes that may be of greater relevance when assessing a college sample. Yet this explanation is weakened by findings that sexual or physical abuse histories predict antisocial behaviors in community and college samples (Fergusson & Lynskey, 1997; Malinosky-Rummell & Hansen, 1993; Trickett & McBride-Chang, 1995).

As stated above, the second hypothesis was generally supported. Combined with the findings that men with both types of abuse came from homes with poorer relationships and more disruption than men in other groups, this supports the notion that home environments that are associated in some way with both types of abuse are more pathogenic in general. The nature of the relationships among home environment, abuse history, and symptomatology, however, in addition to the role of other influences (e.g., frequency of abusive experiences, other abuse characteristics), requires further study.

Finally, we found that the range of different types of sexual abuse experiences accounted for a statistically significant, but clinically negligible, portion of the variance for PDQTOT, Borderline, and Dependent PD symptoms. Future investigations of this dimension should, perhaps, explore the possibility that its effects are stronger when interacting with other severity dimensions.

There are a number of limitations to this study. First is our reliance on retrospective self-report measures to assess abuse histories. Although the fallibility of memory for objective, particularly traumatic, life events has been overstated (Brewin, Andrews, & Gotlib, 1993), the use of retrospective reports is still less than optimal. Second, treating a vast range of abuse experiences as categorical data seriously truncated a presumably important source of variance. Note that our exploratory analysis of the severity dimension was not intended to compensate for this problem. Third, our abuse assessment was limited to sexual and physical abuse, omitting other potentially important types of childhood maltreatment such as psychological abuse and physical neglect. These limitations notwithstanding, we trust that this study makes a significant, though preliminary, contribution to the study of the effects of childhood abuse on nonclinical, unincarcerated males.

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