

Relationship between Childhood Traumatic Experiences, Psychological Distress and Obsessive Compulsive Personality Symptoms among Young Adults during COVID-19 Pandemic

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ABSTRACT

Research evidences in the past have shown that childhood traumatic experiences and psychological distress have a significant relationship with obsessive compulsive personality disorder symptoms. The current study assessed the relationship between childhood traumatic experiences, psychological distress and obsessive compulsive personality symptoms among young adults during COVID- 19. The study also measured the impact of childhood trauma and psychological distress on obsessive compulsive personality symptoms during pandemic. In this cross sectional study, the sample consisted of 300 (Male=86; Females=214) participants, selected from four universities of Pakistan (Rawalpindi & Islamabad). Psychological distress was assessed with Depression, Anxiety and Stress Scale (DASS 21), childhood traumatic experiences were measured with Child Abuse and Trauma Scale (CATS). Furthermore obsessive compulsive personality traits were assessed with Personality Diagnostic Questionnaire (PDQ-4). Results revealed that 42.3% participants reported childhood traumatic experiences, 55.6% reported symptoms of depression, 40.6 % showed the symptoms of anxiety and 51.6 % experienced symptoms of stress during pandemic. While 40 % were identified with obsessive compulsive personality traits/symptoms. Significant relationship was also found between Childhood traumatic experiences, psychological distress and obsessive compulsive personality symptoms among young adults during the pandemic. ($p<.001$). Findings showed that anxiety, stress, and negative childhood experiences were identified as most significant predictors of the obsessive compulsive personality symptoms among young adults after controlling for demographic variable. The current study emphasized the importance of childhood traumatic experiences and psychological distress in the development and management of obsessive compulsive personality symptoms during Pandemic.

Keywords

Childhood Traumatic Experiences, Psychological Distress, Obsessive Compulsive Personality Symptoms, COVID 19 pandemic.

Introduction

The current research was designed to explore the relationship between childhood traumatic experiences, psychological distress and obsessive compulsive personality disorder (OCPD) symptoms among young adults during the COVID 19 pandemic.

Child development is a long lasting process of continuous growth and certain changes. These changes result from a minute to multifaceted interactions between a child and the environment he encounters. A number of factors are a part of child's environment. The strongest influence on a child are his parents and caretakers because they are the most immediate interactive sources and interaction with them occurs on a routine basis

which results in the long term influences. The World Health Organization (WHO) states that childhood abuse is global problem and it has a number of consequences that lasts a life time. Maltreatment/abuse of a child encompasses the abuse and neglect that occurs to the children ranging under the age of 18 years. This includes physical, emotional, sexual mistreatment and neglect or negligent behaviours. This affects the health, development and survival of the child (World Health Organization, 2017). Issues like child abuse and neglect are considered as the public health issues (Hillis et al., 2016). Research evidence (de Carvalho et al., 2015) have shown that certain forms of childhood abuse like sexual, physical and emotional abuse, as well as physical neglect are all significantly associated with the increased rate of certain maladaptive personality

characteristics. Research studies also reported that the childhood abusive experiences are related to rise in the emotional instability, which is considered as an important construct related to the development of symptoms of psychological distress in adulthood (Lee & Song, 2017). A recent survey (World Mental Health Survey) also reported that an increase is seen in negative personality traits when individuals are exposed to traumatic experiences in childhood (McGrath et al., 2017). Early childhood traumatic experiences have been strongly related to the development of the personality disorders (Zhang et al., 2012) in adulthood.

A research study (Boger et al., 2020) reported significant mediating role of emotion regulation, posttraumatic stress symptoms, and dissociative symptoms in association between child maltreatment/abuse and obsessive compulsive disorder. Research evidence in the past emphasized the significance of association between obsessive-compulsive (OC) symptoms and childhood traumatic experiences such as emotional maltreatment and physical neglect (Mathews et al., 2008).

The current study was conducted during the COVID 19 pandemic and some of the recent research studies suggest that the COVID outbreak has caused fear, anxiety, stress and psychological distress among general population (Cong, 2021; Qureshi et al., 2020; Wang et al., 2020b; Xiong et al., 2020) and diagnosed patients of depression, anxiety and obsessive compulsive disorder (Shafran et al., 2021; Khosravani et al., 2020).

It has not only affected the physical health but also the emotional wellbeing which subsequently leads to adverse psychosocial impact on all the members of the society. (World Health Organization, 2020). In the times of global crisis, certain triggers destabilize the mental stability which leads to the disturbance in the daily life activities (Bateman & Fonagy, 2016). During the pandemic situation, the demand and promotion of washing hands repeatedly is very high which eventually triggers the obsessive compulsive personality traits among individuals with underlying vulnerabilities towards obsessive

compulsive traits. Also, because of the lockdown situation, many people with OC symptoms find it difficult to reach the hospitals and consult the psychologists and psychotherapists. Thus, it's clearly observed that delay in seeking professional health added to the suffering of such patients (Penzel, 2020). Research (Serafini et al., 2020) have also shown that level of psychological distress such as anxiety and depression further exacerbated due to psychosocial factors such as economic pressures, lack of medical facilities and pre-existing psychiatric morbidity among immigrants during COVID-19 pandemic. There is a dire need for the mental health professionals to assess and educate the people suffering from COVID related distress, anxiety and personality disorders with alternative ways like telephonic helplines and online consultations. The online services should not only be provided for the existing patients but for everyone who is going through the hard time because of COVID 19 pandemic. People should be educated about the health promoting behaviours, problem solving and providing support to the health care workers and patients. The Mental health care professionals can play a very important role in protecting the mental health and enhancing the wellbeing of individuals during this crisis situation (Banerjee et al., 2020). Keeping in view the above mentioned research evidence, and COVID -19, the current study was designed to assess the relationship between childhood traumatic experiences, psychological distress and obsessive compulsive personality disorder symptoms among young adults during pandemic.

Methods

In the current study the sample consisted of 300 young adults (age range= 19years to 35 years) recruited from two public and two private universities (Rawalpindi and Islamabad) of Pakistan. Equal numbers of male and female participants were sought, however 214 female participants and 86 male participant agreed to participate in the study. Education of the participants ranged from bachelor to masters level. Young adults who were already diagnosed with chronic physical diseases, psychological or

personality disorders were not included in the study.

Research design

In the present cross-sectional study design, survey method was used to measure assess the relationship between childhood traumatic experiences, psychological distress and obsessive compulsive personality disorder symptoms among young adults during the COVID 19 pandemic. Primary data was collected from two public and two private sector universities of (Rawalpindi & Islamabad) Pakistan.

Procedure

In the present research participants were contract through their respective universities. Official permission was also taken from the administration of two public and two private sector universities for data collection. Initially 360 young adults with equal number of male and female participants were approached. However 300 participants (female=214 & male=86) agreed to participate in the study and signed consent form. The sample consisted of participants from Bachelor (82%) and Masters (18%) level. Every young adult who agreed to participate was briefed about the significance and procedures of the study. Data was collected in google meet sessions of a group of 15 participants each. The study protocols were transformed into google forms and distributed among the participants. The participants were instructed to respond to the questionnaire keeping in mind the current situation of COVID-19. Data collection was completed within three months from July 2020 to September 2020 during pandemic.

Study Measures

In the current research study, an Information sheet, informed consent form and demographic sheet were used along with other questionnaires and scales to collect the data. Child Abuse and Trauma Scale (CATS), Depression Anxiety and Stress scale (DAS-21) and Personality Diagnostic Questionnaire (PDQ-4) were used to assess

childhood traumatic experiences, psychological distress and the symptoms of obsessive compulsive personality disorder respectively.

The Child Abuse and Trauma Scale (CATS) (Sanders & Becker- Lausen, 1995)

The 38 items CATS scale was used in the current study to measure childhood traumatic experiences. It is a measure of childhood traumatic experiences of abuse and neglect. The questionnaire consists of very general statements about the frequency and the occurrence of subjective experiences in one's childhood reflecting the respondent's evaluation of the degree of severity or intensity of the occurrence. The items of this scale inquire about three dimensions including sexual abuse, punishment and neglect/Negative Experiences. Response options are five point likert scale ranging from 0-4 with 0 indicating the least and 4 indicating most of the experience or occurrence being reported by the child. 5 out of 38 items are reverse scored. The lowest possible score on the scale is 0 while the highest possible scale is 152. (Sanders & Becker- Lausen, 1995). The alpha reliability of the scale was calculated and found to be 0.91 for the current research.

Depression, Anxiety and Stress scale (DASS). (Lovibond, S.H.; Lovibond, P.F, 1995)

The 21 item version of DASS 21 was used to measure psychological distress in the present research. This is a measure of psychological distress in terms of depression, anxiety and stress. It consist of 3 subscales (depression, anxiety & stress) with seven items each. Response options based on a four point likert scale ranged from 'Did not apply to me at all' to 'apply to me very much or most of the time'. The scores for each subscale are classified into five levels on the basis of severity: normal, mild, moderate, severe and extremely severe (Lovibond, & Lovibond , 1995). The alpha reliability of the scale was measured for the current research study and it was found to be 0.93.

Personality Diagnostic Questionnaire (Hyler et al., 1988)

The Personality Diagnostic Questionnaire was initially developed by Steven E. Hyler in 1994.

The Personality Diagnostic Questionnaire-4th Edition (PDQ-4) is a 99 item questionnaire with true/false options that yields the diagnosis of personality consistent with the DSM-IV diagnostic criteria for the axis II disorders. It has been extensively used in clinical practice and in research projects. The major application of PDQ is the screening for symptoms of personality disorders. The total Personality diagnostic questionnaire score may be used by clinicians to differentiate patients with a high likelihood for personality disturbance from those with a lower likelihood of personality disturbance. Other than that the PDQ is a useful instrument for further study of personality disorders (Hyler et al., 1988). In the current research study, a subscale of PDQ-4 was used to assess the symptoms of obsessive compulsive personality disorder. The subscale for obsessive compulsive personality Disorder consists of 8 items and requires 4 or more items to be scored as pathological. The alpha reliability of the subscale was calculated for the current research study and it was found to be 0.69 indicating that it is a reliable scale to measure symptoms of obsessive compulsive personality disorder among young adults during COVID-19 pandemic.

Ethical Consideration

In the current research study, all the ethical issues were strictly taken into consideration at every step of the study. An official permission was taken from the research review board of Fatima Jinnah Women University to conduct the research study. Initially signed informed consent was taken from every participant before the data collection procedures. The researcher informed the participants about the research and all their queries were answered individually. Participants were ensured that all the information provided by them would be kept confidential and their anonymity would be maintained. Official permission was taken from authors of scales that were used in the study. Furthermore, the contact information for two organizations were provided in the questionnaire to the participants in case any participants needed professional psychological help during COVID-19 pandemic. The researcher

was also trained in psychological first aid in order to manage any psychological emergency which may arise during the data collection procedure.

Data Analysis

Data screening was done to check for the distribution of data, missing values, errors and outliers in the data with SPSS version 21. Reliability analysis was conducted, and separate Cronbach's alpha values were calculated for all the scales used in the research study. Descriptive statistics in terms of frequencies and percentages were used for categorical and mean and standard deviation were used for continuous variables. The distribution of the continuous data was also assessed for the normality analysis numerically as well as graphically. Graphical representation was done through histograms. As for the numerical analysis, the Z score values of skewness and kurtosis were computed. Pearson correlation was computed to measure the relationship between childhood traumatic experience, psychological distress and symptoms of obsessive compulsive disorder among young adults during COVID-19 pandemic. Hierarchical multiple regression analysis was also done to identify the most significant predictors of obsessive compulsive personality disorder's symptoms among young adults after controlling for demographic variables.

Results (Times New Roman, bold, 12)

The present research explored the association between childhood traumatic experiences, psychological distress and the symptoms of obsessive compulsive personality disorder among young adults during COVID-19 pandemic.

Analysis of demographic characteristics of the participants revealed that the sample of 300 young adults within the age range of 19 years to 35 years participated in the current study. In the total sample (N=300), 86 were male (86/300, 28.7) and 214 were female (214/300, 71.3) participants. The education levels for participants ranged from bachelors (n=247/300, 82.3%), to masters (n=53/300, 17.6%). The employment/occupational status of the individuals revealed that 98 participants were employed (n=98/300, 32.7) while 202 participants were unemployed

(n=202/300, 67.3). Relationship status of the participants showed that 257 participants (n=257/300, 85.7) were single, while 42 (n=43/300, 14.3) were married. Family monthly income was also reported by the individuals participating in the research study. Total number of 37 participants informed that their family monthly income was below Rs 50,000(n=37/300, 12.4), while 145 participants reported their monthly income between Rs60,000 to Rs 90,000(n=145/300,48.3),however 118 participants reported that their family monthly income was above Rs 100,000 (n=118/300, 28.7). As for the family system, 214 participants (n=214/300, 71.3) belonged to nuclear family, while 86 participants (n=86/300, 28.7) belonged to joint family system.

Table 1 shows the levels of psychological distress in terms of symptoms of depression, anxiety and stress based on the scores of DASS -21. Descriptive statistics based on the cutoff scores of DASS-12 revealed that from 31.6 % to 38.6 % of the participants scored on normal level and did not report significant symptoms of depression, anxiety and stress. However 55. 6% participants reported severe to extremely severe level of depressive symptoms. While 40.6 % reported severe to extremely severe symptoms of anxiety and 51.6 % were identified with severe to extremely severe symptoms of depression based on the scores of DASS-21.

Table 1: Levels of Psychological Distress (Depression, Anxiety and Stress)based on the scores of DASS-14 (N=300)

Level of depression	Frequency(f)	Percentages(%)
Normal (0-7)	101	33.6
Borderline (8-10)	32	10.6
Severe (11-21)	60	20
Extreme Severe (28+)	107	35.6
Level of Anxiety	Frequency	Percentages
Normal (0-9)	116	38.6
Borderline (10-14)	62	20.6
Severe (15-19)	29	9.6
Extreme severe (20+)	93	31
Level of stress	Frequency	Percentages
Normal (0-18)	95	31.6
Borderline (19-25)	50	16.6
Severe (26-33)	102	34
Extreme severe (34+)	53	17.6

punishment (12.3%) and neglect /negative experiences in terms of sexual abuse (9.2%)

Analysis also revealed that overall 42.3 % of participants reported childhood traumatic

experiences (20.8%) based on the scores of child abuse and trauma scale (CATS). High scores on the scale reflected high levels of traumatic

experiences reported by the participants. Furthermore the results showed that 120 participants (120/300; 40%) were identified with significant symptoms (score \geq 4) of obsessive compulsive personality disorder based on the

subscales of Personality Diagnostic Questionnaire (PDQ-4).

Table 2: Pearson product correlation among the subscales of DASS, CATS and PDQ-4 (N=300)

Variables <i>r(p)</i>	1	2 <i>r(p)</i>	3 <i>r(p)</i>	4 <i>r(p)</i>	5 <i>r(p)</i>	6 <i>r(p)</i>	7 <i>r(p)</i>
1. Depression.	-	.73**	.82**	.32**	.46**	.26**	.33**
2. Anxiety		-	.74**	.30**	.42**	.24**	.28**
3. Stress			-	.28**	.44**	.23**	.35**
4. Sexual Abuse				-	.56**	.33**	.25**
5. Neglect/Negative Experiences					-	.57**	.37**
6. Punishment						-	.23**
7. OCPD symptoms							-

r=correlation; ** Correlation is significant at $p < 0.001$ (sig 2-tailed), Obsessive-compulsive Personality Disorder (OCPD) Symptoms

Table 2 indicates Pearson correlation analysis used to measure the relationship between childhood traumatic experiences, psychological distress, and obsessive compulsive personality disorder symptoms measured with child abuse and trauma scale, depression anxiety and stress scale -21, and subscale of personality diagnostic questionnaire-4, respectively. Analysis revealed a highly significant correlation between childhood traumatic experiences (sexual abuse, punishment, & neglect/negative experiences) with

psychological distress ($p < 0.01$) (depression anxiety, & stress). Obsessive compulsive personality disorder symptoms had highly significant correlation ($p < 0.01$) with childhood traumatic experience in terms of sexual abuse $r(298) = .25$, punishment $r(298) = .23$ and neglect/negative experiences $r(298) = .37$. Similarly a highly significant correlation ($p < 0.01$) was identified between Obsessive compulsive personality disorder symptoms and psychological distress in terms of depression $r(298) = .33$, anxiety $r(298) = .38$ and stress $r(298) = .35$.

Table 3: Hierarchical Multiple Regression Analysis for Obsessive Compulsive Personality Symptoms among young adults(N=300)

Variables	R	R ²	R ² change	B	SE	β	t	Sig(p)
Model 1	0.18	0.03	0.03					
Gender				-0.35	0.23	-0.09	1.49	0.03
Occupation				-0.54	0.24	-0.05	2.24	0.02
Marital Status				0.12	0.31	-0.02	0.41	0.68
Family system				0.08	0.23	-0.02	0.33	0.73
Model 2	0.39	0.15	0.12					
Gender				-0.22	0.22	-0.05	-0.99	0.32
Occupation				0.48	0.22	-0.12	-2.20	0.03
Marital Status				-0.22	0.29	0.04	0.76	0.44
Family System				-0.05	0.22	-0.01	-0.21	0.83
Depression				-0.02	0.02	-0.11	-1.07	0.28
Anxiety				-0.00	0.02	0.01	0.17	0.86
Stress				-0.05	0.02	-0.26	-2.58	0.01
Model 3	0.46	0.21	0.06					
Gender				-0.37	0.22	-0.09	-1.68	0.09
Occupation				-0.40	0.22	-0.10	-1.82	0.05
Marital Status				0.22	0.39	0.04	0.79	0.42
Family System				0.01	0.22	0.00	0.07	0.95
Depression				-0.00	0.02	-0.03	-0.38	0.70
Anxiety				.013	0.02	0.06	0.72	0.05
Stress				-.046	0.02	-0.23	-2.29	0.02
Sexual Abuse				-.040	0.04	-0.06	-0.97	0.33
Neglect/Negative				-.031	0.01	-0.22	-2.84	0.01
Punishment				-.012	0.03	-0.02	-0.40	0.68

R²= amount of variance explained by IV's ; R² Change= additional variance in DV ; B= Unstandardized coefficient ; β= Standardized Coefficient ; SE Standard Error ; t= estimated coefficient.

Table 3 shows, hierarchical regression analysis for symptoms of obsessive compulsive personality disorder. Regression analysis revealed that there was an independence of residuals, as assessed by Durbin Watson value of 1.91. For multicollinearity, values of tolerance were assessed which were greater than 0.1 with the lowest value of 0.28. No issue of collinearity was

found as all VIF values were less than 10 with the highest value of 3.57. No significant outliers with standardized values more than +3.3 were found in the data. Sociodemographic variables such as gender, occupation, family system and marital status of the participants were first added in the regression model. This model was found to be statistically significant $F(4, 294) = 0.041$ and it

explained 3.0 % of variance. In the first model, gender ($\beta = -0.09$, $p < 0.05$) and occupation ($\beta = -0.15$, $p < 0.05$) were identified as the significant predictors of obsessive compulsive personality disorder symptoms. Depression, anxiety and stress were added in the second step which increased the variance up to 15.3%. This model was statistically significant. $F(3, 291) = 0.000$; $p < 0.05$. Occupation ($\beta = -0.12$, $p < 0.05$) remained as the significant predictor in the second model. Stress ($\beta = -0.26$, $p < 0.05$) was identified as the significant predictors of obsessive compulsive personality disorder in the second model. In the final model, sexual abuse, punishment, neglect/negative experiences were added. The final model was statistically significant $F(3, 288) = 0.000$; and it accounted for 21.1% of variance. Occupation ($\beta = -0.10$, $p < 0.05$) and stress ($\beta = -0.23$, $p < 0.05$) remained the significant predictors in the third model. Anxiety ($\beta = -0.06$, $p < 0.05$) and neglect/negative childhood experiences ($\beta = -0.22$, $p < 0.05$) were also identified as significant predictors of obsessive compulsive personality disorder in the final model.

Discussion

The present research validates the negative impact of childhood traumatic experiences on the personality disorders symptoms among young adults during COVID-19 pandemic. It further demonstrated the relationship of depression, anxiety and stress with the symptoms of personality disorders. Study findings align with previous literature which also suggests that unpleasant or adverse experiences during the childhood have serious impacts on the Personality disorder symptoms (Hengartner et al., 2013). Research studies also suggests that the severity of levels of psychological distress affects the personality types (Spinhoven et al., 2016). Another research study shows that individuals having a history of different forms of childhood abuse and neglect like physical, sexual and emotional abuse lead to development of the symptoms of borderline, narcissistic and obsessive-compulsive disorders and also other personality disorders (Grover et al., 2007).

Results of the current study suggested that statistically significant correlation existed between childhood traumatic experiences and obsessive compulsive personality disorder symptoms. The research evidence (Boger et al., 2020) have also shown significant association between childhood traumatic experiences and obsessive compulsive disorder. The existing literature also suggested that certain forms of childhood abuse and neglect are associated with the personality disorder symptoms (Tyrka et al 2009). The findings that childhood traumatic experiences in terms of child abuse and neglect have significant impact on the personality disorders' symptoms supports the hypothesis of the current research study. Another Research study suggests that various forms of early childhood experiences like childhood abuse, neglect and certain stressors can develop the personality disorder traits later in the life (Christina et al., 2019). Current study supports the previous literature about association of psychological distress with childhood traumatic experiences (Canton et al., 2016; Noren et al 2007). In the current study stress and neglect/negative childhood experiences were identified as significant predictors of obsessive compulsive personality disorder symptoms.

The predictive role of childhood experiences on personality disorders is demonstrated by previous studies that shows psychological distress is the significant predictor in the development of personality disorders traits. The personality disorder traits are influenced in a certain way about how the individual respond to his or her stressors (Christina et al., 2019). Another research study suggests that different forms of traumatic experiences like neglect and negative experiences that occurs during the childhood are associated with the increased risks of developing personality disorders symptoms. Neglect was identified as the significant predictor in the development of personality disorder symptoms (Johnson, et al., 2000).

The results of the current cross-sectional study provided the baseline for future studies on relationship between childhood traumatic experiences, psychological distress and obsessive

compulsive personality disorder symptoms among young adults during COVID-19 pandemic. However longitudinal studies should be conducted to identify the underlying and causal mechanism of childhood traumatic experiences and psychological distress with obsessive compulsive personality disorder symptoms over longer period of time. The study has implications for mental health professionals working in the domain of personality disorders.

Conclusion

The children in developing countries are at increased risk to experience childhood abuse and neglect due to several risk factors such as socio-economic difficulties. Furthermore, the cultural factors undermine this problem as a societal issue and there is generally less acceptance in people from this region of world to discuss and report the problems like childhood abuse, neglect and psychological distress. The present study demonstrated that childhood traumatic experiences increase the risk for psychological distress even later years of life as well as it significantly associates with symptoms of obsessive-compulsive personality disorder among young adults. The data for the study was collected during the COVID 19 pandemic thus current study findings validate that youth is more vulnerable to experience negative outcome of such adverse experiences during global or local health crisis situations. Childhood abuse and neglect impacts the personality of an individual and it increase the vulnerability for obsessive compulsive personality disorders in young adults. Since childhood traumatic experiences are mostly not reported and remain untreated, therefore it negative consequences also has devastating impact on the mental health and psychological well-being of young adults. The current study highlighted the need to counsel and enhance the awareness of people regarding the association of childhood traumatic experiences, psychological distress and obsessive compulsive personality symptoms. It would result in timely management and psychological interventions of these issues which would subsequently help in reducing the personality disorders as well as other consequences of childhood traumatic experiences.

Limitations and Future Studies

The results of the study are promising but few limitations should be considered while interpreting results such as the sensitivity of topic which requires in-depth assessments of experience and its impact on the personality of young adults. Additionally, the COVID-19 pandemic required online methods of data collection thus the data validity depends upon seriousness of participants while responding to such questionnaires. The increased levels of psychological distress may be attributed to pandemic related factors. Future studies should focus on mixed method approach to have in-depth information about experiences and outcomes of childhood maltreatment in later years of life. It is also important that future studies should identify the impact of childhood traumatic experiences and psychological distress on other personality disorders symptoms such as borderline personality, narcissistic personality and antisocial personality disorder. It can serve as a starting point to explore and understand that how the obsessive-compulsive personality disorder symptoms are impacted through different forms of childhood abuse, neglect and psychological distress. The outcomes of this research can provide a baseline for the mental health professionals and researchers to build an insight about how the issues like childhood abuse and neglect affects the personality of an adult resulting in different personality disorders. Moreover, the professionals can also understand that the psychological distress can result in personality disorders in the individuals. Keeping in view the childhood maltreatment and neglect has significant implications, there is need to adopt adequate measures and interventions. Moreover, community interventions are needed to minimize and control the childhood maltreatment/ abuse, neglect and psychological distress. It would eventually reduce the devastating impacts of these factors on physical and psychosocial development of victims of maltreatment. The current research was conducted on general population of young adults but it can also be helpful for children and elders to understand the harmful impacts of childhood abuse, neglect and psychological distress on their personalities. This would

subsequently influence and motivate them to report such cases and do not leave them untreated to prevent its implications on public mental health.

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