

Posttraumatic Growth as a Mediator of Self-Blame and Outcomes of Well-Being in the Context of Interpersonal Violence

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Abstract

Introduction: Sexual assault (SA) and intimate partner violence (IPV) occur at alarming rates in the United States. Prior research indicated that victims of traumatic events frequently experienced both positive and negative changes as part of their recovery process. The present study aimed to further existing research by examining the relationship between self-blame, posttraumatic growth (PTG), and health outcomes when controlling for posttraumatic distress and time since victimization. **Methods:** The current study analyzed 357 women who had experienced at least one incident of SV or IPV. **Results:** Posttraumatic stress was positively related to both self-blame and posttraumatic growth. Time since victimization was negatively related to posttraumatic stress and self-blame, but was not related to posttraumatic growth. Further, we found that posttraumatic growth partially mediated the relationship between self-blame and health outcomes (i.e., happiness, depression). **Discussion:** These findings suggest that posttraumatic growth only somewhat explains the impact of self-blame on well-being outcomes. Implications for future research and practice are discussed.

Introduction

- SA and IPV occur at concerning rates in the United States (1).
- One factor that has been shown to exacerbate negative consequences after instances of SA and IPV is the victim's level of self-blame (2, 3, 4).
- Even though victims tend to utilize negative appraisals like self-blame, they often simultaneously experience various positive personal changes, otherwise known as posttraumatic growth (PTG; 3, 5, 6).
- Research has aimed to unpack the complexity of findings about PTG to better explain why in some cases PTG is associated with posttraumatic stress disorder (PTSD) and at other times with well-being following traumatic events (2, 3, 4, 5, 6).
- Self-blame has been linked to both PTG and various health outcomes (3, 7). Thus, the current study aimed to further explore the relationship between these variables.
- Much of the PTG and self-blame literature has focused on medical illness (e.g., cancer) or traumatic events (e.g., car accidents), as opposed to SA and IPV.
- The current study sought to explore the mediation effect of PTG on the relationship between self-blame and well-being (i.e., happiness, depression) in the aftermath of SA and IPV.
- Due to the mixed findings of posttraumatic stress disorder and time since victimization, we controlled for these measures in mediation analyses (3, 5).

Methods

Participants:

- Our sample includes 357 women who filled out all measures and reported at least one incident of SA ($n = 319$) or one incident of IPV ($n = 220$).
- On average, women were 32.37 ($SD = 12.70$) years in age and Caucasian (83.8%).
- When asked about their "most serious" victimization, 67% ($n = 238$) of women reported SA and 33% ($n = 119$) of women reported IPV.

Measures:

- Victimization Measures
 - Sexual Victimization Questionnaire (Ward et al., 1991)
 - Partner Victimization Scale (Hamby, 2013)
- Blame, Growth, & Control Measures
 - Self-Blame Assessment (Frazier, 2003)
 - Posttraumatic Growth Inventory (Tedeschi, & Calhoun, 1996)
 - Impact of Event Scale-Revised (Weiss & Marmar, 1997)
 - Time Since Victimization
- Well-being Measures
 - Center for Epidemiologic Studies Short Depression Scale (Andresen et al., 1994)
 - Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)

Procedures:

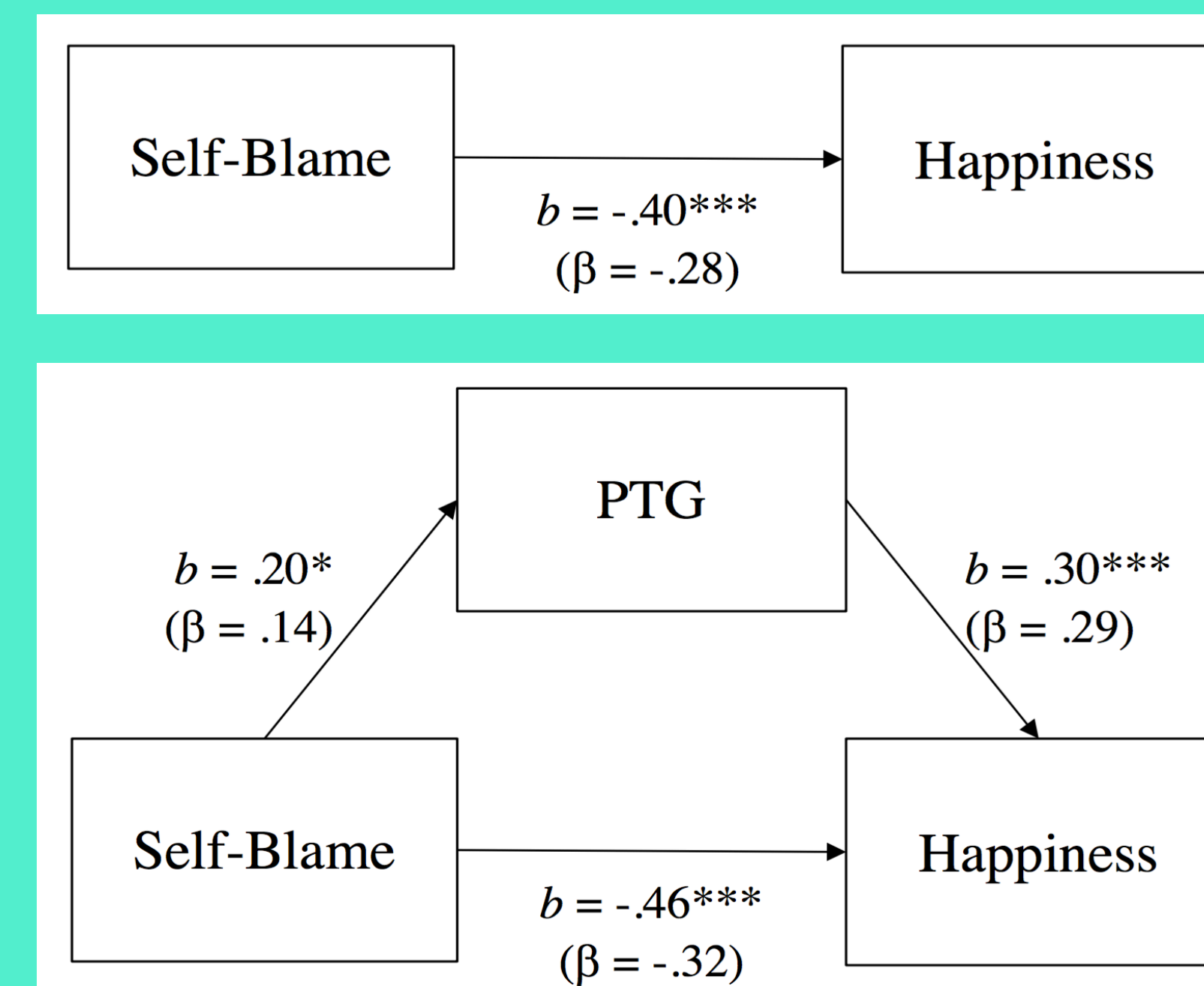
- This study use two recruitment methods: a psychology subject pool and Amazon Mechanical Turk.
- If participants reported that they had experienced SA and/or IPV since the age of 18, they were directed to a survey asking about PTG, self-blame, well-being, and disclosure of their most serious victimization.
- Upon survey completion, participants were provided with a debriefing form and a list of resources to contact for questions about SA and IPV.
- Correlation analyses and hierarchical linear regressions were conducted to explore mediation effects of PTG on self-blame and well-being outcomes, after controlling for PTSD and time since victimization.

Posttraumatic Growth and Self-blame Correlations

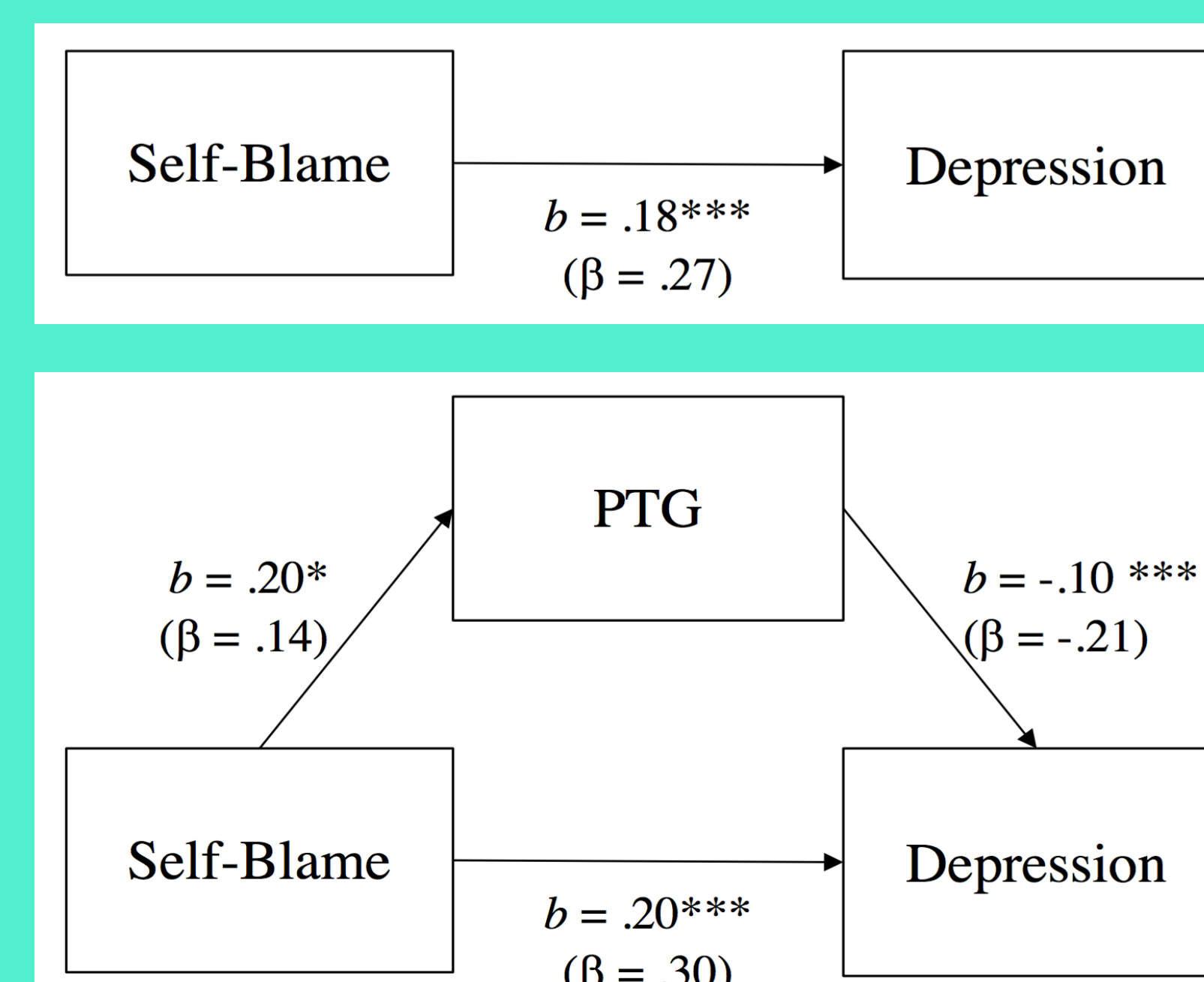
	PTG	Self-blame	PTSD	Time Since
PTG	1	-	-	-
Self-blame	.26***	1	-	-
PTSD	.36***	.41***	1	-
Time Since	-.01	-.13*	-.15**	1

$p < .05^*$, $p < .01^{**}$, $p < .001^{***}$

Mediation Pathway for Self-blame and Happiness



Mediation Pathway for Self-blame and Depression



Mediation Model Fit

Mediation Model for Happiness:

- This mediation model had a small predictive value, with $R^2 = .16$ and $F(4, 352) = 17.80$, $p < .001$.
- The indirect effect, $a*b$, was judged to be statistically significant using the Sobel (1982) test; $z = 2.33$, two-tailed $p = .02$.

Mediation Model for Depression:

- This mediation model had a small predictive value, with $R^2 = .21$ and $F(4, 352) = 24.29$, $p < .001$.
- The indirect effect, $a*b$, was judged to be statistically significant using the Sobel (1982) test; $z = -2.16$, two-tailed $p = .03$.

Conclusion & Implications for Research and Practice

- Prior research has indicated that victims of traumatic events tend to utilize negative appraisals like self-blame, while simultaneously experiencing positive personal changes or PTG (2, 3, 4, 5, 6).
- We found that greater self-blame and greater PTG were associated with higher rates posttraumatic stress. This is consistent with prior research on self-blame and PTSD, and strengthens the existing research on PTG and PTSD.
- PTG and self-blame were also positively correlated. It could be that women who engage in more self-blame after victimization may have more room to grow, and thus experience higher rates of PTG.
- Partial mediation effects suggest that even if self-blame becomes less apparent over time, individuals still may not experience increases in positive changes. Thus, posttraumatic growth only somewhat explains the impact of self-blame on health outcomes.
- For women who engage in higher rates of self-blame, it might take significantly more effort to truly recognize personal strengths and experience better health outcomes. More efforts should be made to address the direct impacts of self-blame on women's health.
- Further research should continue to explore the presence of positive outcomes in the context of interpersonal violence.

References

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