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Catherine M. Reich,¹ Judiann M. Jones,¹
Matthew J. Woodward,¹ Náthali Blackwell,¹
Leslie D. Lindsey,¹ and J. Gayle Beck¹

Abstract

This study explored whether self-blame moderates the relationship between exposure to specific types of abuse and both poor general psychological adjustment (i.e., self-esteem) and specific symptomatology (i.e., posttraumatic stress disorder [PTSD]) among women who had experienced intimate partner violence (IPV). Eighty female IPV survivors were involved in this study. Results indicated that self-blame was negatively associated with self-esteem for physical, psychological, and sexual abuse. Self-blame moderated physical abuse, such that high levels of physical abuse interacted with high levels of self-blame in their association with PTSD. Nonsignificant models were noted for psychological and sexual abuse in association with self-blame and PTSD. These findings support the conceptualization that self-blame is associated with both general and specific psychological outcomes in the aftermath of IPV. Future research examining different forms of blame associated with IPV might further untangle inconsistencies in the self-blame literature.

¹University of Memphis, TN, USA

Corresponding Author:

Catherine M. Reich, Department of Psychology, 400 Innovation Drive, University of Memphis, Memphis, TN 38152, USA.

Email: cmreich@memphis.edu

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intimate partner violence, self-blame, posttraumatic stress disorder, trauma, self-esteem

Intimate partner violence (IPV), including physical, psychological, and sexual abuse, is a serious health problem. According to the Centers for Disease Control and Prevention, over five million women are abused by their partners each year in the United States (Black et al., 2011). In addition to physical injuries, poor general psychological adjustment (e.g., low self-esteem) and specific symptomatology (e.g., posttraumatic stress disorder [PTSD]) are associated with IPV. Given the high prevalence and emotional toll associated with IPV, it is important to consider potential factors, such as self-blame (e.g., O'Neill & Kerig, 2000), that might influence psychological adjustment among IPV survivors.

The field has conceptualized IPV as involving separate forms of abuse, often occurring in combination with each other. For example, psychological abuse includes “intimidating, constant belittling, and humiliating” an individual (Krug, Dahlber, Mercy, Zwi, & Lozano, 2002, p. 89). Physical abuse is any violent act involving physical force or deliberately designed to cause physical pain (Golding, 1999), whereas sexual abuse is the use of coercion or force to compel the individual to engage in an unwanted sexual activity (Black et al., 2011).

There is often overlap within IPV relationships in the types of abuse that are experienced (Black et al., 2011). Past research has underscored the unique negative associations that various forms of abuse have with both general adjustment, such as self-esteem, and specific psychopathology, such as PTSD. IPV survivors often report lower self-esteem relative to women who have not been abused (e.g., Orava, McLeod, & Sharpe, 1996), and some evidence suggests that specific forms of abuse such as physical violence (Cascardi & O'Leary, 1992) or psychological domination (Marshall, 1999) are uniquely associated with lower self-esteem.

Additional research has examined the unique positive contributions of different types of abuse in association with PTSD. Street and Arias (2001) noted that after controlling for physical abuse, psychological abuse was a significant predictor of PTSD such that greater levels of abuse predicted more severe symptomatology. Likewise, Mechanic, Weaver, and Resick (2008) noted that psychological abuse contributed uniquely to PTSD after controlling for other types of abuse. Similar findings have been reported by Taft, Murphy, King, Dedeyn, and Musser (2005). In addition, studies have demonstrated a relationship between sexual abuse and increased PTSD severity

after controlling for other types of abuse (e.g., Bennice, Resick, Mechanic, & Astin, 2003). As such, it is important to parse exposure to specific forms of abuse in considering psychological adjustment after IPV.

Self-blame has been highlighted as especially important following interpersonal traumas such as IPV (e.g., Barnett, Martinez, & Keyson, 1996) and is defined as the process of attributing the cause of the traumatic event to one's self or past actions and accepting responsibility or fault for the event. Self-blame has long been noted among interpersonal violence survivors (Weaver & Clum, 1995) and generally is associated with a number of negative psychological experiences including shame (e.g., Lutwak, Panish, & Ferrari, 2003) and depressive symptoms (e.g., Cascardi & O'Leary, 1992). Given the range of negative reactions associated with self-blame, self-blame could moderate the association between different types of abuse and psychological outcomes, including self-esteem and PTSD. Self-blame has been linked to low self-esteem (e.g., Cascardi & O'Leary, 1992; Clements, Sabourin, & Spiby, 2004), and within the PTSD literature, self-blame is associated with greater distress (e.g., Meyer et al., 2012). Similar evidence has emerged linking self-blame to PTSD following interpersonal traumas (e.g., Moor & Farchi, 2011), including IPV (e.g., O'Neill & Kerig, 2000). As such, it is conceivable that self-blame can influence psychological functioning following physical, psychological, and sexual abuse, particularly if a woman blames herself for the abuse. Despite findings indicating an association between negative psychological adjustment and self-blame, other research has suggested that self-blame might actually be a protective factor among trauma survivors. Stemming from the theoretical framework of Janoff-Bulman (1979), researchers have proposed that greater levels of self-blame might result from attempting to view the trauma as controllable and thus preventable. For example, Koss, Figuredo, and Prince (2002) noted that among female rape victims, women who blamed their own actions for bringing about the rape also reported significantly less distress. Similar findings have emerged in other populations (e.g., Startup, Makgekenene, & Webster, 2007). Still other research has failed to detect a relationship between self-blame and PTSD (e.g., DePrince, Chu, & Annarheen, 2011). This collection of mixed findings suggests that the role of self-blame following trauma is unclear at present, despite the addition of self-blame as a symptom of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013).

In light of these mixed findings, it is possible that self-blame interacts with characteristics of trauma exposure in association with psychological adjustment. For example, it is possible that trauma survivors who had experienced greater levels of specific types of trauma exposure would report a strong positive link between self-blame and distress, whereas samples with lower

levels of exposure might show no relationship or a negative relationship between self-blame and distress. In other words, under conditions of specific traumatic experiences (e.g., psychological abuse), self-blame might be a sign of maladaptive thinking associated with distress and symptomatology but could be a potential coping mechanism for other types of interpersonal trauma (e.g., sexual trauma). Using an IPV sample predominantly recruited from local shelters, O'Neill and Kerig (2000) found that self-blame moderated the association between physical abuse and general psychological distress, such that higher levels of self-blame interacted with greater exposure to physical abuse in association with greater levels of psychological distress. It is unknown, however, whether this moderation pattern holds for more specific psychological outcomes, such as PTSD and self-esteem. The purpose of the current study was to extend the findings of O'Neill and Kerig (2000), using different psychological outcomes.

The current study examined whether self-blame moderates the relationship between exposure to physical, psychological, and sexual abuse and both general and specific forms of negative psychological adjustment in an IPV sample. Because both PTSD and low self-esteem have considerable research support as psychological outcomes of IPV, they were selected for the current investigation. Self-esteem was selected to index general problems of adjustment in the aftermath of IPV. A significant direct relationship between higher levels of self-blame and lower self-esteem was hypothesized, in keeping with related research. PTSD as measured by *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. text rev.; *DSM-IV*; APA, 2000) criteria was selected to index specific symptomatology. It was hypothesized that greater levels of self-blame would contribute to higher levels of PTSD. Moderation analyses were conducted for both self-esteem and PTSD symptoms, to determine whether self-blame moderated the impact of specific types of abuse exposure on these forms of adjustment. A moderator is a variable that influences the magnitude or direction of an effect and is examined by utilizing an interaction term in a regression model. The hypothesized moderation effect was tested by forming an interaction between an independent variable and a moderator variable (e.g., physical abuse exposure and self-blame). If a significant interaction effect is found on the dependent variable (e.g., PTSD), moderation has been demonstrated. To our knowledge, the current study is the first to examine this moderation effect with self-esteem and so, no hypothesis was made for this outcome variable. It was hypothesized that self-blame and all three forms of abuse would interact such that women experiencing higher levels of abuse and high levels of self-blame would experience more PTSD symptoms relative to women reporting lower levels of abuse and high levels of self-blame, as noted in previous research.

Method

Participants

Potential participants were women recruited from churches, advocacy centers, community centers, and college campuses. Participants were eligible if they reported a history of IPV and sought help for mental health concerns at a research clinic. Exclusion criteria included the presence of psychotic symptoms ($n = 6$), impaired cognitive functioning as assessed by the interviewer ($n = 5$), or inconsistent reporting ($n = 1$), for a total of 12 excluded participants. The final sample included 79 IPV survivors, all of whom met PTSD Criterion A (APA, 2000), as assessed by the IPV Interview (see the following section). The average age of participants was $M = 36.1$ years ($SD = 11.68$). Nine women (11.4%) reported still living with their abuser. Of the women no longer involved with their abuser, a mean of 3.58 years ($SD = 4.37$) had passed between their separation from their abuser and the assessment. Altogether, of the 79 women in the sample, 77 (97%) reported exposure to psychological abuse, 76 (96%) reported exposure to physical abuse, and 45 (57%) reported sexual abuse. Additional sample characteristics can be seen in Table 1.

Measures

IPV Interview. The IPV Interview is a semistructured clinician-administered instrument developed by the last author. The instrument assessed details about the nature of the abuse experienced and whether participants experienced a Criterion A2 response involving fear, helplessness, or horror (APA, 2000). To examine emotional response to the abuse, participants are asked to rate their emotional reactions on a Likert-type scale ranging from 0 (*not at all*) to 100 (*extremely*). A sample item includes “How certain were you that you were going to die?” Based on Beck et al. (2004), a cutoff score of 50 was used to determine whether the participant satisfied Criterion A2. All of the participants in the sample met Criterion A for PTSD, a necessary requirement for further assessment regarding PTSD symptoms.

Self-esteem. The Rosenberg Self-Esteem (RSE) scale (Rosenberg, 1989) is a 10-item self-report measure of self-esteem. Participants rate statements such as “At times, I think I am no good at all” on a 4-point scale from 3 (*strongly agree*) to 0 (*strongly disagree*). Scores range from 0 to 30 with higher values indicated greater self-esteem. The RSE has good internal consistency ($\alpha = .77-.88$; Blascovich & Tomaka, 1993). Analysis with the current sample indicated good interitem reliability for this measure ($\alpha = .92$).

Table 1. Sample Description.

	n	%
Type of intimate partner abuse experienced		
Psychological abuse only	1	1.3
Physical abuse only	1	1.3
Psychological and physical abuse	32	40.5
Psychological and sexual abuse	2	2.5
Physical and sexual abuse	1	1.3
Psychological, physical, and sexual abuse	42	53.2
Race		
Caucasian	40	50.6
African American	30	38.0
Hispanic	1	1.3
Asian	2	2.5
Other or no answer	6	7.6
Educational background		
Elementary school	2	2.5
High school	9	11.4
Attended or completed college	49	60.0
Attended or completed graduate training	19	24.1
Reported annual household income		
Below US\$10,000	16	20.3
US\$10,000 to US\$20,000	20	25.3
US\$20,000 to US\$30,000	7	8.9
US\$30,000 to US\$50,000	12	15.2
Over US\$50,000	14	17.7
Declined to respond	10	12.7

Note. Abuse type was assessed using the IPV Interview.

IPV-related PTSD. PTSD in the aftermath of IPV was assessed with the Clinician-Administered PTSD Scale (CAPS; Blake et al., 1990), a 17-item structured interview that maps onto the *DSM-IV* criteria for PTSD (APA, 2000). Participants were assessed about the frequency of a symptom (*not at all* [0] to *nearly every day* [4]) as well as its intensity (*no distress* [0] to *extreme distress* [4]). The frequency and intensity scores were summed together to form a CAPS total severity score. CAPS interview questions were anchored to survivors' IPV experiences by the content of the symptom and the temporal occurrence of the symptom. Other potentially traumatic events were screened using the Life Events Checklist (LEC; Gray,

Litz, Hsu, & Lombardo, 2004). Participants who indicated extreme life events other than IPV were questioned further for symptoms relevant to these events. Non-IPV trauma symptoms were not included in the CAPS total score.

Trained clinicians administered the IPV Interview and the CAPS. All interviews were recorded, and 28% ($n = 22$) were randomly selected and rated for interdiagnostician agreement by an independent clinician. The intra-class correlation coefficient for CAPS total scores revealed excellent inter-rater agreement ($r = .97$). Previous research has established good reliability for the CAPS total severity with alphas generally ranging from .87 to .94 (Weathers, Keane, & Davidson, 2001).

Abuse types. Three subscales of the Conflict Tactics Scale Revised Version (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), a 78-item questionnaire, were used to measure physical, psychological, and sexual abuse. For the purposes of this study, the women's report of their abuser's behavior was used. The CTS-2 was anchored to the survivor's worst abusive relationship, based on her perception. Participants rated each item on a scale from 0 (*this has never happened*) to 6 (*more than 20 times in past year*) or 7 (*not in the past year, but it did happen before*). In this report, responses on the CTS-2 were scored with a 0 (*never happened*) or 1 (*ever happened*), and the total was summed for each subscale. Physical abuse was measured by the Physical Assault subscale, which measures physical violence and includes items such as kicking and hitting. Psychological abuse was measured by the Psychological Aggression subscale, which includes behaviors such as verbal aggression or making verbal threats to harm her to nonverbal aggression such as throwing things. Sexual abuse was measured by the Sexual Coercion subscale, which includes behaviors intended to compel her to engage in unwanted sexual activity such as verbal pressure to engage in sex. These CTS-2 subscales have good internal consistency: Physical Assault ($\alpha = .86-.95$), Psychological Aggression ($\alpha = .79$), and Sexual Coercion ($\alpha = .87$; Clements et al., 2004). Analysis with the current sample indicated good interitem reliability for Physical Assault ($\alpha = .85$) and Sexual Coercion ($\alpha = .82$), although low reliability for Psychological Aggression ($\alpha = .48$). Two items were removed from this subscale as they had poor item-total correlations ("insult or swore" and "stomped out of the room or house or yard during a disagreement"). Analysis indicated that the revised 6-item subscale had reasonable interitem reliability (Cronbach's $\alpha = .57$). Past research has demonstrated good construct validity for CTS-2 subscales (Straus et al., 1996).

Self-blame. Self-blame was measured using the Posttraumatic Cognitions Inventory Self-Blame (PTCI Self-Blame; Foa, Ehlers, Clark, Tolin, & Orsillo, 1999) subscale. The 5-item self-report measure contains items such as “The event happened because of the way I acted.” Responses were anchored to self-blame regarding the IPV during the past week on a scale ranging from 1 (*totally disagree*) to 7 (*totally agree*). The Self-Blame subscale of the PTCI has good internal consistency ($\alpha = .86$; Foa et al., 1999). Analysis with the current sample indicated good interitem reliability for self-blame ($\alpha = .81$).

Procedure

Following provision of informed consent, participants were interviewed individually. The IPV Interview and CAPS were administered, after which participants completed the questionnaires. Following the assessment, participants were debriefed, provided with feedback about the results of the assessment, and provided with community referrals as needed. The Institutional Review Board approved all procedures.

Data Analytic Approach

Skew and kurtosis were examined, as were outliers and multicollinearity (Tabachnick & Fidell, 2007). One univariate outlier was found for the Psychological Aggression subscale of the CTS ($Z = -3.30$). Because the results did not vary as a function of including or excluding this value, it was included in the final analysis. All other values were within normal limits. To test whether specific forms of abuse interacted with self-blame in association with self-esteem or PTSD, a series of moderation analyses were conducted (see Aiken & West, 1991). Specifically, separate regression analyses were conducted using the PTCI Self-Blame subscale, subscales of the CTS (Physical Assault, Psychological Aggression, and Sexual Coercion), and the interaction of self-blame and the specific form of abuse as predictors of psychological adjustment. To examine specific forms of abuse (e.g., physical abuse), exposure to other forms of abuse (sexual and psychological) were controlled by entering these other forms of abuse into the model as covariates, in keeping with previous investigations (e.g., Bennice et al., 2003; Taft et al., 2005). Where significant, the nature of the interaction was examined with simple slopes analyses. The simple slopes analysis is used when the variables of a moderation analysis are continuous to clarify the direction of the interaction. Effect sizes (percentage of unique contribution to the model) are reported.

Table 2. Zero-Order Correlations, Means, and Standard Deviations of all Variables.

Variable	1.	2.	3.	4.	5.	M	SD
1. Self-Blame						3.61	1.68
2. Physical Abuse	.16					7.70	3.06
3. Psychological Abuse	.02	.54**				6.44	1.35
4. Sexual Abuse	.14	.43**	.47**			3.30	2.33
5. Self-Esteem	-.41**	-.24*	-.07	-.19		16.79	6.63
6. PTSD	.30**	.27*	.24*	.17	-.24*	26.67	20.90

Note. *N* ranges from 78 to 79. Self-Esteem = The Rosenberg Self-Esteem scale; PTSD = Clinician-Administered PTSD Scale–Total score; Abuse = Ever prevalence subscales of the Conflict Tactic Scale; Self-Blame = The Posttraumatic Cognitions Inventory Self-Blame subscale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Results

Table 2 displays the zero-order correlations, means, and standard deviations for all variables. As can be seen, physical, psychological, and sexual abuse were all negatively correlated with self-esteem and positively correlated with PTSD. Likewise, self-blame was significantly associated with self-esteem and PTSD.

Does Self-Blame Moderate Physical Abuse in Association With Self-Esteem or PTSD?

An analysis of self-blame, physical abuse, and the interaction of self-blame and physical abuse as predictors of self-esteem, controlling for sexual and psychological abuse, revealed a statistically significant model: $R^2 = .23$, $F(5, 72) = 4.18$, $p = .002$. As noted in Table 3, self-blame was a significant predictor of low self-esteem ($p < .001$), although the interaction of Self-Blame \times Abuse was not statistically significant ($p = .3$).

A similar model, including self-blame, physical abuse, and their interaction as predictors of PTSD, controlling for sexual and psychological abuse was also statistically significant: $R^2 = .17$, $F(5, 73) = 2.99$, $p = .02$. A significant effect was observed for the interaction of physical abuse and self-blame ($B = .88$, $\beta = .23$, $p = .05$). Simple slopes analysis indicated that women reporting high levels of physical abuse and high levels of self-blame were significantly more likely to report elevated levels of PTSD, relative to low self-blame ($p = .03$, see Figure 1). For IPV survivors reporting lower levels

Table 3. Standardized Regression Coefficients and Squared Semipartial Correlations (Effect Size) for Regression Analyses Predicting Self-Esteem and PTSD Using Self-Blame and Specific Types of Abuse Controlling for Other Forms of Abuse.

Variable	Self-Esteem		PTSD	
	β	sr^2	β	sr^2
Physical				
Covariates				
Psychological Abuse	.13	.01	.13	.01
Sexual Abuse	-.13	.01	.03	.00
Self-Blame	-.36***	.13	.21	.04
Physical Abuse	-.23	.03	.20	.02
Self-Blame \times Physical Abuse	-.12	.01	.23*	.05
Psychological				
Covariates				
Physical Abuse	-.20	.03	.14	.01
Sexual Abuse	-.13	.01	.00	.00
Self-Blame	-.36***	.13	.22	.05
Psychological Abuse	.13	.01	.17	.02
Self-Blame \times Psychological Abuse	.04	.00	.12	.01
Sexual				
Covariates				
Physical Abuse	-.21	.03	.15	.01
Psychological Abuse	.13	.01	.15	.01
Self-Blame	-.37***	.13	.20	.04
Sexual Abuse	-.13	.01	.01	.00
Self-Blame \times Sexual Abuse	-.00	.00	.08	.01

Note. *N* ranges from 78 to 79. Self-Esteem = The Rosenberg Self-Esteem scale, PTSD = Clinician-Administered PTSD Scale–Total score, Abuse = Ever prevalence subscales of the Conflict Tactic Scale, Self-Blame = The Posttraumatic Cognitions Inventory Self-Blame subscale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

of physical abuse, a significant relationship between self-blame and PTSD was not observed ($p = .9$).

Does Self-Blame Moderate Psychological Abuse in Association With Self-Esteem or PTSD?

A model predicting self-esteem with self-blame, psychological abuse, and the interaction of these variables while controlling for sexual and physical abuse

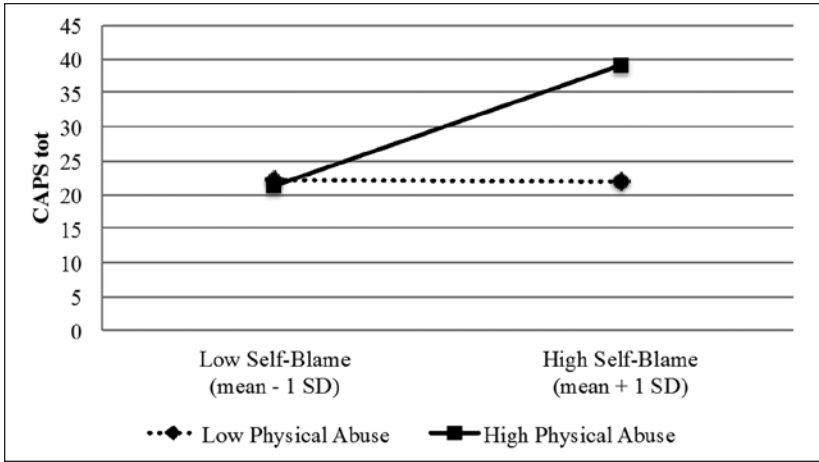


Figure 1. The interaction of self-blame with physical abuse on posttraumatic stress disorder (CAPS Total).

was also statistically significant: $R^2 = .21$, $F(5, 72) = 3.92$, $p = .003$. Self-blame was a statistically significant predictor of low self-esteem ($p < .001$), although the interaction of Self-Blame \times Abuse ($p = .7$) and the main effect of psychological abuse ($p = .4$) were not. A similar analysis was conducted to predict PTSD, but the model failed to reach statistical significance: $R^2 = .14$, $F(5, 73) = 2.29$, $p = .055$.

Does Self-Blame Moderate Sexual Abuse in Association With Self-Esteem or PTSD?

An analysis of self-blame, sexual abuse, and the interaction of self-blame and sexual abuse, adjusting for other forms of abuse, indicated a significant model for self-esteem: $R^2 = .21$, $F(5, 72) = 3.88$, $p = .004$. Once again, self-blame was a statistically significant predictor of low self-esteem ($p < .001$), whereas the interaction of Self-Blame \times Abuse ($p = .3$) and the main effect of sexual abuse ($p = .3$) were not significant. A similar model examining the unique contribution of sexual abuse to PTSD did not reach statistical significance: $R^2 = .13$, $F(5, 73) = 2.16$, $p = .07$.

Discussion

This study examined self-blame as a moderator of the association between different forms of IPV-related abuse and either self-esteem or PTSD

(according to *DSM-IV* criteria) in an IPV sample. A series of moderation analyses explored whether the association of different forms of abuse exposure (physical, psychological, and sexual) with self-esteem or PTSD varied as a function of self-blame. An interaction effect was not found for self-blame and physical abuse in association with self-esteem, although high levels of self-blame did predict low levels of self-esteem. Results indicated that high levels of physical abuse interacted with high levels of self-blame to predict higher levels of PTSD. In contrast, the model for psychological abuse indicated only a significant main effect for self-blame on self-esteem. Finally, in the model examining sexual abuse, self-blame was associated with self-esteem, but no interaction was indicated between sexual abuse and self-blame. Nonsignificant models were noted for psychological and sexual abuse in association with self-blame and PTSD. These findings build on previous research examining self-blame as it relates to both general and specific outcomes in the aftermath of IPV. Previous studies have demonstrated a negative association between self-blame and self-esteem (e.g., Cascardi & O'Leary, 1992), and the findings of the current study were consistent with these findings for all forms of abuse (physical, psychological, and sexual).

Although some researchers have suggested that self-blame might provide a buffer against distress following trauma exposure (Startup et al., 2007), higher levels of self-blame are more commonly associated with greater levels of PTSD-related distress across studies of trauma survivors. For example, in a sample of IPV survivors recruited from shelters, O'Neill and Kerig (2000) noted an interaction effect such that greater exposure to physical abuse was associated with greater levels of general psychological distress when the survivor also reported high levels of self-blame. The current study expanded on this work by examining both general and specific symptomatology and found that self-blame interacted with physical abuse in predicting PTSD; but, moderation effects were not detected for models predicting self-esteem. In the current results, it was also notable that the obtained moderation effect was unique to physical abuse and PTSD and was not observed for psychological or sexual abuse. These findings are consistent with the literature demonstrating the unique contribution of different forms of abuse in association with PTSD (e.g., Street & Arias, 2001). As such, the current study suggests that self-blame plays a specific role in the development of low self-esteem and posttraumatic stress symptoms although in different fashions.

It is important to note that self-blame has been included as a criterion for PTSD in *DSM-5* (Criterion D-3 "persistent, distorted cognitions about the cause or consequence of the traumatic event(s) that lead the individual to blame himself/herself or others"; APA, 2013, p. 272). Although the findings in this article demonstrate a robust association between self-blame and

self-esteem, the role of self-blame with regard to IPV-related PTSD appears to be more nuanced. These findings would seem to support the addition of self-blame as one of a number of negative cognitive-emotional PTSD symptoms; however, the effect was only seen when high levels of physical abuse were present. This suggests that the self-blame symptom of PTSD may vary depending on the nature of the experienced trauma.

These findings have implications for psychological treatments of IPV survivors as well. Conceptualizations of PTSD typically regard self-blame as a form of maladaptive thinking to be targeted in treatment (e.g., Resick & Schnicke, 1992). The current study is consistent with this view, suggesting treatments derived from this model might be beneficial. Future research is needed to further understand whether self-blame following a trauma is an appropriate point of intervention in therapy. Further examination of self-blame as it relates to general and specific symptomatology may help us to refine interventions that challenge self-blame cognitions.

The current study was specific to IPV-related trauma, which is considered a “complex” trauma (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005), as it involves protracted trauma exposure in the context of an interpersonal relationship. Moor and Farchi (2011) found higher rates of self-blame among individuals who had experienced complex trauma relative to individuals who had experienced single-incident traumas. Within this context, self-blame might be expected to have an especially negative impact on psychological health. For example, with regard to IPV-related trauma, the perpetrator might have used blame as a psychological weapon against the survivor in an attempt to maintain dominance and control. In addition, if a woman blames herself for the abuse, she may stay in the relationship longer perhaps believing the abuse can be prevented through a change in her future actions. Alternatively, the relationship between self-blame and psychological adjustment could be different in the context of other forms of trauma. For example, self-blame might have different impacts for individuals suffering from PTSD in the aftermath of a single-incident trauma such as a motor vehicle accident (MVA). If an MVA survivor perceives the fault of the accident as lying with other drivers, then future attempts to drive might be more anxiety provoking than an MVA survivor who blames his or her actions for the accident and, therefore, preventable in the future. It is important for the field to gain greater understanding of the impact of self-blame, particularly following different forms of trauma.

Some limitations of the current study should be noted. First, unlike previous analyses (Straus et al., 1996), the Psychological Aggression subscale of the CTS had low reliability with the current sample, most likely due to the high rate of psychological aggression reported. In addition, this study was restricted in

its sample and focus. For one, this study was limited to female survivors of IPV. Although it is estimated that IPV is perpetrated against men as often as women (Barber, 2008) and is associated with similar psychological problems (Coker et al., 2002), help seeking is lower among male survivors (Barber, 2008). Although there are recruitment challenges associated with examining male survivors, work is needed with this neglected population. Likewise, this study was restricted to IPV perpetrated against the participants and did not explore other violence in the relationship regarding self-blame. Furthermore, the role of self-blame in the aftermath of IPV could vary depending on cultural context (e.g., individualistic vs. collectivistic cultures differ with regard to perceptions of guilt, shame, and responsibility; Wong & Tsai, 2007).

The current study examined the role of self-blame in the context of specific forms of abuse in predicting both general adjustment and specific symptomatology in a sample of female IPV survivors. Self-blame was associated with self-esteem in the aftermath of IPV, but this association did not vary as a function of the level of abuse exposure (no moderation effect). Self-blame notably moderated physical abuse in predicting PTSD severity, building on previous research in this area. These findings are consistent with current therapies for trauma survivors that include a component of challenging self-blame cognitions (e.g., Resick & Schnicke, 1992). Expansion of our knowledge of self-blame in the aftermath of a trauma might contribute further to models of psychological adjustment and treatment in IPV survivors.

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References

- Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Newbury Park, CA: SAGE.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author. doi:10.1176/appi.books.9780890423349
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing doi:10.1176/appi.books.9780890425596.744053

- Barber, C. F. (2008). Domestic violence against men. *Nursing Standard, 22*, 35-39.
- Barnett, O. C., Martinez, T. E., & Keyson, M. (1996). The relationship between violence, social support, and self-blame in battered women. *Journal of Interpersonal Violence, 11*, 221-233. doi:10.1177/088626096011002006
- Beck, J. G., Coffey, S. F., Palyo, S. A., Gudmundsdottir, B., Miller, L. M., & Colder, C. R. (2004). Psychometric properties of the Posttraumatic Cognitions Inventory (PTCI): A replication with motor vehicle accident survivors. *Psychological Assessment, 16*, 289-298.
- Bennice, J. A., Resick, P. A., Mechanic, M. B., & Astin, M. (2003). The relative effects of intimate partner physical and sexual violence on posttraumatic stress disorder symptomatology. *Violence and Victims, 18*, 87-94.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/nisvs/>
- Blake, D., Weather, F., Nagy, L., Kaloupek, D., Klauminzer, G., Charney, D., . . . Buckley, C. (1990). *Clinician-Administered PTSD Scale (CAPS)*. Boston, MA: National Center for Post-Traumatic Stress Disorder, Behavioral Science Division.
- Blascovich, J., & Tomaka, J. (1993). Measure of self-esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (3rd ed., pp. 115-160). Ann Arbor, MI: Institute for Social Research.
- Cascardi, M., & O'Leary, K. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. *Journal of Family Violence, 7*, 249-259. doi:10.1007/BF00994617
- Clements, C. M., Sabourin, C. M., & Spiby, L. (2004). Dysphoria and hopelessness following battering: The role of perceived control, coping and self-esteem. *Journal of Family Violence, 19*, 25-36. doi:10.1023/B:JOFV.00000011580.63593.96
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventative Medicine, 23*, 260-268. doi:10.1016/S0749-3797(02)00514-7
- DePrince, A. P., Chu, A. T., & Annarheen, S. P. (2011). Links between specific posttrauma appraisals and three forms of trauma-related distress. *Psychological Trauma: Theory, Research, Practice, and Policy, 3*, 430-441. doi:10.1037/a0021576
- Foa, E. B., Ehlers, A., Clark, D., Tolin, D., & Orsillo, S. (1999). The Posttraumatic Cognitions Inventory (PTCI): Development and validation. *Psychological Assessment, 11*, 303-314. doi:10.1037/1040-3590.11.3.303
- Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14*, 99-132. doi:10.1023/A:1022079418229

- Gray, M. J., Litz, B. T., Hsu, J. L., & Lombardo, T. W. (2004). Psychometric properties of the life events checklist. *Assessment, 11*, 330-341. doi:10.1177/1073191104269954
- Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: Inquiries into depression and rape. *Journal of Personality and Social Psychology, 37*, 1798-1809. doi:10.1037/0022-3514.37.10.1798
- Koss, M. P., Figuredo, A. J., & Prince, R. J. (2002). Cognitive mediation of rape's mental, physical, and social health impact: Tests of four models in cross-sectional data. *Journal of Consulting and Clinical Psychology, 70*, 926-941. doi:10.1037//0022-006X.70.4.926
- Krug, E. G., Dahlber, L. L., Mercy, J. A., Zwi, A., & Lozano, R. (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization. doi:10.1016/S0140-6736(02)11133-0
- Lutwak, N., Panish, J., & Ferrari, J. (2003). Shame and guilt: Characterological vs. behavioral self-blame and their relationship to fear of intimacy. *Personality and Individual Differences, 35*, 909-916. doi:10.1016/S0191-8869(02)00307-0
- Marshall, L. L. (1999). Effects of men's subtle and overt psychological abuse on low-income women. *Violence and Victims, 14*, 69-88.
- Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2008). Mental health consequences of intimate partner abuse: A multidimensional assessment for four different forms of abuse. *Violence Against Women, 14*, 634-654. doi:10.1177/1077801208319283
- Meyer, E. C., Zimering, R., Daly, E., Knight, J., Kamholz, B. W., & Gulliver, S. B. (2012). Predictors of posttraumatic stress disorder and other psychological symptoms in trauma-exposed firefighters. *Psychological Services, 9*, 1-15. doi:10.1037/a0026414
- Moor, A., & Farchi, M. (2011). Is rape-related self blame distinct from other post traumatic attributions of blame? A comparison of severity and implications for treatment. *Women & Therapy, 34*, 447-460. doi:10.1080/02703149.2011.591671
- O'Neill, M. L., & Kerig, P. K. (2000). Attributions of self-blame and perceived control as moderators of adjustment in battered women. *Journal of Interpersonal Violence, 15*, 1036-1049. doi:10.1177/088626000015010002
- Orava, T. A., McLeod, P. J., & Sharpe, D. (1996). Perceptions of control, depressive symptomatology and self-esteem of women in transition from abusive relationships. *Journal of Family Violence, 11*, 167-186. doi:10.1007/BF02336668
- Resick, E. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology, 60*, 748-756. doi:10.1037/0022-006X.60.5.748
- Rosenberg, M. (1989). Self-concept research: A historical overview. *Social Forces, 68*, 34-44. doi:10.1093/sf/68.1.34
- Startup, M., Makgekgenene, L., & Webster, R. (2007). The role of self-blame for trauma as assessed by the Posttraumatic Cognitions Inventory (PTCI): A self-protective cognition? *Behaviour Research and Therapy, 45*, 395-403. doi:10.1016/j.brat.2006.02.003

- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*, 283-316. doi:10.1177/019251396017003001
- Street, A. E., & Arias, I. (2001). Psychological abuse and posttraumatic stress disorder in battered women: Examining the roles of shame and guilt. *Violence and Victims, 16*, 65-78.
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Boston, MA: Allyn & Bacon.
- Taft, C. T., Murphy, C. M., King, L. A., Dedejn, J. M., & Musser, P. H. (2005). Posttraumatic stress disorder symptomatology among partners of men in treatment for relationship abuse. *Journal of Abnormal Psychology, 114*, 259-268. doi:10.1037/0021-843X.114.2.259
- van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress, 18*, 389-399. doi:10.1002/jts.20047
- Weathers, F. W., Keane, T. M., & Davidson, J. R. (2001). Clinician-Administered PTSD Scale: A review of the first ten years of research. *Depression and Anxiety, 13*, 132-156.
- Weaver, T. L., & Clum, G. A. (1995). Psychological distress associated with interpersonal violence: A meta-analysis. *Clinical Psychology Review, 15*, 115-140. doi:10.1016/0272-7358(95)00004-9
- Wong, Y., & Tsai, J. (2007). Cultural models of shame and guilt. In J. L. Tracy, R. W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 209-223). New York, NY: The Guilford Press.

Author Biographies

Catherine M. Reich, MS, is a graduate student in the doctoral program in clinical psychology at the University of Memphis. She plans to pursue a research career focused on psychotherapy outcome research for adult populations. Her current interests include mechanisms of change in psychotherapy, clinical supervision and training effectiveness, psychotherapy research methodology, and the role of linguistic factors in psychotherapy. She also has research and clinical interests in trauma-exposed populations and currently assists in a randomized controlled trial for comorbid substance abuse and posttraumatic stress disorder (PTSD) for veterans returning from Iraq and Afghanistan.

Judiann M. Jones, MS, received her bachelor's in psychology from Boston University. She is currently a fourth-year doctoral student at the University of Memphis in the Clinical Psychology program where she works as a graduate assistant for an ongoing study examining the psychological consequences of domestic violence. She is a member of both the American Psychological Association (APA) and the Association of Behavioral and Cognitive Therapy (ABCT). She currently holds the position of student representative and treasurer of the ABCT Posttraumatic Stress Disorder and Trauma Special Interest Group. Her research interests include

interpersonal trauma and the psychological after-effects of experiencing a lifetime history of abuse. She also is interested in how trauma exposure effects cognitive processing.

Matthew J. Woodward, BA, is a graduate of Texas A&M University and is a current graduate student in the clinical psychology doctoral program at the University of Memphis. Prior to attending graduate school, he worked at the Veterans Administration's VISN 17 Center of Excellence for Research on Returning War Veterans in Waco, Texas. His research focuses on the relationship between interpersonal factors and trauma, including the development of PTSD. He is currently working on completing his master's thesis, which examines the ways in which social support may serve as a buffer against the negative effects of trauma exposure. In addition to regularly conducting assessments with intimate partner violence victims, he is working on manuscripts examining the longitudinal association of PTSD and social support, as well as the relationship between attachment style and social support in mental health outcomes.

Náthali Blackwell, BA, is a second-year master of social work student at The University of Memphis. She obtained her bachelors of art in psychology from Christian Brothers University. During her graduate studies, she worked primarily with domestic violence victims at various local government institutions. Her research interests include different forms of coping and their effect on adverse psychological outcomes.

Leslie D. Lindsey, MSW (candidate), is a student at the University of Memphis, Department of Social Work. Currently, she is a graduate intern with the Athena Project, a research clinic for survivors of intimate partner violence, at the University of Memphis, Department of Psychology. Her primary research interests include intimate partner violence and trauma. Previous work has included the promotion of HIV/AIDS sexual safety for survivors of domestic violence, community-based participatory action research, and urban youth development initiatives.

J. Gayle Beck, PhD, is the Lillian and Morrie Moss Chair of Excellence in the Department of Psychology at the University of Memphis. She is associate editor for *The American Psychologist* in addition to serving on five other editorial boards. She is the immediate past president of the Society of Clinical Psychology (Division 12), APA, and a past president of the ABCT. A fellow of APA and the American Psychological Society, she has contributed extensively to the literature on psychopathology of PTSD and related health and mental health disorders following interpersonal and noninterpersonal traumas, as well as the treatment literature on these disorders. Most recently, she coedited *The Oxford Handbook of Traumatic Stress Disorders*. At the University of Memphis, she heads the Athena Project, a research clinic for women who have experienced intimate partner violence.