



The Blame Game: Understanding and Addressing Predictors of Self-Blame in Sexually Abused Youth Presenting to Treatment

Kate Theimer, Jessica K. Pogue, Katie Meidlinger, Alayna Schreier, Samantha Pittenger, Mary Fran Flood, & David J. Hansen
University of Nebraska-Lincoln



Introduction

Survivors of child sexual abuse (CSA) may experience a host of negative outcomes, with several risk and protective factors associated with victim resiliency (Kendall-Tackett, Williams, & Finkelhor, 1993). Victim self-blame is a significant predictor of increased negative outcomes among sexually abused youth and is associated with greater depression, avoidance, intrusive thoughts, hyperarousal, future revictimization, and lower self-esteem (Feiring et al., 2002). Research suggests that those who complete treatment, yet engage in self-blame, will still exhibit increased negative symptomology (Lev-Wiesel, 2000).

Understanding predictors of self-blame for CSA victims is critical to addressing and changing attributions of blame in treatment. Research shows that a close relationship with the perpetrator and more severe sexual abuse (e.g., penetration) are associated with increased self-blame (Quas, Goodman, & Jones, 2003). However, research findings are split as to whether victim age or gender predict self-blame (Feiring & Cleland, 2007). Even less is known about how the negative reactions of others associate with self-blame. One study found that youth blamed by others are likely to internalize responsibility (Hunter, Goodwin, & Wilson, 1992). It is also unclear if certain traits of the victim (e.g., social behaviors) predict self-blame. As such, the purpose of this study is to investigate predictors of self-blame (child age, gender, depression, social problems, and reactions of others) in order to better understand the mechanisms of self-blame and the related psychopathology among sexually abused youth as well as to inform intervention practices.

Method

Participants

Participants were 315 sexually abused youth and their nonoffending caregivers presenting to mental health treatment at a local Child Advocacy Center. CSA victims were 80.3% female with a mean age of 11.6 years ($SD = 3.4$), and 80% identified as European American. Nonoffending caregivers were 87.3% female with a mean age of 37.06 ($SD = 7.8$), and 88.7% identified as European American. A majority of the caregivers (78%) were the victim's biological mother.

Measures

- *Children's Depression Inventory* (CDI; Kovacs, 1992) measures child-reported depression.
- *Children's Impact of Traumatic Events Scale, Revised* (CITES-R; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991) assesses the effects of sexual abuse reported by the victim. The self-blame and guilt and negative reactions by others subscales were used.
- *Child Behavioral Checklist* (CBCL; Achenbach, 2001) measures children's behavioral and emotional problems as reported by a caregiver. The social problems subscale was used.

Procedure

Project SAFE is a collaboration between the University of Nebraska-Lincoln and a local Child Advocacy Center which offers a free 12-week parallel group cognitive-behavioral treatment program to sexually abused youth and their nonoffending family members (Hubel et al., 2014). Assessment batteries were administered prior to treatment.

Table 1
Summary Statistics, Correlations, and Results from Regression Analysis

Variable	M	SD	r with self-blame	Regression weights	
				β	b
Self-Blame	5.874	4.806			
Child Age	11.382	3.264	-.024	-.051	-.081
Child Gender			-.001	.016	.182
Depression	54.573	13.490	.639***	.527	.620**
Social Problems	58.919	9.345	.437***	.174	.061*
Reactions by Others	3.742	3.927	.208***	.115	.055***

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

Results

Correlation and multiple regression analyses were conducted to examine the relationship between victim self-blame and various potential predictors. Table 1 summarizes the descriptive statistics and analysis results.

Negative reactions by others ($r = .639, p < .001$), victim depression score ($r = .437, p < .001$), and social problems ($r = .208, p = .001$) are positively and significantly correlated with the criterion, indicating that those with higher scores on these variables tend to have higher self-blame.

The multiple regression model with all five predictors produced $R^2 = .425, F(4, 216) = 31.95, p < .001$. Negative reactions by others, depression, and social problems had significant positive regression weights, indicating victims with higher scores on these scales were expected to have higher self-blame, after controlling for the other variables in the model. Child age and gender did not contribute to the multiple regression model.

Discussion

Results indicate support for several under-researched variables that predict self-blame and may contribute to symptom presentation. Past research has shown that self-blame predicts greater depression (e.g., Feiring et al., 2002), indicating a cyclic pattern of negative thoughts and feelings. The study found that children with social problems may be more likely to self-blame. These children may be lonely, teased, and have little peer social support which may contribute to poorer coping strategies. More research is needed to examine this relationship. Negative reactions by others also predicted self-blame. These reactions may include adults blaming the child for the abuse and adults believing the child is lying about the abuse. While one study found that youth blamed by others are likely to internalize responsibility and come to believe they are at fault (Hunter et al., 1992), more research is needed to examine this construct.

Given that victim self-blame is a significant predictor of increased negative outcomes, it is critical that cognitive-behavioral treatments for CSA address and change an individual's maladaptive attributions of blame. Concurrently, cognitive-behavioral conceptualizations of CSA should acknowledge attributions of blame as a possible mediating factor of child psychopathology.