5-2022

THE ROLE OF TRAUMA COPING SELF-EFFICACY AND SHAME IN THE RELATIONSHIP BETWEEN VARIANTS OF SELF-BLAME AND PSYCHOLOGICAL OUTCOMES

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THE ROLE OF TRAUMA COPING SELF-EFFICACY AND SHAME IN THE RELATIONSHIP BETWEEN VARIANTS OF SELF-BLAME AND PSYCHOLOGICAL OUTCOMES

A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

Psychological Science

by

Melody D. Robinson

May 2022

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ABSTRACT

Exposure to sexual violence is associated with deleterious mental health consequences (Campbell et al., 2009). Survivors' perceptions of self-blame can exacerbate these difficulties (Miller at al., 2007). Characterological self-blame (CSB), in particular, has been associated with negative mental health outcomes (e.g., PTSD, depression, & anxiety; Hassija & Gray, 2013; Janoff-Bulman, 1979). On the other hand, behavioral self-blame (BSB) may be more adaptive, especially when the victim believes they have control over their future behavior (Hassija & Gray, 2013). However, the underlying mechanisms that account for CSB's and BSB's impacts have not been explored and warrant further investigation. We predicted that posttraumatic shame, conceptualized as negative attributions and criticisms towards the entire self after trauma (Beck et al., 2011; Øktedalen et al., 2014) would explain CSB's maladaptive outcomes. In addition, trauma coping self-efficacy (CSE), or the perception that trauma-recovery is manageable and controllable, can protect against psychological stress and is positively related to psychological well-being (Benight et al., 2015; DeCou et al., 2019). As BSB is related to one's feelings of control, we predicted that CSE may explain BSB's adaptive value. A sample of women who reported prior exposure to sexual assault (N = 132, Mage = 38.31, SD = 12.30) completed measures of self-blame, trauma-related shame, and depression and anxiety symptoms. Trauma-related shame significantly mediated the relationship between CSB and depression (B = .09, SE = .04, 95% CI [.02, .17]), and CSB

and anxiety (B = .08, SE = .04, 95% CI [.02, .17]), but CSE did not moderate similar relationships between BSB and depression and anxiety. Trauma-related shame may be useful treatment target for individuals who blame the internal and stable aspects of themselves.

ACKNOWLEDGEMENTS

First and foremost, I would like to express my sincere gratitude to my mentor Dr. Christina Hassija for her encouragement, unwavering support, and guidance through not only my thesis project, but also my graduate career. Her belief in my abilities has been instrumental in my being able to continue my education and help future survivors. Thank you as well to my committee members Dr. David Chavez and Dr. Miranda McIntyre, my research mentor Dr. Maria Santos, and undergraduate mentor Dr. Manijeh Badiee for taking the time and effort to provide me with invaluable advice and counsel for the past few years. You all have shown me the type of professional and advocate that I hope to become one day. I am also incredibly grateful to all of my faculty and peers within the Psychology Department who have given me so much encouragement since my time at CSUSB. Your support has kept me going through my toughest days.

Finally, I would like to thank my friends and family for being supportive and patient throughout my graduate education. But most of all, thank you to my fiancée Carlyn for the innumerable times she has supported, cared, advocated, and believed in me. I could not be here without you.

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CHAPTER ONE

LITERATURE REVIEW

Impact of Sexual Violence

Sexual violence in the United States is a prevalent and pervasive issue; approximately 43.6% of women and 24.8% of men report a sexually-violent event in their lifetime, and 21.3% of women and 2.6% of men report a completed or attempted rape (Smith et al., 2018). A national self-report survey found that 26.6% of girls and 5.1% of boys experienced a form of sexual violence by either adults or younger peers by the age of 17 (Finkelhor et al., 2014). In addition, sexual violence is prevalent within the military (26.3% of women) and on college campuses, with students frequently reporting unwanted sexual contact (Fedina et al., 2018; Wilson, 2018). In brief, sexual violence among women is a pervasive traumatizing experience that can lead to harmful psychological consequences.

The relationship between sexual violence and resulting depression and anxiety among women is widely supported in the literature. Depressive symptomology following sexual assault has been reported in a number of studies (e.g., Campbell et al., 2009; Cook et al., 2013; Frank & Anderson, 1987; Moller et al., 2014) and is prevalent in survivor populations seeking trauma support (Creighton & Jones, 2012). Anxiety disorders and anxiety symptoms are frequently reported in sexual assault populations as well (Cook et al., 2013; Frank & Anderson, 1987); for instance, sexual assault early in women's educational careers predicts later anxiety (Carey et al., 2018). In an examination

between victimized and non-victimized individuals, those exposed to sexual violence reported greater instances of depression and anxiety disorders and symptoms, such as difficulties with health and mood (Choudhary et al. 2012). Although research typically examines recent instances of violence, sexual assault can also result in long-lasting negative mental health effects (e.g., PTSD, depression, anxiety), as shown in samples of older women (Cook et al., 2013). Victims may also utilize healthcare at greater rates and experience self-blame for the assault (Janoff-Bulman, 1979; Miller et al., 2007; Stein et al., 2004). Therefore, the debilitating consequences of sexual violence prompts examination of assault-related risk factors.

CHAPTER TWO

FACTORS OF SELF-BLAME, SHAME, AND COPING SELF-EFFICACY

Self-Blame

Trauma-exposed survivors who experience psychological difficulties post-trauma may harbor maladaptive cognitions and behaviors as they generate meaning from the event. For example, PTSD can persist for survivors who negatively appraise their trauma, thereby creating barriers for change (Ehlers & Clark, 2000). Negative posttraumatic cognitions and maintaining a pessimistic attributional style has been associated with greater PTSD and depressive symptomology among a variety of trauma populations (Domino et al., 2020; Gray et al., 2003). In addition, some trauma survivors that maintain internal (i.e., self-blaming) attributions of their traumatic experience can influence post-assault outcomes, and consequently, a negative cognition like self-blame can be detrimental for survivors' psychological well-being.

Self-blame has been an important focus within sexual assault literature; it is described as ascribing personal responsibility for possibly failing to maintain initial control over an assault (Janoff-Bulman, 1979; Miller et al., 2007). The permissibility of sexual assault and violence within American culture allows survivors to believe in the blamelessness of perpetrators and the blaming of themselves and their actions, the latter of which is shown to uniquely predict sexual assault revictimization over other, more general negative cognitions (Katz et al., 2010; Miller et al., 2007). In addition to the danger of revictimization, self-

blame is prevalent for those experiencing major depressive disorder (Green et al., 2013; Zahn et al., 2015) and predicts depressive symptomology in veterans (Schumm et al., 2015) and sexual assault victims (Domino et al., 2020); furthermore, self-blame predicts PTSD symptomology (Schumm et al., 2015), usually resulting when a survivor receives negative social reactions while disclosing (Hassija & Gray, 2012; Ullman et al., 2007). Hence, blaming oneself for sexual assault is a mechanism through which survivors are made vulnerable to persistent, negative psychological outcomes.

Efforts have been made to distinguish between different variants of self-blame that uniquely affect survivors. More specifically, Janoff-Bulman (1979) outlined characterological and behavioral self-blame as two variants differing in their possible maladaptive and adaptive qualities, respectively. The first type, characterological self-blame, describes attributing responsibility for an assault to the more concrete, unchangeable aspects of the self (e.g., “I am weak and stupid.”; Janoff-Bulman, 1979). Just as blaming more stable, unmodifiable factors of the self is related to greater distress (Gray et al., 2003), survivors experiencing characterological self-blame, believing their attributes are a possible cause for their assault, may be particularly vulnerable to psychological difficulties.

Characterological self-blame has been attributed to poorer mental health outcomes across most studies. Greater characterological self-blame is related to greater posttraumatic stress (Breitenbecher, 2006; Hassija & Gray, 2013), depression (Hassija & Gray, 2013; Tilghman-Osborne et al., 2008), anxiety

(Hassija & Gray, 2013), and maladaptive beliefs that, in turn, relate to greater distress (Koss et al., 2002). Characterological self-blame has also been shown to predict depression and PTSD symptom severity (Sigurvinsdottir et al., 2020) and has been negatively associated with posttraumatic growth (Ullman, 2014). Some studies hypothesize both behavioral and characterological self-blame result in poorer outcomes, but characterological self-blame has provided a unique indirect effect between negative social reactions and resulting problem drinking among survivors (Sigurvinsdottir & Ullman, 2015) and is related to greater distress (Koss et al., 2002). These outcomes are consistent with the nature of blaming one's character for an assault, as the unchanging, stable nature of personality and characteristics may make it difficult for survivors to manage negative feelings towards themselves and whether they can stop future attacks (Koss & Figueredo, 2004).

On the other hand, behavioral self-blame is described as attributing responsibility for an assault to one's behavior, actions, or decisions (e.g., "I shouldn't have gone to that party."; Janoff-Bulman, 1979). Unlike one's character, behavioral self-blame relates to more malleable, or changeable factors believed to cause their assault. Janoff-Bullman (1979) proposes that blaming one's behavior may give one a sense of control over the event, implying that the malleability of behavior, compared to unchanging personal characteristics, may allow this self-blame to serve adaptively. In other words, although the survivor is never to blame for their assault, their belief in control may be adaptive against

negative psychological outcomes by feeling less vulnerable to future trauma; the survivor may recognize and feel control over behaviors that put them at-risk, protecting themselves from being assaulted again.

Literature examining the adaptive value of behavioral self-blame are mixed. Research unsupportive of this approach show that behavioral self-blame predicts a greater chance of later revictimization (Katz et al., 2010; Miller et al., 2007) and revictimization may reinforce blaming one's behavior for subsequent attacks (Ullman & Najdowski, 2011); furthermore, it has not been shown to benefit recovery in non-victimized adolescents (Tilghman-Osborne et al., 2008). On the other hand, research supporting this approach show that behavioral self-blame is associated with lower anxiety in a sexual assault sample (Hassija & Gray, 2013) and is not associated with depression (Peterson et al., 1981). Additional evidence for survivors' perceived feelings of future avoidability and control through behavioral self-blame was exhibited by Hassija and Gray (2013) where survivors' perceptions of future avoidability served as a moderating factor between behavioral self-blame and PSTD and depression, indicating that those experiencing behavioral self-blame, but with increased perceptions of avoiding future assaults, had lesser PTSD and depression. This implies that behavioral self-blame may serve an adaptive role, but only in certain circumstances.

This logic is also supported by a few studies. Frazier and colleagues (2005) who discovered that those with greater feelings of recovery control did not socially withdraw and that withdrawal mediated the relationship between greater

behavioral self-blame and increased distress (Frazier et al., 2005); thus, those who feel they have difficulty in their recovery and adjusting their behaviors may be at greater risk of developing negative post-assault outcomes. Perceived control over recovery has also associated with greater posttraumatic growth and fewer suicide attempts (Ullman, 2014; Ullman & Najdowski, 2009). Therefore, as noted by Frazier (2003), it may be beneficial to strengthen researchers' understanding of how more present, recovery-focused attempts at control are related to both behavioral self-blame and distress. For instance, it may be that survivors who experience behavioral self-blame, but feel present control over their recovery, experience less distress compared to those who continue to focus on blaming their past behavior; in other words, belief in the malleability of behavior that affords one a sense of control may be adaptive only for those who believe in their coping efforts. Clarifying this relationship may better assist sexual assault treatment services, especially with conflicting evidence on the adaptability of behavioral self-blame (Breitenbecher, 2006; Frazier, 2003; Hassija & Gray, 2013).

Shame

One negative consequence of sexual assault, shame, might serve as a function of how characterological self-blame results in negative psychological consequences. Shame is described as a negative evaluation and interpretation of the self as a result of internal, global, and stable causes (Abramson et al., 1989; Ehlers & Clark, 1999; Tilghman-Osborne et al., 2008). In this way, one's

attribution of an event puts them at-risk for depression and feelings of hopelessness (Abramson et al., 1989). As sexual violence is a highly stigmatizing event, survivors may anticipate judgement, blaming, or rejection from others, and then turn negatively onto themselves through intense shame (Bhuptani & Messman-Moore, 2021).

Although frequently examined together in the trauma literature, the constructs of shame (judgements of the self) and guilt (judgements of a situation) are distinct; shame includes feelings of worthlessness and withdrawal, whereas guilt can include remorse towards the situation (Tangney, 1996). Shame, arguably the more self-criticizing and debilitating of the two internal attributions (Tangney, 1996), has been cited as possibly being more maladaptive (Tilghman-Osborne et al., 2008). For instance, shame is positively associated with PTSD, fears of intimacy, and depression (Andrews et al., 2002; Beck et al., 2011; Lutwack et al., 2003), and functions as a mediator between negative social reactions and PTSD symptomology (DeCou et al., 2017). Among sexual assault survivors, shame is shown to associated with greater post-trauma distress and frequently associated with self-blame, with women who blamed themselves experiencing more shame (Vidal & Petrak, 2007). As well, shame has been shown to predict greater PTSD and depression among adolescent survivors (Alix et al., 2017).

Few studies have examined the relation between characterological self-blame and shame (Lutwack et al., 2003; Tilghman-Osborne et al., 2008).

Lutwack and colleagues (2003) discovered a positive association between shame and characterological self-blame. Additionally, Tilghman-Osborne and colleagues (2008) emphasized, through a thorough analysis of shame and guilt measures in a sample of non-clinical adolescents, that shame and characterological self-blame were more associated with depressive cognitions than both guilt and behavioral self-blame, with shame serving as a stronger predictor; however, neither predicted longitudinal adaptive or maladaptive results. It is important to note, however, that Tilghman-Osborne and colleagues' (2008) and Lutwak and colleagues (2003) did not explore these relationships among sexual assault survivors or use sexual assault-specific self-blaming or trauma-specific shame measures. As shame serves as a vessel through which sexual assault survivors negatively evaluate themselves, allowing a traumatic experience to persist and maintain negative psychological effects (Ehlers & Clark, 2000), it may function as the reason why survivors experience negative outcomes as a result of characterological self-blame. This has similarly been shown among adolescent survivors, with Alix and colleagues (2017) demonstrating that the more negative, internal attributions of self-blame relate to experiences of abuse-specific shame, and thus result in psychological difficulties; this pathway has also been discussed by Bhuptani and Messman-Moore (2021), who emphasize how external and internal blame post-assault result in shame, self-judgement, and may worsen psychological difficulties. Clarifying trauma-related shame’s role in this relationship for among sexual assault populations

may improve our understanding of it as a potentially targetable variable for therapeutic intervention among those experiencing significant self-condemnation, specifically characterological self-blame, for their assault.

Self-Efficacy

In sexual assault studies, self-efficacy is defined as one's belief in their ability to engage in specific behaviors to reduce possible victimization (Walsh & Foshee, 1998). Perceived coping self-efficacy (CSE) is defined similarly, but regarding one's belief in their ability to recover from trauma; victims with lesser CSE may have difficulty 1) cognitively appraising possible threats without feeling distress, 2) managing their reactions and coping of problematic life events, and 3) controlling and regulating their thoughts against traumatic intrusions and reminders (Benight & Bandura, 2004). Benight and Bandura (2004) also note CSE's relation to social cognitive theory as an agentive process that enables survivors' resiliency and protection against adversity. Therefore, as Benight and Bandura (2004) hypothesized, CSE should serve as a mediator in trauma-distress relationships. For sexual assault distress, survivors may frequently encounter negative beliefs and thoughts about whether they can recover from the violence they experienced (e.g. being related or married to the perpetrator, drawn-out legal battles, etc.); in-fact, CSE's protective capabilities against negative mental health outcomes for sexual assault survivors, like PTSD, has been supported in the literature (Cieslak et al., 2008; DeCou et al., 2019). Greater CSE has also been shown to predict lesser PTSD and protect against

symptoms (Bosmans & van der Velden, 2015; DeCou et al., 2015), and is lower in non-treatment-seeking groups of trauma survivors and depressed individuals (Bosmans & van der Velden, 2015; Galor & Hentschel, 2012). So, there is ample evidence supporting CSE as a possible protective factor for survivors.

Few studies have examined mediators between variants of self-blame and psychological outcomes, and CSE's possible role in this relationship. Although examining women's post-abortion adjustment, Mueller and Major (1989) found a positive association between behavioral self-blame and CSE, despite also positively correlating with characterological self-blame. On the other hand, Cieslak and colleagues' (2008) reported that CSE did not mediate the relationship between self-blame and distress; however, they utilized a scale that combined the constructs of characterological and behavioral self-blame into one variable and noted this as a study limitation. Therefore, this relationship warrants further investigation before concrete conclusions about behavioral self-blame for sexual assault survivors can be made.

Recently, an updated measure of CSE was developed that specifically addresses trauma survivors' unique coping difficulties (Benight et al., 2015). Utilizing this measure alongside a self-blame measurement that more clearly distinguishes between survivors' variants of self-blame (Hassija & Gray, 2013) may help methodologically improve an investigation into the adaptability of self-blame. Tilghman-Osborne and colleagues (2008) speculated that some past measures of behavioral self-blame can be supportive or unsupportive of the

restorative, resiliency aspects of the construct, indicating that newer measures should be empirically utilized. Ultimately, as CSE conceptually relates to survivors' feelings of present control over their recovery, it may explain how behavioral self-blame can serve adaptively for survivors, unlike maladaptive characterological self-blame.

CHAPTER THREE

THE PRESENT STUDY

Purpose

The sexual assault literature has clearly outlined the negative effects of sexual assault on women's mental health (e.g., Rothbaum et al., 1992). Janoff-Bulman's (1979) proposal of characterological and behavioral self-blame warrants further investigation in order to effectively target mechanisms through which they serve. This study aims to support Janoff-Bulman's (1979) theory of the maladaptive qualities of characterological self-blame by examining its association with negative psychological outcomes (i.e., depression and anxiety), as typically supported in previous literature; in addition, examining shame's mediating role will strengthen our understanding of characterological self-blame's relationship to distress. Furthermore, this study aims to support Janoff-Bulman's (1979) theory of the possible adaptive ability of behavioral self-blame by examining its possible association with reduced negative psychological outcomes (i.e. depression and anxiety) through the use of updated measures, and by investigating whether survivors' trauma coping self-efficacy serves any role for better adjustment after an assault.

The purpose of the present study is to examine the role of shame and trauma coping self-efficacy in the relationship between variants of self-blame and their psychological outcomes (i.e., depression and anxiety). We aim to build upon previous work and provide a clearer answer to these relationships within a

sample of cisgendered female survivors of sexual-assault. If characterological self-blame speaks to survivors' negative evaluation of themselves as a cause of their assault (e.g., Janoff-Bulman, 1979), shame may further define how characterological self-blame results in more negative post-assault outcomes. Therefore, we hypothesize that greater characterological self-blame will be associated with greater depression and anxiety symptoms, and shame will mediate the relationship between characterological self-blame and depression and anxiety symptoms. Additionally, if behavioral self-blame speaks to survivors' feelings of control and future avoidability of revictimization (e.g. Hassija & Gray, 2013), CSE may explain why, or for whom, it may be useful in recovery. Therefore, we hypothesize that greater behavioral self-blame will be associated with decreased depression and anxiety symptoms, and trauma coping self-efficacy will mediate the relationship between behavioral self-blame and depression and anxiety symptoms. However, as previous researchers have discovered a moderating effect of future avoidability in a similarly investigated relationship (e.g. Hassija & Gray, 2013), we hypothesize that if behavioral self-blame has no relation to or is positively associated with greater depression and anxiety, as has been reported in some studies (e.g. Tilghman-Osborne et al., 2008), trauma coping self-efficacy will have a moderating effect on behavioral self-blame and psychological outcomes.

Method

Participants

Women over the age of 19 were recruited from the United States general population using Prolific's participant recruitment system. After conducting a power analysis, it was determined that to reach 0.9 statistical power, a small effect size, and $p < .05$ using four predictors, around 98 participants were required; therefore, we recruited 132 participants who had a previous history as the victim of a sexual crime, and only having experienced it past the age of fourteen. Only those who met criteria of having experienced an unwanted sexual event were recruited for this study.

All participants identified as female ($N = 132$, $M_{age} = 38.31$, $SD = 12.30$) and currently residing in the United States. Most identified as Caucasian ($n = 102$; 77.3%) and not Hispanic ($n = 120$; 90.9%). The majority of participants identified as either heterosexual ($n = 92$; 69.7%) or bisexual ($n = 25$; 18.9%). In regard to marital status, participants mostly reported being single ($n = 35$; 26.5%), married ($n = 47$; 35.6%), or living with a significant other ($n = 26$; 19.7%). Most participants' highest level of completed education was a bachelor's degree ($n = 54$; 40.9%) and most reported full-time employment ($n = 68$; 51.5%).

Materials

Demographic information was collected including participants' age, sexuality, ethnicity, marital status, education, and employment status.

Life Events Checklist - 5 (LEC; Weathers et al., 2013). The LEC-5 is a 17-item checklist that measures the direct experience of a traumatic event experienced throughout one's lifetime. The items pertaining to this study are: *Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm),* and *Other unwanted or uncomfortable sexual experience*. This measure will be used to screen for participants with a history of sexual assault (Weathers et al., 2013). Previous research by Gray and colleagues (2003) has determined good psychometric properties of this scale.

Measure of Self-Blaming Attributions (MSA; Hassija & Gray, 2013). The MSA is a 40-item measure that assesses characterological and behavioral self-blame within sexual assault populations. On a 5-point Likert scale ranging from 1 (*not at all true*) to 5 (*completely true*), this scale measure's victims' beliefs in the possible causes of their assault. Items include "I didn't lock my windows/doors" (i.e., behavioral self-blame) and "I am irresponsible" (i.e. characterological self-blame). Previous Cronbach alpha scores for this scale are α = .80 for characterological self-blame (Hassija & Gray, 2013). The MSA was developed to address deficiencies in previous self-blame measures (i.e., a single item that represents two constructs, inaccurate representations of both self-blame constructs). In the present study, both subscales showed good reliability (α = .93 each), and questions were alternated between subscales.

Depression, Anxiety, Stress Scale – 21 Items (DASS; Lovibond & Lovibond, 1995). The DASS-21 is a 21-item scale that measures depression,

anxiety, and stress through feelings such as hopelessness, skeletal muscle effects, agitation, and impatience. This measure consists of 3 subscales that uniquely score each emotional state, with seven items measuring depression (α = .93) and seven items measuring anxiety (α = .84) used for this study. The DASS-21 utilizes a 4-point Likert scale ranging from 0 (*did not apply to me at all*) to 3 (*applied to me very much or most of the time*). Items include “I felt that I was using a lot of nervous energy” and “I felt down-hearted and blue”. Studies examining internal consistency for this measure have determined cross-cultural efficiency, good internal consistency for all three factors (i.e., between .70 and .90), and good psychometric properties, including in research on sexually-abused individuals (Antony et al., 1998; Caravaca Sánchez et al., 2019; Gloster et al., 2008).

Trauma-Related Shame Inventory (TRSI; Øktedalen et al., 2014). The TRSI is a 24-item measure (α = .97) that assesses external and internal shame following a traumatic event. The TRSI utilizes a 4-point Likert scale ranging from 0 (*not at all correct about me*) to 3 (*completely correct about me*). Sample items include “I am ashamed of myself because of what happened to me” and “As a result of my traumatic experience, there are parts of me that I want to get rid of”. Previous work has produced a Cronbach alpha score of α = .96 in a sample of sexual assault victims (DeCou et al., 2019).

Trauma Coping Self-Efficacy Scale (CSE-T; Benight et al., 2015). The brief version of this scale is a 9-item measure of one’s perceived ability to cope

with trauma (Benight et al., 2015). The CSE-T utilizes a 7-point Likert scale ranging from 1 (*not at all capable*) to 7 (*totally capable*). Sample items include "Get my life back to normal" and "Manage distressing dreams or images about the traumatic experience". This measure has demonstrated high internal consistency in samples of disaster survivors (α = .91), college students (α = .87), and sexual assault victims (α = .90; Benight et al., 2015; DeCou et al., 2019). Our sample showed good internal consistency on this scale (α = .90).

Procedure

Participants recruited from Prolific completed an online survey through the survey host Qualtrics. After signing an online informed consent, participants' specific history of sexual victimization (i.e., using questions 8 & 9 to assess experiences: *sexual assault [rape, attempted rape, made to perform any type of sexual act through force or threat of harm],* and *other unwanted or uncomfortable sexual experience*) was collected using the LEC-5. As Prolific has options to screen for those who have experienced a sexual crime, all participants were included for the full survey. Next, participants answered basic demographic questions including their age, sexuality, ethnicity, marital status, education, and employment status. Participants completed the five measures and lastly were debriefed with online resources for support (e.g., hotlines and resource database). This study was approved by the California State University, San Bernardino Institutional Review Board, IRB-FY2021-8.

CHAPTER FOUR

RESULTS

Descriptive Analyses

Reliability for all measures was strong, with Cronbach alpha scores above 0.80. For the DASS measure, participants' mean depression score was 17.86 (*SD* = 12.90) and mean anxiety score was 13.36 (*SD* = 10.00). Mean scores for other measures were as follows: characterological self-blame (*M* = 40.12, *SD* = 16.76), behavioral self-blame (*M* = 41.54, *SD* = 14.31) trauma-related shame (*M* = 7.73, SD = 12.52), and trauma-coping self-efficacy (*M* = 42.92, *SD* = 11.96).

Correlational Analyses

Pearson's *r* analyses were used to examine the relationships between characterological self-blame, depression and anxiety, and trauma-related shame. Characterological self-blame was significantly positively correlated with greater depression scores, ($r = .267$, $p < .01$), but not significantly correlated with greater anxiety scores, ($r = .166$, $p = .057$). Characterological self-blame was also significantly positively associated with greater trauma-related shame, ($r = .488$, $p < .001$). Depression and anxiety scores were significantly positively associated with greater trauma-related shame ($r = .283$, $p < .01$ and .306, $p < .001$, respectively).

Pearson's *r* analyses were also used to examine the relationships between behavioral self-blame, depression and anxiety, and trauma-coping self-

efficacy. Behavioral self-blame was positively associated with greater depression (r = .225, p < .01) and greater anxiety scores (r = .276, p < .01), but not significantly associated with trauma-coping self-efficacy (r = -.033, p = .706).Trauma-coping self-efficacy was significantly negatively associated with both depression and anxiety (r = -.446, p < .001 and -.315, p < .001, respectively).

Mediation Analyses

For our mediational hypotheses, we expected to find two significant indirect effects through PROCESS (Hayes, 2013; Model 4) in SPSS in that greater characterological self-blame scores would predict greater depression and anxiety scores, and trauma-related shame would mediate these relationships. Firstly, characterological self-blame was examined to predict depression scores, with shame as a mediator. Our hypothesized indirect effect was statistically significant (B = .09, SE = .04, 95% CI [.02, .18]), as our confidence interval did not cross zero. Second, characterological self-blame was examined to predict anxiety scores, with shame as a mediator. Our hypothesized indirect effect was statistically significant (B = .08, SE = .04, 95% CI [.02, .16]), as our confidence interval did not cross zero.

Moderation Analyses

No direct effect of greater behavioral self-blame scores on lower depression and anxiety was found; thus, we explored two moderation

hypotheses using PROCESS model 1 in SPSS ver. 26. More specifically, we expected to find a significant moderating effect of trauma coping self-efficacy on the relationship so that greater behavioral self-blame will predict greater depression and anxiety for those with lesser trauma coping self-efficacy, and greater behavioral self-blame will predict lesser depression and anxiety for those with greater trauma coping self-efficacy scores.

First, we examined whether trauma coping self-efficacy served as a moderating variable between behavioral self-blame and depression scores. Our hypothesized moderation was not statistically significant, b = .003, $t(128)$ = .472, p = .638, 95% CI [-.009, .014]. Second, we examined whether trauma coping self-efficacy served as a moderating variable between behavioral self-blame and anxiety scores. Our hypothesized moderations was not statistically significant, b = .002, $t(128)$ = .621, p = .536, 95% CI [-.006, .012].

CHAPTER FIVE

DISCUSSION

The purpose of the present study explored two directions: to examine characterological self-blame's relationship to greater anxiety and depression through the mechanism of shame, and to examine behavioral self-blame's relationship to lesser anxiety and depression through trauma coping self-efficacy. With significant mediation results, our finding demonstrates the importance of shame as a variable through which characterological self-blame associates with greater anxiety and depression. This extends upon previous research exhibiting the maladaptive consequences of both characterological self-blame and trauma-related shame while contributing to the few studies jointly exploring these variables within a sexual assault sample. However, our nonsignificant findings of trauma coping self-efficacy failing to serve as a moderator for behavioral self-blame shows it does not serve a useful role through a survivor's perceived ability to recover, and other routes should be explored.

Other examinations into self-blame among traumatized samples, including younger and adult assaulted individuals, have shown how self-blame is predictive of greater PTSD, depression, and suicidal ideation (Alix et al., 2017; Domino et al., 2020; Ullman & Najdowski, 2009). Uniquely, this study focused on characterological self-blame among adult women who reported a history of sexual assault; blaming one's character can have particularly damaging

influences on one's recovery post-trauma (Sigurvinsdottir et al., 2020). Our results partially support Janoff-Bulman's (1979) theory of characterological self-blame through a significant association between self-blame and greater depressive scores. This is consistent with previous studies (Hassija & Gray, 2013; Tilghman-Osborne et al., 2008), as survivors' appraisal of their assault lends to psychological difficulties in managing distress and depression (Domino et al., 2020; Janoff-Bulman, 1979). However, our nonsignificant association between self-blame and anxiety differs from some previous research; assumedly, ascribing responsibility of one's assault to their unchanging sense of character should elicit feelings of uncontrollability and subsequent anxiety (Hassija & Gray, 2013). We utilized a sample of women with mixed sexual violence experiences varying across time points that included a majority of survivors experiencing the violence greater than five years ago; previous research has shown that psychological distress and anxiety reduces over time (MacGregor et al., 2019), which may explain the lack of association between this variant of self-blame and greater anxiety.

Like previous studies, our findings exhibited a significant association between greater trauma-related shame and depression and anxiety (Alix et al., 2017; Bhuptani and Messman, 2021). We additionally demonstrate that shame serves as a mechanism through which survivors who blame their character experience greater depression and anxiety. Some have found significant associations between characterological self-blame and shame (Tilghman-

Osborne et al., 2008) and theorized that shame has increasingly become an important variable for consideration alongside self-blame and distress (Bhuptani and Messman, 2021); our results confirm that these negative internal attributions, through the self-condemnation of shame, result in psychological difficulties post-trauma (Alix et al., 2017). Additionally, shame has previously been shown to indirectly affect the relationship between an assault severity and suicidality (DeCou et al., 2018), positing it as a variable through which the meaning made post-assault can lead to recovery difficulties. Survivors' post-assault experiences vary, but many face victim-blaming narratives from informal and formal sources and broader society (Ahrens, 2006) and thus can experience considerable shame when their assault experience differs from expectation, like being revictimized (Vidal & Petrack, 2007). As survivors encounter numerous factors which may foster trauma-related shame, it should continue to be targeted for empirical investigation among sexually assaulted women and for therapeutic purposes, especially among women who criticize their own character.

In addition to the importance of confirming trauma-related shame's role between characterological self-blame and depression and anxiety, our results have implications for efforts exploring therapeutic intervention to reduce both self-blame and shame among survivors. One promising treatment avenue for assault survivors and other trauma-exposed individuals experiencing shame is self-compassion. Reduced self-compassion has been shown to associate with both PTSD and depression and is posited as a mechanism through which shame

lends to psychological difficulties; as characterological self-blame and shame can foster a judgmental and self-critical lens of oneself post-trauma, self-compassion can instead introduce a kinder approach towards oneself and thus reduce negative psychological outcomes (Bhuptani & Messman, 2021). Compassion-based therapies have shown reductions in both trauma-related shame and PTSD so far (Au et al., 2017). Therefore, as our findings emphasize the importance of shame in post-assault recovery among women survivors, future research in the realm of self-compassion and its role in reducing trauma-related shame could strengthen its use for those experiencing great stigma and shame from their assault.

Our second direction of research was to examine behavioral self-blame's relationship to depression and anxiety and the possible moderating role of trauma coping self-efficacy. Contrary to the adaptability hypothesis of this variant, behavioral self-blame was associated with greater psychological distress, and trauma coping self-efficacy did not moderate either relationship. Experiences of behavioral self-blame have been associated with reduced anxiety symptoms as they ascribe responsibility to their more controllable actions (Hassija & Gray, 2013), unlike the present study's findings that confirm the maladaptive quality of blaming one's behavior for their assault. On the other hand, trauma coping self-efficacy was shown to be negatively associated with depression and anxiety, confirming previous research as to the benefit of believing in one's ability to recover post-trauma (Cieslak et al., 2008; DeCou et al., 2019). Although studies

have exhibited mixed results as to behavioral self-blame's adaptability, multiple findings are clear as to the benefit of survivors' feelings of avoidability and belief in their ability to recover regardless (Benight et al., 2015; Ullman, 2014); thus, treatment and intervention efforts may be best suited to simultaneously steer survivors away from feelings of self-blame while encouraging present recovery and control beliefs and behaviors.

Despite contributions to the further study of trauma-related shame and characterological self-blame, this study is not without limitations. Firstly, this study utilized cross-sectional, self-report data thereby excluding any causal interpretations and clinician assessment. Additionally, this data was collected during a unique historical period, the COVID-19 pandemic, and thus depression and anxiety scores may have been inadvertently influenced by the unique stress of the virus throughout the United States. Future research should utilize similar scales and attempt to replicate findings post-pandemic. Due to power limitations, this sample did not exclude those who had been assaulted more than five years ago; although research has shown than women experience negative psychological consequences due to sexual assault even years later (Cook et al., 2013), a direct link between the assault and consequent depression and anxiety cannot be made.

A strength of this study was its utilization of a non-university sample leading to a greater variability in ages and experiences compared to a college sample, but the homogeneity in participants' race and sexuality (i.e., white and

heterosexual) means that our results are not fully generalizable to the U.S. population. Different results may appear among racial and sexual minority women, and so future research should investigate experiences of self-blame and trauma-related shame among these groups.

Characterological and behavioral self-blame can be a debilitating experience among women, many of whom already face external blame and forced responsibility for their own assault. While these forms of self-blame have been presented as a challenge for survivors for a few decades (Janoff-Bulman, 1979), this study is among the few to continue investigating their relationship to psychological distress, and the mechanisms that serve to worsen that distress. Trauma-related shame has been increasingly shown to worsen the development of psychological outcomes among trauma survivors, and in our study, had an indirect effect between characterological self-blame and distress. Continuing to assess and investigate trauma-related shame among sexual assault survivors will progress treatment and intervention efforts that aim to improve outcomes and help survivors cope with a stigmatizing and judgmental society. In addition, professionals should approach both characterological and behavioral self-blame as maladaptive appraisals of sexual violence and seek to shift blame away from survivors while promoting their sense of coping and control. Factors like self-compassion should continue to be examined as a way to reduce feelings of shame and resulting psychological distress, overall combating external and

internal sources of blame and shame; this may develop improved approaches that foster nonjudgmental and more compassionate recovery.

Table 1. Demographic and measure descriptions of the sample (*N* = 132).

Variable	M(SD)	n(%)	Range
Age	38.31(12.30)	132(100)	19-81
Racial background			
Caucasian		102(77.3)	
Asian (Asian American)		5(3.8)	
African American (Black)		14(10.6)	
American Indian or Alaskan Native		3(2.3)	
Native Hawaiian/Pacific Islander		2(1.5)	
Hispanic or Latino American		2(1.5)	
Other		4(3.0)	
Ethnic background			
Hispanic		10(7.6)	
Not Hispanic		120(90.9)	
Sexual orientation			
Heterosexual		92(69.7)	
Bisexual		25(18.9)	
Lesbian		4(3.0)	
Pansexual		4(3.0)	
Other		7(5.3)	
Marital status			
Single		35(26.5)	
In a Committed Relationship		9(6.8)	
Living with a significant other		26(19.7)	
Married		47(35.6)	
Divorced or Widowed		15(11.4)	
Trauma history			
Sexual assault (i.e., attempt to rape, made to perform any type of sexual act through force or threat of harm)		115(87.1)	
Other Unwanted or uncomfortable sexual experience		126(95.5)	
Time since event			
Less than 5 years ago		31(23.5)	
More than 5 years ago		101(76.5)	
Measure Ranges			
Anxiety	13.36(9.99)		0-42
Depression	17.86(12.91)		0-42
Behavioral Self-Blame	41.54(14.31)		20-75
Characterological Self-Blame	40.12(16.76)		20-92
Trauma-Related Shame	7.73(12.52)		0-67
Coping Self-Efficacy	42.92(11.96)		9-63

Table 2. Pearson correlations between depression symptoms, anxiety symptoms, characterological self-blame, behavioral self-blame, trauma-related shame, and trauma coping self-efficacy (*N* = 132).

Variable	Depression Symptoms	Anxiety Symptoms	CSB	BSB	Shame	CSE
Depression						
r	1.00					
Anxiety						
r	.719**	1.00				
CSB						
r	.267**	.166	1.00			
BSB						
r	.225**	.276**	.650**	1.00		
Shame						
r	.306**	.283**	.488**	.361**	1.00	
CSE						
r	-.315**	-.446**	-.306**	-.033	-.425**	1.00

*$p < .05$, **$p < .001$. CSB = Characterological Self-Blame, BSB = Behavioral Self-Blame, CSE = Trauma Coping Self-Efficacy

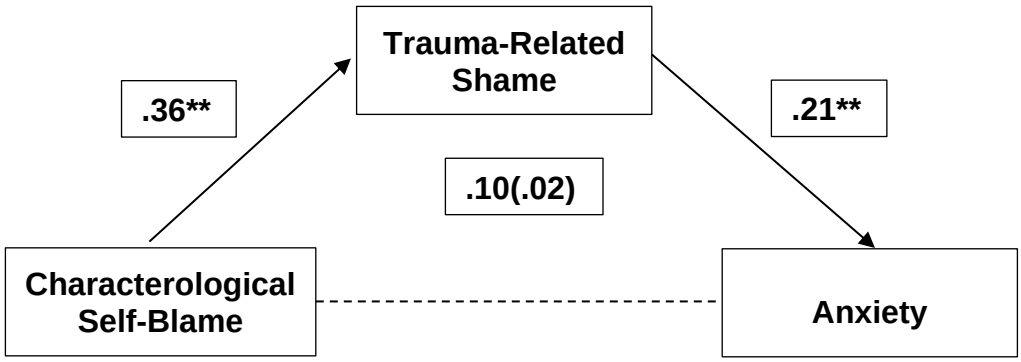

Figure 1. Unstandardized regression coefficients for the relationship between characterological self-blame and anxiety scores as mediated by trauma-related shame. The unstandardized regression coefficient between characterological self-blame and anxiety, controlling for trauma-related shame, is in parentheses. *p < .05, **p < .01.

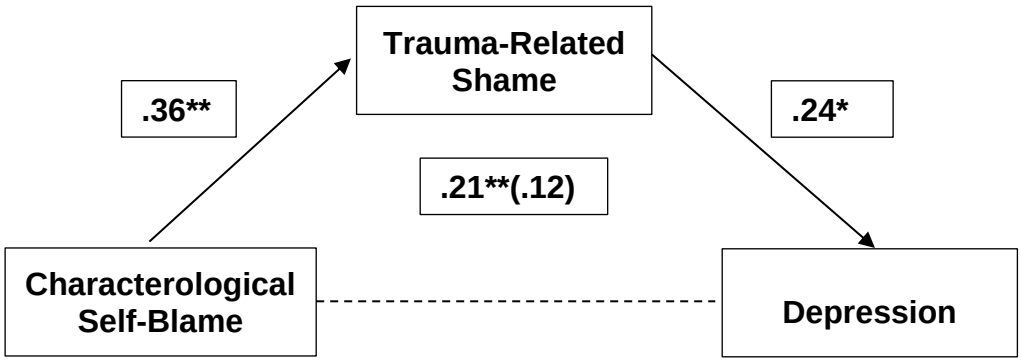

Figure 2. Unstandardized regression coefficients for the relationship between characterological self-blame and depression scores as mediated by trauma-related shame. The unstandardized regression coefficient between characterological self-blame and depression, controlling for trauma-related shame, is in parentheses. *$p < .05$, **$p < .01$.

APPENDIX A

INFORMED CONSENT

Consent to Participate in Research

PROJECT TITLE: Sexual Assault Experiences and Coping

APPROVAL STATEMENT

This study is conducted by Melody Robinson (005935523@coyote.csusb.edu) under the supervision of Dr. Christina Hassija (chassija@csusb.edu), Associate Professor of Psychology at California State University, San Bernardino (CSUSB). This study is approved by the California State University, San Bernardino Institutional Review Board. The University requires that you give your consent before participating in this study.

DESCRIPTION

Individuals who experience trauma may experience difficulty coping or managing their emotions afterwards. The purpose of this study is to investigate how aspects of coping following exposure to sexual victimization impact a person's emotional well-being following trauma. Participation in this study should take approximately 30 minutes. You will be asked to complete surveys about your experiences with stressful life experiences, emotional difficulties, and how you have coped with a prior experience of sexual victimization.

PARTICIPATION & WITHDRAWAL

Your participation in the research is completely voluntary. You are free to withdraw your participation at any time during the study, or refuse to answer any specific question, without penalty or withdrawal of benefit to which you are otherwise entitled. If you choose to withdraw during the study, you will be compensated for the time you provided. If you choose to participate, we will be asking you to complete a survey which will take approximately 30 minutes to complete. The results will be analyzed by the student researcher under the supervision of Dr. Christina Hassija.

RISKS AND BENEFITS

Although you will be compensated for your participation, you will not experience any direct personal benefit by participating in this survey. Risk by participating in this study, if you experience any, will be minimal. Possible risks include short-term emotional distress resulting from recalling any past distress or stressful life experiences while taking this survey, although psychological harm is unlikely to result from your participation. If needed, counseling resources will be provided at the end of the survey or at the end of your participation.

CONFIDENTIALITY

We will not be collecting any identifying information from you, and therefore your answers will not be tied to you in any way. Your anonymous responses will be kept in a password protected computer within the possession of Dr. Christina

Hassija, and data will be destroyed five years after collection. At the conclusion of this study in Spring 2021, you may contact Dr. Christina Hassija at chassija@csusb.edu to receive a report on our findings. Responses collected from this study will be used for presentation and publication purposes, but all of the responses will remain anonymous and no individual data will be reported.

CONTACT INFORMATION

If you have any questions or concerns regarding this study, please feel free to contact Dr. Christina Hassija, Associate Professor of Psychology (chassija@csusb.edu). You can also contact the Institutional Review Board Committee of California State University, San Bernardino at csusb.edu/institutional-review-board.

By clicking down below, I acknowledge that I have been informed about and understand the nature and purpose of this study. I freely consent to participate. I also acknowledge that I am at least 18 years of age.

APPENDIX B

LIFE EVENTS CHECKLIST

Life Events Checklist
Weathers et al., 2013

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (1) it happened to you personally or (0) it did not happen to you. Be sure to consider whether these events happened within the **last 5 years** as you go through the list of events.

1. Natural disaster (i.e., flood, hurricane, tornado, earthquake).
   0 1

2. Fire or explosion.
   0 1

3. Transportation accident (i.e., car accident, boat accident, train wreck, plane crash).
   0 1

4. Serious accident at work, home, or during a recreational activity.
   0 1

5. Exposure to toxic substance (i.e., dangerous chemicals, radiation).
   0 1

6. Physical assault (i.e., being attacked, hit, slapped, beaten up, kicked).
   0 1

7. Assault with a weapon (i.e., being shot, stabbed, threatened with a knife, gun, bomb).
   0 1

8. Sexual assault (i.e., attempt to rape, made to perform any type of sexual act through force or threat of harm).
   0 1

9. Other unwanted or uncomfortable sexual experience.
   0 1

10. Combat or exposure to a war zone (in the military or as a civilian).
    0 1

11. Captivity (i.e., being kidnapped, abducted, held hostage, prisoner of war).
    0 1

12. Life threatening illness or injury.
    0 1

13. Severe human suffering.

0 1

14. Sudden, violent death (i.e., homicide, suicide).
0 1

15. Sudden, unexpected death of someone close to you.
0 1

16. Serious injury, harm, or death you caused to someone else.
0 1

17. Any other stressful event or experience. Please specify:
_____

a) Which was the WORST event? _____

b) Did this event happen within the last 5 years?
YES (1) NO (2)

c) Did you experience extreme fear, helplessness, or horror during this event?
YES (1) NO (2)

APPENDIX C

MEASURE OF SELF-BLAMING ATTRIBUTIONS

Measure of Self Blaming Attributions
Hassija & Gray, 2013

Please indicate the extent to which you perceive each item explains what contributed to the cause of your **sexual assault**.

1. I ignored my feeling that something was wrong or that I was in trouble.

Not At All True				Completely True
1	2	3	4	5

2. I drank too much or got too high.

Not At All True				Completely True
1	2	3	4	5

3. I made out with him/her.

Not At All True				Completely True
1	2	3	4	5

4. I didn't scream.

Not At All True				Completely True
1	2	3	4	5

5. I flirted and/or teased him/her.

Not At All True				Completely True
1	2	3	4	5

6. I went back to his/her apartment (house or room) or my apartment (house or room) with him/her.

Not At All True				Completely True
1	2	3	4	5

7. I didn't run away.

Not At All True				Completely True
1	2	3	4	5

8. I was alone with him/her.

Not At All True				Completely True
1	2	3	4	5

9. I was dressed seductively.

Not At All True				Completely True
1	2	3	4	5

10. I didn't communicate clearly enough with him/her.

Not At All True				Completely True
1	2	3	4	5

11. I didn't say no.

Not At All True				Completely True
1	2	3	4	5

12. I was out alone at night.

Not At All True				Completely True
1	2	3	4	5

13. I accepted a date with someone I didn't know.

Not At All True				Completely True
1	2	3	4	5

14. I didn't resist.

Not At All True				Completely True
1	2	3	4	5

15. I didn't lock my windows/doors.

Not At All True				Completely True
1	2	3	4	5

16. I didn't tell my friends or family where I was going.

Not At All True				Completely True
1	2	3	4	5

17. I didn't have a weapon or mace.

Not At All True				Completely True
1	2	3	4	5

18. I didn't know how to say no.

Not At All True				Completely True
1	2	3	4	5

19. I was somewhere where I shouldn't have been.

Not At All True				Completely True
1	2	3	4	5

20. I didn't leave or go home when I should have.

Not At All True				Completely True
1	2	3	4	5

21. I am a bad person.

Not At All True				Completely True
1	2	3	4	5

22. I am stupid.

Not At All True				Completely True
1	2	3	4	5

23. I got what I deserved.

Not At All True				Completely True
1	2	3	4	5

24. I am weak.

Not At All True				Completely True
1	2	3	4	5

25. I am reckless.

Not At All True				Completely True
1	2	3	4	5

26. I am naïve.

Not At All True				Completely True
1	2	3	4	5

27. I have poor judgement.

Not At All True				Completely True
1	2	3	4	5

28. I am a poor judge of character.

Not At All True				Completely True
1	2	3	4	5

29. I am unassertive.

Not At All True				Completely True
1	2	3	4	5

30. I am irresponsible.

Not At All True				Completely True
1	2	3	4	5

31. I am a careless person.

Not At All True				Completely True
1	2	3	4	5

32. I am too trusting.

Not At All True				Completely True
1	2	3	4	5

33. I am passive.

Not At All True				Completely True
1	2	3	4	5

34. I am the type of person that attracts rapists.

Not At All True				Completely True
1	2	3	4	5

35. I am the victim type.

Not At All True				Completely True
1	2	3	4	5

36. I am a gullible person.

Not At All True				Completely True
1	2	3	4	5

37. I am a vulnerable person.

Not At All True				Completely True
1	2	3	4	5

38. I am unable to take care of myself.

Not At All True				Completely True
1	2	3	4	5

39. I am an unlucky person.

Not At All True				Completely True
1	2	3	4	5

40. I am incompetent.

Not At All True				Completely True
1	2	3	4	5

APPENDIX D

THE DEPRESSION, ANXIETY, STRESS SCALE

The Depression, Anxiety, and Stress Scale
Lovibond & Lovibond, 1995

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you at the time you experienced the traumatic event. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1. I found it hard to wind down.
0 1 2 3

2. I was aware of dryness of my mouth.
0 1 2 3

3. I couldn't seem to experience any positive feeling at all.
0 1 2 3

4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).
0 1 2 3

5. I found it difficult to work up the initiative to do things.
0 1 2 3

6. I tended to over-react to situations.
0 1 2 3

7. I experienced trembling (e.g. in the hands)
0 1 2 3

8. I felt that I was using a lot of nervous energy.
0 1 2 3

9. I was worried about situations in which I might panic and make a fool of myself.
0 1 2 3

10. I felt that I had nothing to look forward to.
0 1 2 3

11. I found myself getting agitated.

0 1 2 3

12. I found it difficult to relax.

0 1 2 3

13. I felt down-hearted and blue.

0 1 2 3

14. I was intolerant of anything that kept me from getting on with what I was doing.

0 1 2 3

15. I felt I was close to panic.

0 1 2 3

16. I was unable to become enthusiastic about anything.

0 1 2 3

17. I felt I wasn't worth much as a person.

0 1 2 3

18. I felt that I was rather touchy.

0 1 2 3

19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).

0 1 2 3

20. I felt scared without any good reason.

0 1 2 3

21. I felt that like was meaningless.

0 1 2 3

APPENDIX E

TRAUMA COPING SELF-EFFICACY SCALE

Trauma Coping Self-Efficacy Scale
Benight et al., 2015

Please answer each question as it relates to your **sexual assault** experience.

1. Deal with my emotions (anger, sadness, depression, anxiety) since I experienced my trauma.

Not at all capable						Totally capable
1	2	3	4	5	6	7

2. Get my life back to normal.

Not at all capable						Totally capable
1	2	3	4	5	6	7

3. Not "lose it" emotionally.

Not at all capable						Totally capable
1	2	3	4	5	6	7

4. Manage distressing dreams or images about the traumatic experience.

Not at all capable						Totally capable
1	2	3	4	5	6	7

5. Not be critical of myself about what happened.

Not at all capable						Totally capable
1	2	3	4	5	6	7

6. Be optimistic since the traumatic experience.

Not at all capable						Totally capable
1	2	3	4	5	6	7

7. Be supportive to other people since the traumatic experience.

Not at all capable						Totally capable
1	2	3	4	5	6	7

8. Control thoughts of the traumatic experience happening to me again.

Not at all capable						Totally capable
1	2	3	4	5	6	7

9. Get help from others about what happened.

Not at all capable						Totally capable
1	2	3	4	5	6	7

APPENDIX F

TRAUMA-RELATED SHAME INVENTORY

The Trauma-Related Shame Inventory
Øktedalen et al., 2014

Please answer each question as it relates to your **sexual assault** experience.

0 = Not At All Correct About Me
1 = Sometimes Correct About Me
2 = Mostly Correct About Me
3 = Completely Correct About Me

1. As a result of my traumatic experience, I have lost respect for myself.

0 1 2 3

2. Because of what happened to me, others find me less desirable.

0 1 2 3

3. I am ashamed of myself because of what happened to me.

0 1 2 3

4. As a result of my traumatic experience, others have seen parts of me that they want nothing to do with.

0 1 2 3

5. As a result of my traumatic experience, I cannot accept myself.

0 1 2 3

6. If others knew what happened to me, they would view me as inferior.

0 1 2 3

7. If others knew what happened to me, they would be disgusted with me.

0 1 2 3

8. I am ashamed of the way I behaved during my traumatic experience.

0 1 2 3

9. I am so ashamed of what happened to me that I sometimes want to escape from myself.

0 1 2 3

10. As a result of my traumatic experience, I find myself less desirable.

0 1 2 3

11. I am ashamed of the way I felt during my traumatic experience.

0 1 2 3

12. If others knew what had happened to me, they would look down on me

0 1 2 3

13. As a result of my traumatic experience, there are parts of me that I want to get rid of.

0 1 2 3

14. If others knew what happened to me, they would not like me.

0 1 2 3

15. Because of my traumatic experience, I feel inferior to others

0 1 2 3

16. If others knew what happened to me, they would be ashamed of me.

0 1 2 3

17. If others knew what happened to me, they would find me unacceptable.

0 1 2 3

18. As a result of my traumatic experience, a part of me has been exposed that others find shameful.

0 1 2 3

19. If others knew how I behaved during my traumatic experience, they would be ashamed of me.

0 1 2 3

20. My traumatic experience has revealed a part of me that I am ashamed of.

0 1 2 3

21. As a result of my traumatic experience, I don't like myself

0 1 2 3

22. If others knew how I felt during my traumatic experience, they would be ashamed of me.

0 1 2 3

23. Because of what happened to me, I am disgusted with myself.

0 1 2 3

24. I am so ashamed of what happened to me that I sometimes want to become invisible to others.

0 1 2 3

APPENDIX G

IRB APPROVAL LETTER

September 17, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-8

Christina Hassija Melody Robinson

CSBS - Psychology

California State University, San Bernardino

5500 University Parkway San Bernardino, California 92407

Dear Christina Hassija Melody Robinson :

Your application to use human subjects, titled “The Role of Trauma Coping Self-Efficacy and Shame in the Relationship between Variants of Self-Blame and Psychological Outcomes” has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research

as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator include reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and;
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Dr. Jacob Jones, Assistant Professor of Psychology. Dr. Jones can be reached by email at Jacob.Jones@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely, Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board
ND/MG

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