

Examining the Role of Self-Blame and Gender in Psychopathological Outcomes Among College Sexual Assault Survivors

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Preventing Interpersonal Violence and Overcoming Trauma Lab
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Introduction

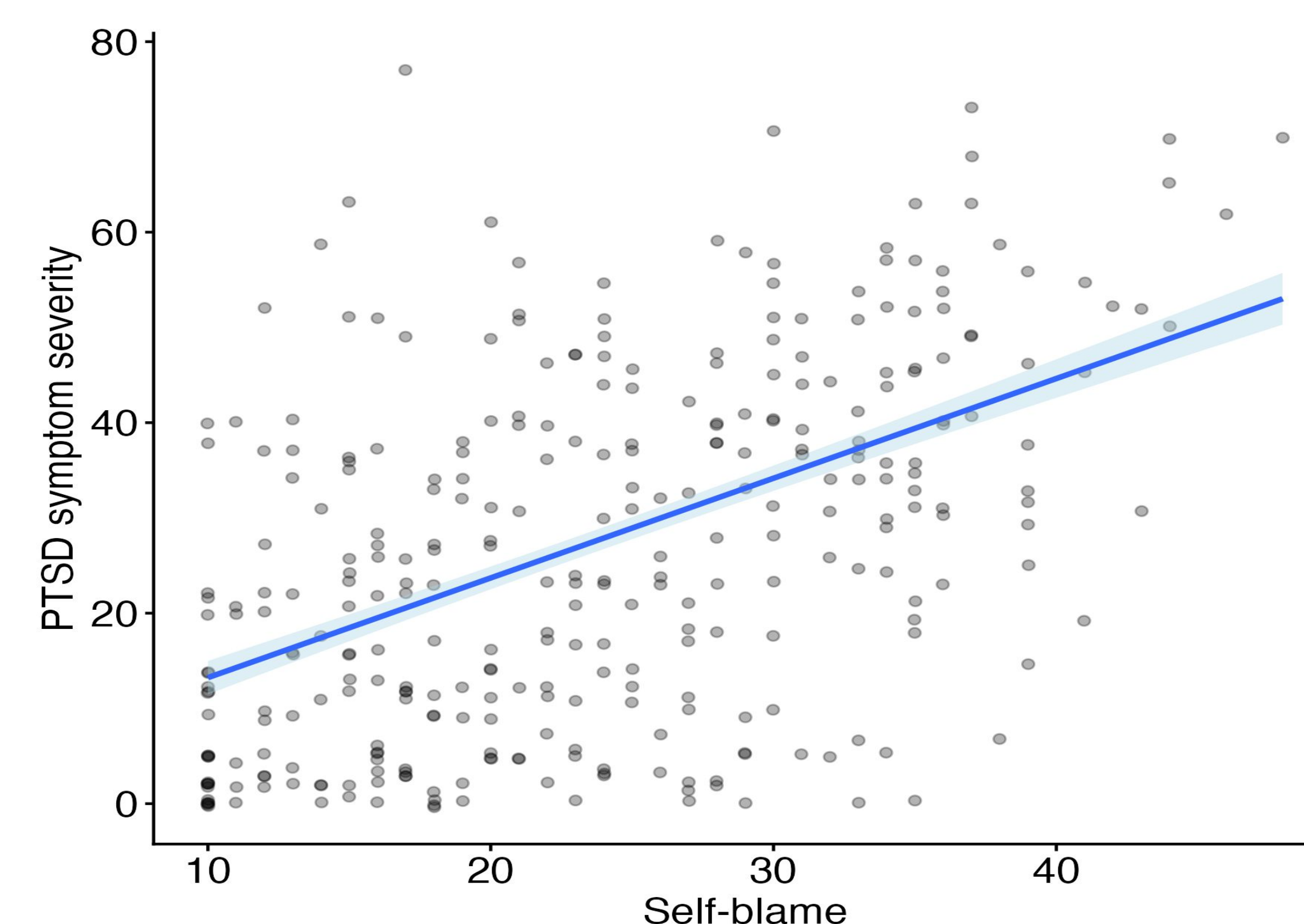
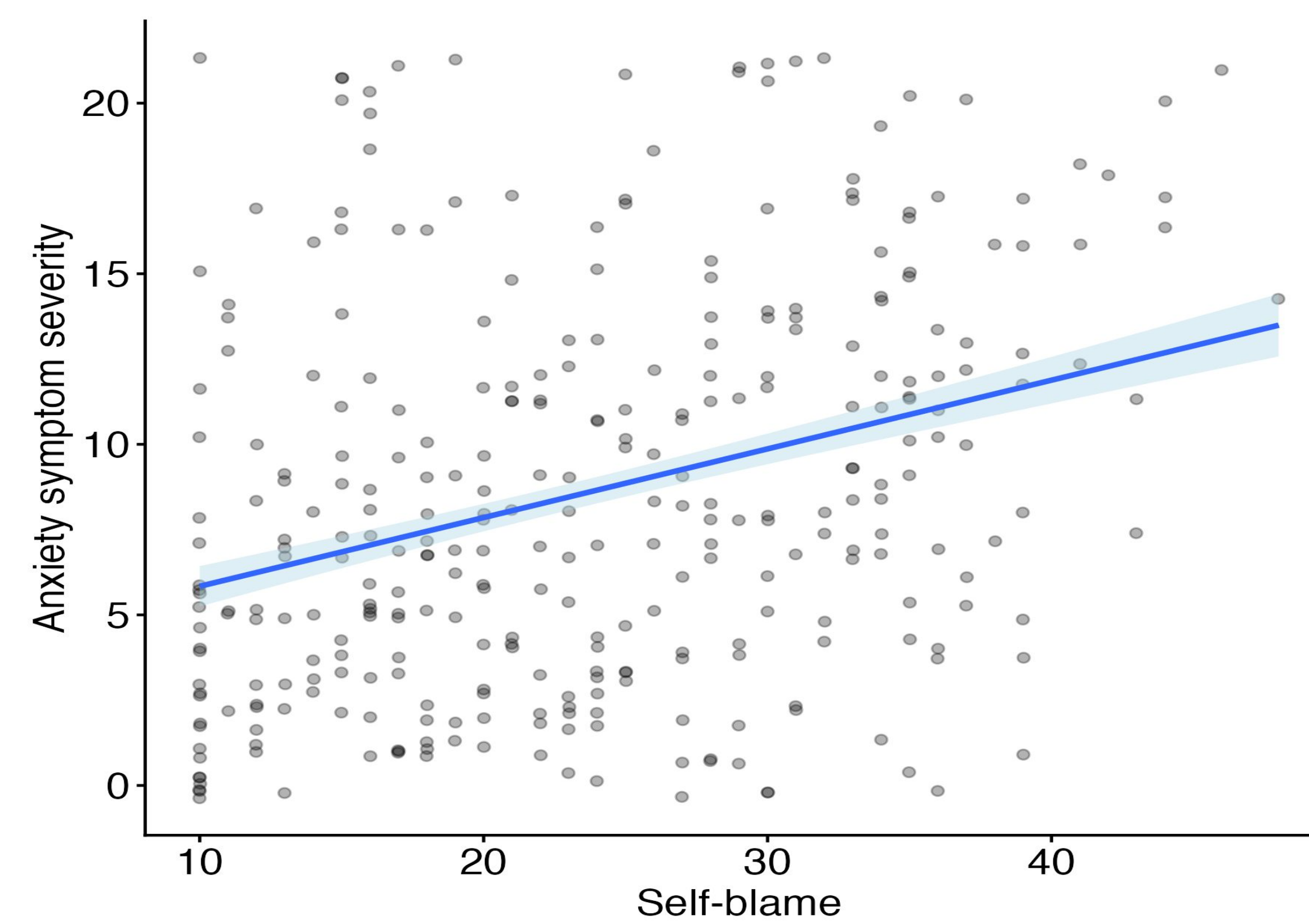
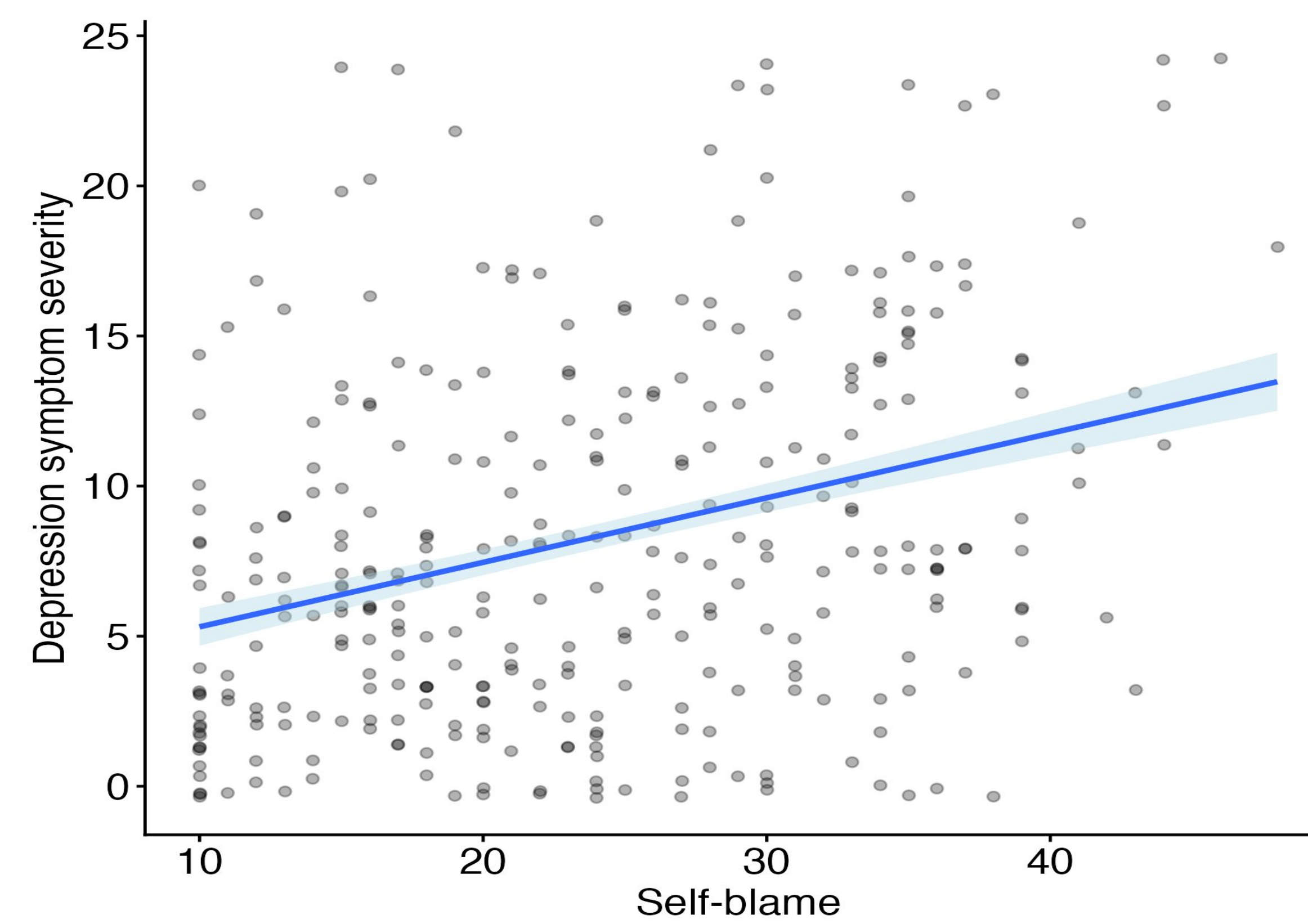
- Sexual violence (SV) is any sexual activity— completed or attempted—that occurs without freely given consent. College students are at high risk, with roughly 1 in 5 experiencing some form of sexual assault during college.
- SV is associated with a range of adverse outcomes.
- Survivors' self-blame has been shown to exacerbate the severity of conditions such as PTSD, anxiety, and depression.
- Although prior research has examined the relationship between self-blame and psychopathology, limited work has explored how these associations may differ by gender.
- Therefore, the present study investigates the relationship between self-blame and mental health outcomes (PTSD, depression, and anxiety) and to assess whether these associations vary across gender.

Hypotheses:

1. Greater self-blame will be positively correlated with depression, anxiety, and PTSD.
2. Gender will moderate the association between self-blame and mental health outcomes, such that the association will be stronger for women/nonbinary individuals than for men.

Method

- A Qualtrics survey measuring college students' sexual experiences and service use was given to a random sample of undergraduate students at a major Midwestern university in the United States.
- There were 322 participants in the analytic sample (N = 322, Mage = 19.90 years, SDage = 1.69, 76.1% Women, 72.7% White).
- The current study only included participants who reported experiencing SV at some point in their lives.
- Multiple linear regression models were used for data analysis.



Results

- Greater endorsement of self-blame for SV was associated with greater severity of depression ($b = 0.21, p < .001$), anxiety ($b = 0.21, p < .001$), and PTSD ($b = 1.00, p < .001$).
- In our sample of undergraduate SV survivors, men reported higher levels of PTSD than women and non-binary people ($b = -5.76, p = .04$).
- Gender was not significantly related to depression and anxiety.
- The interactive effect between gender and self-blame for sexual assault on PTSD was not statistically significant.

Discussion

- Findings are consistent with cognitive models of trauma, whereby internalizing SV responsibility fosters negative self-appraisal and greater severity of psychopathological outcomes.
- In contrast to prior literature, men reported higher levels of PTSD. This could be due to:
 - Men may have difficulty reporting SV experience to others
 - Negative stereotypes surrounding male rape and differing gender expectations
 - Rape myth acceptance

Future Directions:

- Further research should focus on gender differences among SV survivors in order to best tailor treatment.

Limitations:

- We had a smaller sample size of men.
- We included non-binary individuals with women because the sample size was so small.
- Our results are not generalizable outside of college students at large universities.
- Our sample size was predominantly White.
- Criterion A for PTSD was not specified in the survey.

References

