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Understanding Posttraumatic Stress Disorder among Victims of Intimate Partner Violence: The Roles of Perceived Social Support, Self-esteem, and Self-blame

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Introduction

- The relationship between the experience of intimate partner violence (IPV) and the development of Posttraumatic Stress Disorder (PTSD) has been well-established in the literature (Basile, Arias, Desai, & Thompson, 2004).
- Researchers (Dutton, 2009) have called for more complex statistical models capable of identifying and analyzing the pathways potentially linking IPV and PTSD.
- Research indicates that IPV victims report lower perceived social support than non-IPV victims (Bengtsson-Tops & Tops, 2007) and that as a result, victims are at greater risk of developing PTSD (Ozer, Best, Lipsey, & Weiss, 2008).
- The current study analyzed the moderating or “buffering” role of perceived social support in the relationship between IPV and PTSD.
- In order to identify mechanisms for this buffering effect, the current study also analyzed self-blame and self-esteem as mediators of the moderation effect.

Hypotheses

- HY 1:** Female victims of IPV will be more likely to present PTSD symptoms than female non-victims.
- HY 2:** Individuals reporting lower levels of perceived social support will be more likely to present PTSD symptoms than individuals reporting higher levels of perceived social support.
- HY 3:** Reports of greater IPV experiences will be related to lower levels of perceived social support.
- HY 4:** Perceived social support will alter the strength of the effect of IPV on PTSD, yielding a weaker effect of IPV on PTSD among individuals perceiving higher levels of social support.
- HY 5:** Participants’ level of self-blame and self-esteem will serve as mediators of this moderation effect. Specifically, individuals with higher levels of perceived social support will be less likely to engage in characterological self-blame and to experience decreases in self-esteem following IPV victimization. In turn, support-perceiving individuals will be less likely to develop PTSD.
- See Figure 1 for a depiction of the primary hypotheses.

Method

Participants

- **33 female adult community members** ($M = 33.94$ years)
- Receiving inpatient treatment at a substance abuse treatment facility
- **99 female undergraduate students** ($M = 18.63$ years)
- Enrolled in an introductory psychology course

Procedure

- Participants completed the following measures:
 - Demographic Data Sheet
 - Relationship Data Sheet
 - Revised Conflict Tactics Scale
 - Social Provision Scale
 - Rosenberg Self-Esteem Scale
 - Behavioral and Characterological Self-Blame Scale
 - Impact of Events Scale-Revised
 - Symptom Questionnaire

Results

- HY 1:** IPV predicted PTSD symptoms ($R^2 \Delta = .11, p < .001$). Participants who scored higher on the measure of IPV were more likely to display symptoms of PTSD ($\beta = .50, p < .001$) than participants lower in IPV.
- HY 2:** Perceived social support predicted PTSD symptoms ($R^2 \Delta = .07, p < .01$). Participants who scored lower on the measure of perceived social support were more likely to display symptoms of PTSD ($\beta = -.32, p < .01$) than participants higher in perceived social support.
- HY 3:** There was a significant negative correlation between IPV and perceived social support ($r = -.49, p < .001$). Participants who scored higher on the measure of IPV were more likely to report lower levels of perceived social support than participants lower in IPV.
- HY 4:** The relationship between IPV and PTSD was moderated by perceived social support ($R^2 \Delta = .03, p < .05$). That is, perceived social support altered the strength of the effect of IPV on PTSD ($\beta = .33, p < .05$).

- At the extreme levels of perceived social support, the IPV-PTSD relationship was weaker among those perceiving high levels of social support than among those perceiving low levels of social support.
- At the moderate levels of perceived social support, the IPV-PTSD relationship was stronger among those perceiving high levels of social support than among those perceiving low levels of social support.

- HY 5:** Self-esteem mediated the moderating effect of perceived social support in the IPV-PTSD relationship.

Discussion

- Partial evidence was found for the study’s primary hypotheses. While perceived social support moderated the IPV-PTSD relationship, the direction of the moderation effect shifted at extreme versus moderate levels of social support.
 - The finding at extreme levels of social support is consistent with the stress buffering hypothesis (Cohen & Willis, 1985), which suggests that an individual perceiving greater social support is able to redefine the potential harm of a traumatic event as well as his or her ability to cope.
 - The finding at moderate levels of social support could be explained by the effective support mobilization (Aneshensel & Frerichs, 1982) and support seeking (Barrera, 1986) models. Network members of victims exhibiting PTSD symptoms may become more aware that the individual has experienced IPV and may be more likely to provide support.
- The intervening role of self-esteem may have accounted for the moderation effect. However, due to the directional shift of the moderation effect, it is unclear how to interpret the mediation analysis.
 - It is possible that victims perceiving very high levels of social support feel valued and cared about by others; as a result, they may be less likely to suffer decreases in self-esteem following IPV victimization.
 - By maintaining higher self-esteem, a victim may believe herself to be more capable of coping with IPV and of developing healthy relationships in the future. She may, therefore, be less likely to develop PTSD.
- The current study yields a number of clinical implications which focus on building and maintaining social support.
 - Cognitive approaches may aid a victim in identifying evidence of social support within his or her existing social network as well as interpreting provisions of social support as indications that the individual is valuable.
 - Network-oriented approaches may aid victims in developing skills to invite help and support from others. Such approaches may also guide network members in providing the victim with effective support.
- The current study is limited by its use of a convenience sample, which may not be representative of the general female adult population. The study also used two unique subsamples which differed significantly from each other on a number of demographic and mental health variables.

Figure 1. Hypothesized mediated moderation model.

