

Research Article

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**Physical Abuse and Emotional Distress Among Adolescents:
Mediating Role of Self-Blame**

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Abstract

Background. Physical abuse during childhood significantly affects mental health and well-being of children as these experiences are likely to continue in the later years (adolescents and adulthood) and are often manifested in the form of emotional distress and blaming one's self. Adolescence is a period marked by number of psychological and physical changes, and therefore, tendency to internalize or externalize any negative experience such as physical abuse is relatively high.

Objective. The present study investigated how physical abuse affects emotional distress through self-blame (mediation path).

Method. A correlational research design was employed, using data from 400 adolescents aged 14 to 19 years ($M = 16.89$, $SD = 1.54$) with the history of physical abuse. The Childhood Trauma Questionnaire-Short Form (Bernstein et al., 2003), Kessler Psychological Distress Scale (Kessler et al., 2003), and Cognitive Emotion Regulation Questionnaire (Garnefski et al., 2002) were used to assess physical abuse, emotional distress, and self-blame among adolescents recruited through purposive sampling technique.

Results. The findings revealed significant positive relationship among study variables. Moreover, self-blame positively mediated the relationship between physical abuse and emotional distress among adolescents.

Conclusion. The findings highlighted that children who endure physical abuse are more likely to self-blame, which in turn intensifies their emotional distress. These findings shed light on the abuse and suffering cycle which could be intervened through targeted therapeutic interventions and policies for a safer environment.

Keywords. Physical abuse, self-blame, emotional distress.



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Introduction

Physical abuse appeared to be one major global issue with severe impacts to mental health affecting millions of young adolescents (WHO, 2022; UNICEF, 2024). It includes acts (i.e., hitting and beating etc.) which cause physical pain, suffering, and emotional trauma (Annerbäck et al., 2018; Mehnaz, 2018). It is an intentional use of force which inflicts injury or trauma to the victim (Atiqul-Haque et al., 2019; Özbay et al., 2024) and is the most identified form of abuse among adolescence (Afifi et al., 2017; Abbas & Jabeen, 2019; Badr et al., 2018). The World Health Organization stated that three in every four children have experienced some form of abuse (WHO, 2022) and two in every three children out of 1.6 billion children globally are abused and psychologically assaulted by their parents (UNICEF, 2024). Similarly, Lakhtdir and colleagues (2021) revealed that 42% of adolescents worldwide experience physical abuse in their own homes, which frequently involves harsh punishment. Moreover, according to a systematic review based on data from 2010 to 2022, region wise statistics appeared to have the highest rate (42.8%) of domestic and familial violence among younger adolescents in West Asia and Africa. In contrast, only 3.7% of adolescents were observed in Asia Pacific region with experienced such violence as children (Witten et al., 2023). However, in Pakistan, over 50% of children experienced severe or ongoing physical abuse and punishment including caning, slapping, and beating daily in 2017-2018 (Kamran & Kazi, 2024) whereas the numbers increased to almost 80% till 2023 (Premani, 2021; Ullah et al., 2023). This could be linked to ingrained cultural norms and traditional belief to control and discipline the child (Auslander et al., 2016; Fatima et al., 2024; Mahmood, 2016; Malik, 2010; Zakar, 2016). Although, legal framework regarding child welfare and protection exists in Pakistan, however, inadequate supervision has normalized violence in the Pakistani society, which contributes to child maltreatment (Mehmood et al., 2022). Therefore, it is crucial to understand the consequences of disciplinary practices used by Pakistani parents on emotional distress (Shaikh et al., 2023) so that efforts could be made to protect children.

Empirical evidence (Fu, et al., 2024; Myers et

al., 2021; Yiğit et al., 2018) highlighted that emotional distress is experienced by a larger number of adolescents who have endured physical punishment or abuse. It encompasses negative feelings, state of anxiety, despair, and general suffering (Angele et al., 2023; Moraes et al., 2018; McLaughlin et al., 2020; O'Neill et al., 2021; Taşören, 2022). It is often associated with feelings of guilt, worthlessness, and inadequacy (Zorbas, 2023). Physical violence intensifies emotional distress and self-blame during the mid-teen years (Dumessa et al., 2018; Downey & Crummy, 2021; Fan et al., 2024; Su et al., 2022). As a victim of physical abuse, child attributes the responsibility to himself (Sekowski et al., 2020; Fatima et al., 2024) and considers many of his actions or failures as something that warrants punishment (Mahlangu et al., 2021). This self-blame because of abuse exacerbates emotional suffering (Ahi et al., 2021) and has a detrimental effect on emotional (Niazi et al., 2022) and mental health (Kothapalli et al., 2023; Kökönyei et al., 2023; Schacter et al., 2014; Zhang et al., 2022; Fatima et al., 2024) of adolescents. Chu et al. (2022) demonstrated that the effect of physical abuse on emotional distress is mediated by self-blame, implying that individuals who self-blame experience more severe emotional suffering. Statistical data further demonstrates that self-blame appears at quite high rate (25.6%) among all coping skills in late adolescents (Song et al., 2020).

Stress and Coping Theory (1984) offers a general conception on how one reacts to the physical pain of abuse pertaining to coping and stressing. It accounts for the use of cognitive appraisal as the coping strategy and explains the linkage between physical punishment, self-blame, and negative feelings. Adolescents who are punished physically blame themselves (Cuartas et al., 2021; Zeng et al., 2025). This impression stems from the culture that accepts use of physical punishment which decreases the use of problem-solving coping strategies (Jalil & Khan, 2022; Kim et al., 2021). Considering self-blame as aversive coping mechanism, adolescents intensify their emotional suffering which results in low self-esteem and feelings of anxiety and depression (VanMeter, 2020; Zandi et al., 2021). Therefore, it is imperative to understand to what extent self-blame is used as a coping mechanism by

Pakistani adolescents.

Although previous researchers have clearly established a significant association between physical abuse and emotional distress among adolescents, yet the underlying cognitive mechanisms that explain this association remain insufficiently explored. Existing empirical literature has primarily emphasized on the direct psychological outcomes of abuse, however little attention has been given to the internal cognitive mechanisms through which abused adolescents interpret, label and respond to traumatic experiences. More specifically, although self-blame has been identified as a widely employed maladaptive cognitive coping strategy paired with depression, anxiety, guilt, and emotional distress, yet its mediating role in the relationship between physical abuse and emotional distress needs to be investigated, especially within non-Western and culturally diverse environments.

Additionally, the existing empirical evidence originating from Western contexts, limit the applicability of these findings to collectivistic societies such as Pakistan, where existing cultural norms, values, family structures, parenting practices, and societal attitudes and acceptance toward abuse is likely to shape emotional responses and coping strategies differently. In collectivistic societies the likelihood that individuals will internalize the abusive experience due to diverse factor such as social stigma, power structures and limited emotional support potentially increases the risk toward self-blame and emotional distress. Despite these strong contextual factors, empirical research examining the cognitive factors linking physical abuse to emotional distress among Pakistani adolescents remains grossly underexplored.

To conclude, there exists a substantial gap in understanding whether or not self-blame functions as a linking psychological mechanism through which experiences of physical abuse contribute to emotional distress among adolescents. Addressing this gap is crucial not only for developing solid theoretical understanding of trauma-related cognitive processes but also for designing culturally sensitive prevention and intervention strategies. Keeping this framework in mind, the present study aims to test the mediating role of self-blame in relationship between physical abuse and emotional distress among Pakistani

adolescents.

Hypothesis

1. There will be a positive significant relationship between physical abuse, self-blame and emotional distress among adolescents.
2. Self-blame will mediate the relationship between physical abuse and emotional distress among adolescents.

Method

The present study employed a correlational research design. Adolescents ($N = 400$) aged 14 to 19 years ($M = 16.89$, $SD = 1.54$) were recruited through purposive sampling. Formal clearance was sought before the collection of data from Ethical Review Committee of the institute (Psychology/ERC/2025-02). All relevant information pertaining to the study including the study's aims, objectives, ethical considerations, as well as a consent form were incorporated in the booklet. After being informed about the study's objectives, around 52 of the initially approached participants declined to participate. The remaining 400 individual voluntarily completed the questionnaire. After completing the booklet, participants were thanked for their time and contributions to the study.

The study included 400 adolescents aged 14 to 19 years ($M = 16.89$, $SD = 1.54$) recruited through purposive sampling. Equal number of male and female participants ($N = 200$) participated in the study. Most of them were educated to a either lower-intermediate level (36.5%) or had a college degree (26.5%). Most of the participants (62.7 %) were in late adolescents between the ages of 17-19 years whereas 37.3% were in the middle adolescence between the ages of 14-16 years.

Procedure

The present study employed a correlational cross sectional research design. The participants were selected through purposive sampling technique from the colleges and universities of Islamabad and Rawalpindi, Pakistan. Ethical approval of the present study was sought from Riphah International University's Ethical Review Committee (Psychology/ERC/2025-02) data collection. Participants were

approached at their places of study and data were obtained with the use of a paper and pen instrument. Adolescents were given a booklet containing the study questionnaire along with comprehensive study instructions. All relevant information pertaining to the study including the study's aims, objectives, ethical considerations, as well as a consent form were incorporated in the consent form. In cases where participants felt uncomfortable taking part in the research, they were free to withdraw out at any time. After being informed about the study's objectives, around 52 of the initially approached participants declined to participate. The remaining 400 individuals voluntarily completed the questionnaire. After completing the booklet, participants were thanked for their time and contribution to the study.

Instruments

Physical Abuse Subscale (CTQ-SF; Bernstein et al., 2003). Physical abuse was evaluated through the physical abuse subscale of the Childhood Trauma Questionnaire – Short Form (Bernstein et al., 2003). It consists of five items (9, 11, 12, 15, and 17) that are answered using a five-point Likert scale, with 1 being 'never true' and 5 being 'very often true.' Higher values on this subscale reflect increased levels of reported physical abuse experienced during childhood. The physical abuse subscale has been shown to have a satisfactory internal consistency with a Cronbach's alpha coefficient of $\alpha = .69$ (Bernstein et al., 2003).

The Kessler Psychological Distress Scale (K10; Kessler et al., 2003). Psychological distress of adolescents was measured with the Kessler Psychological Distress Scale (K10; Kessler et al., 2003). The scale consists of ten items that measure different emotional states, including anxiety and depression, over the last month. Each item is rated on a Likert-type scale of 1 to 5, where 1 means 'none of the time' and 5 means 'all of the time'. High scores indicate higher tendency of emotional distress of the participants. The scale had good reliability as indicated by Cronbach's alpha of $\alpha = .84$ (Kessler et al., 2003).

Self-Blame subscale (CERQ; Garnefski et al., 2002). The Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski et al., 2002) has been proven to be reliable for evaluating strategies for cognitive emotion regulation. In this study self-blame was assessed using the self-blame subscale of the CERQ. This subscale consists of four items (1,10,19, and 28) that measure self-blaming and internal negative self-appraisal. Each item is scored on a five-point Likert scale, from 1 (almost never) to 5 (almost always). Higher scores on this sub-scale indicate a stronger tendency to use self-blame as a coping mechanism and vice versa. The self-blame subscale showed high internal consistency, with a Cronbach's alpha coefficient of $\alpha = .81$ (Garnefski et al., 2002).

Results

The statistical analyses were carried out using SPSS 26 version. The reliability coefficients ranged from satisfactory to good ($\alpha = .73$ to $\alpha = .90$). Correlational analysis indicated significant and positive association between all study variables (see Table 1). Similarly, mediation analysis (Model 4) was carried out using PROCESS macro by Andrew F. Hayes (Hayes,2013) (see Table 2).

Table 1

Correlation Among Physical Abuse, Self-Blame, and Emotional Distress (N = 400)

Variables	1	2	3
Physical Abuse	-	.29**	.21**
Self-blame	-	-	.24**
Emotional distress	-	-	-
α	.73	.83	.90
<i>M</i>	10.31	13.35	34.79
<i>SD</i>	3.60	2.58	6.54

** $p < .01$.

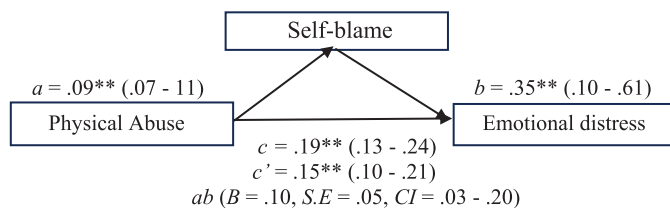
Table 1 results revealed a significant positive relationship between physical abuse, self-blame and emotional distress among adolescents. The reliability of study measures ranged from .73 to .90 providing evidence for internal consistency of the scales. In order to confirm the mediating role of self-blame in relationship between physical abuse and emotional distress mediation analysis was carried out.

Table 2*Mediating Role of Self-Blame in Relationship Between Physical Abuse and Emotional Distress (N = 400)*

Model	<i>B</i>	<i>SE</i>	<i>p</i>	95 % <i>CI</i>	
				<i>LL</i>	<i>UL</i>
Model without mediator					
Constant	30.38	.97	.000	28.92	32.74
Childhood Trauma-Emotional distress (<i>c</i>)	.38**	.09	.000	.21	.56
<i>R</i> ² (<i>X</i> , <i>Y</i>)	.04				
Model with addition of mediator					
Model 1: Self-Blame as Dependent variable					
Constant	11.22	.38	.000	10.48	11.95
Childhood Trauma-Self-Blame (<i>a</i>)	.21**	.03	.000	.14	.27
<i>R</i> ²	.08				
Model 2: Emotional Distress as Dependent variable					
Constant	25.23	1.72	.000	22.85	28.60
Self-Blame-Emotional Distress (<i>b</i>)	.28**	.09	.000	.10	.46
Childhood Trauma-Emotional distress (<i>c</i> ')	.50**	.13	.000	.25	.75
Indirect effect	.10	.05		.03	.20
<i>R</i> ² (<i>X</i> , <i>M</i> , <i>Y</i>)	.08				

** $p < .01$.

Table 2 indicated significant mediating role of self-blame in relationship between physical abuse and emotional distress among adolescents. The first model (without mediator) indicated that physical abuse significantly predicted emotional distress accounting for 4% variance. Model 2 indicated that both self-blame and physical abuse collectively accounted for 8 % variance. Thus, an additional 4% variance in emotional distress was explained by self-blame (mediator).

Figure 1*Mediating Role of Self-blame Between Physical Abuse and Emotional Distress*

Discussion

The purpose of the current study was to investigate the mediating role of self-blame in relationship between physical abuse and emotional

distress among adolescents. Correlation analysis demonstrated significant associations between physical abuse, self-blame, and emotional distress among adolescents. These results were in accordance with prior studies (Colak et al., 2023; Haim-Nachum et al., 2024; Gong & Chan, 2018; Negri, 2020; Salokangas 2019; Xie et al., 2023; Yang et al., 2022). Studies suggest that adolescents with a history of abuse are more likely to internalize negative experiences which results in intensified self-blame sentiments that evoke guilt, shame, worthlessness, and subsequently distress (Fatima et al., 2024; Garnefski & Kraaij, 2016; Garnefski & Hossain, 2017; Tang & Dai, 2018) and lower self-worth (Lassri & Gewirtz-Meydan, 2021; Melamed et al., 2024; O' Lughlen et al., 2023; Su et al., 2022).

Cultural, psychological, and systematic factors play a significant role in the general acceptance of physical punishment among adolescents by reinforcing the belief that such treatment is a justified consequence of their own actions (Ali et al., 2014; Elzamzamy et al., 2022; Heekes et al., 2020; Khawaja et al., 2015). In Pakistan, this mindset is considered an essential disciplinary tool (Iqbal et al., 2021; Lakhtdir et al., 2021; Seher & Manzoor,

2024); despite of efforts to curb this, it's a prevalent issue (Jabeen, 2021), which leads to internalization of self-blame for the abuse (Fatima et al., 2024).

In collectivistic societies, where community harmony takes priority over individual needs, such norms further reinforce the belief that elders are always correct, and is therefore, physical abuse is justified as necessary to preserve family unity (Lee & Watson, 2017; Pinquart, 2021; Fatima et al., 2024). These factors make it challenging for adolescents to resist or break free from the cycle of physical punishment (Ashraf & Holden, 2022; Abbas et al., 2024; Rafique et al., 2020), hence they absorb it as a regular part of life and develop self-blame and emotional distress (Bender et al., 2007). Results of mediation analysis confirmed this association, aligned with the previous literature (Doba et al., 2022; Dorresteijn et al., 2019; Huh et al., 2017; Jiang et al., 2022; Waheed & Tariq, 2024; Zhang et al., 2024) indicating that the psychological impact of physical abuse can be understood through the cognitive processes adolescents use to internalise their experiences. Self-blame seems to worsen the distress and induce negative emotions (Milojevich et al., 2019; Zhou & Zhen, 2022). This association further elaborates that unresolved adverse experiences lead to self-blame (Guo et al., 2023; Wu et al., 2022), adversely impacting the mental health of individuals. The socio-cultural context of Pakistan shapes attitudes and practices of the society towards violence against children, and to some extent, its psychological impact (Fatima et al., 2024; Lakhtdir et al., 2019; Qadeer et al., 2023; Shahnawaz & Malik, 2016). Therefore, in this context, it is pertinent to address how adolescents are dealing with their trauma with minimum awareness, support and resources (Bevilacqua et al., 2021), so that targeted interventions both at individual and cultural level could be developed and implemented.

Implications

Focussed parenting, awareness, and teaching programs could be designed based on these findings to sensitize parents, teachers, and caregivers regarding the aversive effects of physical abuse on children. These efforts would encourage non-violent disciplinary techniques along with the awareness that adolescents need specific mental health support to

help them reframe their experiences and lessen their sense of guilt. While campaigning and legislative changes are crucial for safeguarding children and dismantling cultural norms that support physical punishment, schools and community programs should concentrate on fostering emotional resilience and offering good coping mechanisms.

Respectively, the findings also contribute to the theoretical understanding by supporting cognitive and attributional models of trauma indicating that self-blame serves as a key mechanism for emotional distress through the lens of adverse childhood experiences. This suggests that cognitive appraisal processes are central to explaining the psychological consequences of physical abuse adolescence.

Limitations and Recommendations

Even though, this research has positive outcomes and could further guide the academicians and practitioners to assess public perception of discipline, it is not without its limitations. The current research relied solely on quantitative assessment of physical abuse and therefore, chances of bias cannot be eliminated. Moreover, recollection bias or social desirability bias are going to interfere with the responses provided. Further studies could employ longitudinal methods and larger samples to shed more light on the causative pathways and improve the usefulness of the findings. Additionally, the result of the current study substantiates that abuse is a prominent contributor towards emotional difficulties among adolescents, therefore must be examined considering resilience and coping mechanisms across different cultures.

Conclusion

The present research highlights the psychological impact of physical abuse on adolescents, by demonstrating that experiences of abuse are strongly related with emotional distress through cognitive strategies which are maladaptive in nature such as self-blame. The findings highlight the fact that adolescents who experience physical abuse are at a heightened risk of internalizing their traumatic experiences, that makes them vulnerable to shame, guilt, and emotional distress. More importantly, self-blame was found to mediate

the relationship between physical abuse and emotional distress, indicating that the manner in which adolescents cognitively process, label and interpret the abusive experiences plays a pivotal role in determining their well-being. These findings further emphasize the importance of designing early psychological interventions that specifically addresses the maladaptive cognitive patterns and promotes adaptive coping strategies, emotional regulation, and positive self-perception among survivors of abuse. Culturally responsive and trauma-informed mental health services need to be designed in collectivistic societies like Pakistan, where social stigma surrounding abuse, rigid family values, power hierarchies and limited psychoeducation and access to sensitive psychological services may risk the internalization of trauma and discourage help-seeking behaviors.

Declaration.

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Ethics Approval: The Ethical Review Committee of Riphah International University granted formal approval before starting the research, further, a consent / ascent form prior to commencement of the data collection.

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