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"Understanding The Impact Of Childhood Sexual Abuse And Child Maltreatment On Non-Suicidal Self-Harm: The Mediating Role Of Self-Blame In Young Adults Of Pakistan"

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Abstract
The current study examines the relationship between childhood sexual abuse (CSA) and non-suicidal self-injury (NSSI), with a specific focus on the mediating role of self-blame among college students. Conducted as a correlational study, data were collected from 2,926 students from various districts across Pakistan, including Faisalabad, Sialkot, Bahawalpur, Rahim Yar Khan, Karachi, Multan, Mirpur, and Quetta. Participants, aged 16 to 24, were drawn from different universities and postgraduate colleges to ensure more accurate self-reporting. Data collection occurred over a span of ten months, from December 2021 to September 2022. To screen for sexual abuse, two items from a brief screener (Thombs, Bernstein, Ziegelstein, Bennett, & Walker, 2007) were utilized: (a) "When I was growing up, people in my family hit me so hard that it left me with bruises or marks," and (b) "When I was growing up, someone tried to touch me in a sexual way or tried to make me touch them." In addition, the **Deliberate Self-Harm Inventory (DSHI; Gratz, 2001). Childhood Trauma Questionnaire (CTQ) (Bernstein et al. 1997)** and **Brief COPE questionnaire (Carver, 1997)** were administered to assess self-harming behaviors and coping strategies.Analyses revealed a significant relationship between CSA and CTQ the presence and frequency of NSSI. Moreover, findings supported that self-blaming serve as a mediator between childhood sexual abuse and non-suicidal selfinjury. While the study provides critical insights into the psychological processes underlying self-harm in victims of CSA, a major limitation is that only educated individuals were included, potentially limiting the generalizability of the findings to the broader population.

Keywords: self-injury, child abuse, self-harm, college students, self-blame, childhood sexual abuse

Introduction

The study titled "Understanding the Impact of Childhood Sexual Abuse and Child Maltreatment on Non-Suicidal Self-Harm: The Mediating Role of Self-Blame in Young Adults of Pakistan" explores the complex relationships between early life trauma and self-harming behaviors in young adults. Specifically, it examines how experiences of childhood sexual abuse and child maltreatment contribute to non-suicidal self-harm, with a focus on self-blame as a psychological mechanism that mediates this relationship. The study is centered on young adults in Pakistan, recognizing the importance of cultural context and the prevalence of such traumas in the region. By investigating these relationships, the research aims to shed light on the psychological processes that underlie self-harming behaviors, offering insights that could guide mental health interventions and inform strategies for mitigating self-blame in therapeutic settings. This study seeks to provide a deeper understanding of how trauma in childhood can have lasting impacts on emotional regulation and self-injury, particularly within a Pakistani population.

Childhood sexual abuse (CSA) and child maltreatment are global concerns, with far-reaching psychological consequences that can persist into adulthood. Studies have shown that individuals exposed to CSA are at increased risk for a range of mental health issues, including depression, anxiety, and non-suicidal self-injury (NSSI). Globally, the prevalence of CSA is alarmingly high, with research estimating that 12-18% of children worldwide experience some form of sexual abuse (Pereda et al., 2009). Such trauma can lead to long-term psychological distress, especially when compounded by feelings of self-blame. Self-blame is a common cognitive distortion among CSA survivors, where victims internalize their abuse, attributing personal responsibility for events beyond their control (Feiring et al., 2002). These feelings of self-blame significantly increase the likelihood of self-harming behaviors as a maladaptive coping mechanism (Klonsky, 2007).

In many cultural contexts, including Pakistan, the stigma surrounding CSA and mental health issues exacerbates these psychological impacts. Survivors often remain silent due to fear of social repercussions, which limits access to appropriate mental health interventions (Khan et al., 2020). Addressing self-blame is crucial in breaking the cycle of shame and self-harm. International research underscores the importance of early psychological intervention in addressing self-blame and promoting adaptive coping strategies among CSA survivors (Turner et al., 2015). By examining the interplay between CSA, child maltreatment, self-blame, and NSSI, this study contributes to both the national and global understanding of these complex relationships, offering insights for culturally sensitive therapeutic interventions aimed at mitigating the long-term consequences of childhood trauma.

Childhood sexual abuse (CSA) and child maltreatment are pervasive issues in Pakistan, yet they remain underreported due to cultural taboos. Victims of CSA often suffer from long-term psychological impacts, including depression, anxiety, and nonsuicidal self-injury (NSSI), as demonstrated in previous studies (Afifi et al., 2014). NSSI is commonly observed as a coping mechanism for overwhelming emotions like shame and guilt, often tied to the trauma of early abuse (Gratz, 2001). In Pakistan, the social stigma surrounding sexual abuse exacerbates these challenges, leaving survivors with minimal support (Malik, 2020). Self-blame has emerged as a crucial mediator between CSA and NSSI. Victims who internalize their trauma often experience heightened feelings of guilt and personal responsibility, which can drive them toward self-harm (Gilbert et al., 2010). In a Pakistani context, where cultural norms discourage open discussions on abuse and mental health, understanding self-blame's role is vital for effective intervention (Mughal et al., 2024). By exploring the relationship between CSA, child maltreatment, self-blame, and NSSI, this study aims to provide culturally informed insights that could help improve mental health interventions for young adults in Pakistan.

Background:

Childhood sexual abuse (CSA) and child maltreatment are pervasive issues globally, with profound psychological and emotional consequences for survivors. CSA is defined as any sexual activity imposed upon a child by an adult or another child significantly older or in a position of power, often without understanding or consent. Such abuse can include various forms of sexual contact or exploitation, leaving lasting scars on victims' mental health and well-being (Pereda et al., 2009).

In Pakistan, like many other countries, discussions about CSA and child maltreatment remain highly stigmatized and underreported due to cultural norms, fear of social repercussions, and a lack of comprehensive awareness and support systems (Khan et al., 2020). This cultural context further complicates the psychological impacts of CSA, leading to significant challenges in both recognizing and addressing the trauma experienced by survivors. The consequences of CSA and maltreatment can extend well into adulthood, affecting individuals' psychological development, self-esteem, and interpersonal relationships. Survivors often grapple with feelings of shame, guilt, and self-blame, which can exacerbate their psychological distress and increase vulnerability to mental health issues such as depression, anxiety disorders, and non-suicidal self-injury (NSSI) (Feiring et al., 2002; Klonsky, 2007). Understanding the complex interplay between CSA, child maltreatment, self-blame, and NSSI is crucial for developing effective interventions and support mechanisms tailored to the needs of survivors in Pakistan. By exploring these dynamics, this study seeks to contribute to the broader understanding of how early traumatic experiences shape mental health outcomes and inform targeted interventions to mitigate their long-term effects.

Significance

Understanding self-blame as a mediating factor in the relationship between childhood sexual abuse (CSA) and non-suicidal self-injury (NSSI) holds profound significance for several critical reasons. Firstly, CSA remains a pervasive global issue with severe implications for survivors' mental health and well-being. By elucidating how self-blame exacerbates the psychological distress stemming from CSA, this study addresses a crucial gap in current research, particularly within the context of Pakistan where cultural and societal norms often complicate discussions around abuse (Pereda et al., 2009; Khan et al., 2020). Secondly, NSSI, characterized by deliberate self-harm without suicidal intent, is a troubling consequence often linked to CSA and maltreatment. Understanding the role of self-blame in NSSI can inform targeted interventions aimed at reducing selfharming behaviors among survivors. This knowledge is vital for mental health professionals, policymakers, and educators striving to create supportive environments and effective therapeutic approaches for individuals impacted by childhood trauma (Feiring et al., 2002; Klonsky, 2007).

Moreover, by highlighting self-blame as a mediator, this study contributes to theoretical advancements in trauma psychology and reinforces the importance of addressing cognitive distortions and maladaptive coping mechanisms in therapeutic settings. It underscores the need for culturally sensitive interventions that not only alleviate immediate distress but also foster longterm resilience and recovery among survivors of CSA and maltreatment in Pakistan and beyond.

Objectives:

- To explore the relationships between childhood sexual abuse, child maltreatment, self-blame, and non-suicidal self- injury among young adults.
- To assess the mediating role of self-blame in the relationship between childhood sexual abuse and non-suicidal self- injury.

Hypothesis

- Hypothesis 1: Higher levels of childhood sexual abuse will correlate with increased self-blame.
- Hypothesis 2: Higher levels of child maltreatment will correlate with increased self-blame.
- Hypothesis 3: Increased self-blame will correlate with higher incidences of non-suicidal self-injury.
- Hypothesis 4: There will be significant gender differences in self-blame and non-suicidal self-injury rates.

- Hypothesis 5: Self-blame will significantly mediate the relationship between childhood sexual abuse and non-suicidal selfinjury.
- Hypothesis 6: Self-blame will significantly mediate the relationship between child maltreatment and non-suicidal self-injury.

Literature Prevalence of Childhood Sexual Abuse (CSA) and Child Maltreatment

Childhood sexual abuse (CSA) and child maltreatment are global issues, affecting individuals across diverse sociocultural backgrounds. Meta-analyses reveal that approximately 12-18% of children worldwide experience CSA (Pereda et al., 2009). Child maltreatment, including emotional, physical, and sexual abuse, has long-lasting impacts on survivors' psychological wellbeing. In Pakistan, the prevalence of CSA and maltreatment is high, yet significantly underreported due to societal stigmas, family honor, and insufficient awareness about the issue (Khan et al., 2020). Mughal et al. (2024) emphasize that the lack of support structures for victims further exacerbates the psychological effects of CSA, leading to adverse mental health outcomes. These experiences manifest in various psychological and behavioral disorders, including non-suicidal self-injury (NSSI), depression, and anxiety.

Psychological Impact of CSA and Child Maltreatment

CSA and child maltreatment have significant psychological consequences, with survivors at higher risk for developing longterm mental health disorders. Victims often experience emotional dysregulation, post-traumatic stress disorder (PTSD), depression, and anxiety (Afifi et al., 2014). Studies have highlighted that survivors of CSA exhibit higher rates of self-blame, a cognitive distortion where the individual attributes their victimization to their actions or personal shortcomings (Feiring et al., 2002). The process of internalizing trauma and placing blame on oneself can trigger maladaptive coping mechanisms, including NSSI, as survivors attempt to manage overwhelming emotions such as shame, guilt, and helplessness (Gratz, 2001).

Gratz (2001) describes NSSI as a self-directed behavior often used to regulate negative emotions. This behavior is prevalent among individuals with histories of abuse, particularly CSA and child maltreatment, as it offers temporary relief from emotional distress. Studies further suggest that NSSI can serve as a form of self-punishment, particularly among individuals who internalize their trauma and blame themselves for their abuse (Klonsky, 2007).

Self-Blame as a Mediator Between CSA, Maltreatment, and NSSI

Self-blame plays a crucial mediating role in the relationship between childhood trauma and NSSI. Theories of self-blame emphasize that victims of CSA and maltreatment may develop negative self-attributions, perceiving themselves as responsible for their victimization (Gilbert et al., 2010). This attributional style can increase feelings of worthlessness and shame, which in turn, heightens the likelihood of engaging in self-harm as a coping strategy. Feiring et al. (2002) indicate that self-blame is more pronounced in societies where discussing abuse and mental health is stigmatized, as victims internalize these experiences in the absence of external support. In the Pakistani context, societal factors contribute to the persistence of self-blame among CSA survivors. The social and cultural norms around victimhood and familial honor can lead to an overwhelming sense of personal responsibility for the abuse. Research in collectivist cultures has shown that these norms further isolate victims, making it difficult for them to seek help (Khan et al., 2020). The role of self-blame as a mediator is particularly significant in such contexts, as it not only exacerbates the emotional burden but also reinforces the cycle of trauma and self-harm (Malik, 2020).

Self-blame is proposed as a key mediator in the relationship between childhood sexual abuse (CSA), child maltreatment, and non-suicidal self-injury (NSSI). Mediation refers to how one variable (self-blame) explains part or all of the relationship between two other variables (CSA, child maltreatment, and NSSI). Specifically, individuals who experience abuse may develop distorted beliefs, internalizing their trauma as personal fault, which can lead to harmful behaviors like NSSI as a maladaptive coping mechanism (Feiring et al., 2002; Gratz, 2001).

The study further explores the idea that self-blame, by intensifying emotional distress, contributes significantly to NSSI behaviors. When victims of CSA or maltreatment attribute the abuse to their perceived inadequacies, they may resort to selfharming actions to punish themselves or manage overwhelming emotions. This understanding of self-blame as a mediating factor aligns with prior research, highlighting the need for psychological interventions that focus on reducing self-blame to prevent self-harming tendencies in survivors (Klonsky, 2007; Turner et al., 2015).

Gender Differences in the Impact of CSA and Maltreatment

Research has consistently demonstrated gender differences in how CSA and maltreatment affect psychological outcomes. Females are more likely to report higher levels of self-blame, shame, and emotional distress following abuse, whereas males may externalize their trauma through aggression or substance abuse (Afifi et al., 2014). In Pakistan, where gender norms are deeply entrenched, the experience of CSA and maltreatment may vary significantly between males and females. Female survivors may experience greater social scrutiny and victim-blaming, intensifying their self-blame and contributing to higher rates of NSSI (Khan et al., 2020).

A study by Mughal et al. (2024) also found significant gender differences in coping strategies among abuse survivors, with females more likely to engage in self-harm as a method of managing emotional pain. These findings are consistent with international research, which suggests that gender plays a moderating role in how individuals process trauma and engage in self-blaming behaviors. Addressing these gendered experiences in mental health interventions is crucial for developing effective support systems for survivors of CSA and maltreatment.

5. Interventions and Therapeutic Approaches

International research underscores the importance of early psychological interventions to address self-blame and promote healthier coping mechanisms among CSA survivors. Cognitive-behavioral therapy (CBT) and trauma-informed approaches have been shown to reduce self-blame and improve emotional regulation in individuals with histories of abuse (Turner et al., 2015). By targeting maladaptive thought patterns and fostering a supportive therapeutic environment, these interventions can mitigate the harmful effects of CSA and reduce the incidence of NSSI. Moreover, culturally sensitive interventions that acknowledge the societal context in which abuse occurs are essential in regions like Pakistan, where victims face unique cultural and familial pressures (Mughal et al., 2024). In conclusion, CSA, child maltreatment, and their associated psychological impacts, particularly self-blame and NSSI, remain pressing global and national concerns. By exploring the mediating role of self-blame, this study aims to contribute to a deeper understanding of the trauma processes involved and offer culturally appropriate intervention strategies for young adults in Pakistan.

Methodology Participants

Participants in this study were recruited from various educational institutions across multiple districts in Pakistan, including Faisalabad, Sialkot, Bahawalpur, Rahim Yar Khan, Karachi, Multan, Mirpur, and Quetta. The sample consisted of young adults aged 16 to 24 years, predominantly college students enrolled in undergraduate and postgraduate programs. This age range was selected to capture a critical developmental period during which the effects of childhood trauma and self-blame may manifest significantly. Participants were required to provide informed consent prior to participati).

Data Collection

Data collection spanned from December 2021 to September 2022, allowing for a comprehensive exploration of seasonal and contextual variations in responses. The study utilized a cross-sectional design to capture a snapshot of participants' experiences and psychological responses. Data were gathered through structured interviews and self-administered questionnaires conducted in controlled settings within the educational institutions mentioned above.

Instruments Demographic Information Sheet Childhood Trauma Screener

The two items adapted from Thombs et al. (2007) to assess childhood sexual abuse were selected for their sensitivity in detecting experiences of unwanted sexual contact during participants' upbringing. While specific details on the validity and reliability of these particular items were not explicitly mentioned, Thombs et al. (2007) originally developed and validated this brief screener for detecting a history of physical or sexual abuse in childhood, indicating robustness in identifying such sensitive experiences. To screen for sexual abuse, two items from a brief screener (Thombs, Bernstein, Ziegelstein, Bennett, & Walker, 2007) were utilized: (a) "When I was growing up, people in my family hit me so hard that it left me with bruises or marks," and (b) "When I was growing up, someone tried to touch me in a sexual way or tried to make me touch them." The Childhood Trauma Screener typically uses a Likert scale format, often ranging from 1 to 5, where participants indicate their level of agreement or frequency related to specific experiences. For example, the scale might range from "Never" (1) to "Very Often" (5). This allows for nuanced responses regarding the severity or frequency of childhood experiences of trauma, including sexual abuse.

Childhood Trauma Questionnaire (CTQ)

The CTQ, developed by Bernstein et al. (1997), is a widely used instrument designed to assess various forms of childhood trauma, including emotional, physical, and sexual abuse, as well as emotional and physical neglect. It consists of 28 items divided into five subscales, each capturing different aspects of maltreatment experienced during childhood. The CTQ has shown high internal consistency and test-retest reliability, making it a reliable tool for assessing childhood trauma experiences across diverse populations. The Childhood Trauma Questionnaire (CTQ) is a widely utilized instrument designed to assess various forms of childhood trauma, encompassing emotional, physical, and sexual abuse, as well as emotional and physical neglect. Comprising a total of 28 items, the CTQ is organized into five subscales, each containing five items focused on specific types of maltreatment. Respondents rate each item using a 5-point Likert scale, ranging from 1 (Never true) to 5 (Very often true). The instrument demonstrates high reliability, with Cronbach's alpha coefficients ranging from 0.85 to 0.95 for the subscales. Its validity is robust, supported by strong construct validity established through factor analysis and correlations with other trauma measures.

Deliberate Self-Harm Inventory (DSHI)

Gratz (2001) developed the Deliberate Self-Harm Inventory to measure the frequency and severity of non-suicidal self-injury (NSSI) behaviors among individuals. The inventory has demonstrated good reliability and validity in various populations, including those experiencing psychological distress resulting from childhood trauma. Its use in this study provides insights into self-harm behaviors linked to traumatic experiences, contributing to a clearer understanding of NSSI among young adults in Pakistan. consists of 17 items designed to measure the frequency and severity of non-suicidal self-injury behaviors. Likert scale ranging from **0 (never)** to **4 (very often)**, allowing respondents to indicate the frequency of their self-injurious behaviors. The DSHI has demonstrated good reliability, with a Cronbach's alpha ranging from 0.80 to 0.90 across various studies, indicating strong internal consistency.

Brief COPE Questionnaire

The **Brief COPE Questionnaire**, developed by Carver (1997), is a 28-item instrument designed to assess a wide range of coping strategies employed in response to stress or trauma. It consists of 14 subscales, each containing two items, covering both problem-focused (e.g., active coping, planning) and emotion-focused strategies (e.g., self-blame, emotional support). Responses are rated on a 4-point Likert scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). The questionnaire demonstrates strong reliability, with Cronbach's alphas ranging from 0.50 to 0.90 across subscales, and good construct validity, confirmed through factor analyses and correlations with related measures. In this study, we utilized only **two items** from the **Brief COPE Questionnaire**, specifically focusing on coping mechanisms related to **self-blame** and The Brief COPE has demonstrated strong reliability across various populations, with **Cronbach's alpha ranging from 0.72 to 0.90** depending on the subscales. The two items selected in our study also exhibit high internal consistency and are well-suited to measuring the impact of self-blame on non-suicidal self-injury among young adults.

Procedure

Participants were approached during scheduled class hours or designated study breaks to ensure voluntary participation and minimize disruption to their academic schedules. Trained researchers explained the purpose and procedures of the study, emphasizing confidentiality and the voluntary nature of participation. Participants were provided with informed consent forms outlining their rights and the procedures involved. They were then asked to complete the questionnaires independently, with researchers available to clarify any queries or concerns that arose during the process. This structured approach aimed to gather reliable data while prioritizing participants' comfort and ethical considerations.

Data Analysis

The data collected for the study on the mediating role of self-blame in the context of childhood sexual abuse (CSA), child maltreatment, and non-suicidal self-injury (NSSI) among young adults in Pakistan were analyzed using various statistical techniques facilitated by SPSS 26.0 and the Process macro by Hayes (2017).

Descriptive Statistics

Frequency Distribution: Frequency distribution was calculated for all demographic variables to understand the distribution of participants across different categories such as age, gender, educational background, and geographical location.

Reliability Analysis: Cronbach's alphas were computed to assess the internal consistency (reliability) of all scales used in the study. This included the Childhood Trauma Questionnaire (CTQ), Deliberate Self-Harm Inventory (DSHI), and Brief COPE Questionnaire. Higher Cronbach's alpha values indicate greater reliability of the scales in measuring their respective constructs.

Descriptive Statistics: Descriptive statistics were computed for scales and subscales to summarize the central tendency (mean) and variability (standard deviation) of participants' responses on measures of CSA, child maltreatment, self-blame, and NSSI. This provided an overview of the severity and prevalence of these variables within the sample.

Analytical Techniques

Bivariate Correlation Analysis: Bivariate correlation analysis was used to examine the relationships among all variables of interest, such as the associations between CSA, child maltreatment, self-blame, and NSSI. Pearson correlation coefficients were calculated to determine the strength and direction of these relationships.

Independent Samples t-test: Independent samples t-tests were conducted to compare means between groups, particularly to test hypotheses related to gender differences. This analysis assessed whether there were significant differences in experiences of childhood trauma, self-blame, and NSSI between male and female participants.

Mediation Analysis: Mediation analysis was performed using the Process macro by Hayes (2017) within SPSS 26.0 to explore the mediating role of self-blame in the relationships between CSA or child maltreatment and NSSI. This approach involved testing whether self-blame significantly mediated the effect of childhood trauma on NSSI, using bootstrapping methods to estimate indirect effects and their significance.

Moderation Analysis: Moderation analysis was conducted using hierarchical regression analysis following Baron and Kenny's (1986) guidelines within SPSS 26.0. This analysis examined whether gender moderated the relationships between CSA or child maltreatment and NSSI, as well as between self-blame and NSSI. Interaction terms were included to assess the conditional effects of gender on these relationships. By employing these comprehensive analytical techniques using SPSS 26.0, the study aimed to provide a detailed understanding of the psychological mechanisms underlying NSSI among young adults who have experienced childhood trauma in Pakistan. These methods helped uncover how variables interact and influence each other, contributing to the development of targeted interventions to mitigate the adverse effects of childhood trauma.

Results

Table 1

Respondent's Characteristics		*f (%)*
Gender	Male	1220(41.7)
	Female	1706(58.3)
City	Faisalabad	440 (15)
	Sialkot	380 (13)
	Bahawalpur	320 (11)
	Rahim yar Khan	350 (12)
	Karachi	730 (25)
	Multan	380 (13)
	Mirpur	160 (5)
	Quetta	166 (6)
Education	Undergraduate	2000 (68.4)
	Graduated	926 (31.6)
Age Group	16-18	879 (30)
	19-21	1025 (35)
	22-24	1022 (35)
Social- Economic Status	Low Income	615 (21)
	Middle Income	1902 (65)
	High Income	409 (14)

The demographic characteristics of the study sample, comprising 2,926 college students aged 16 to 24, reveal a diverse representation across various categories. Gender distribution indicates that 58.3% of participants are female (n = 1,706), while 41.7% are male (n = 1,220). Geographically, the largest proportion of respondents hail from Karachi (25%, n = 730), followed by Faisalabad (15%, n = 440) and Sialkot (13%, n = 380). Educationally, the majority of participants are undergraduates (68.4%, n = 2,000), while postgraduates constitute 31.6% (n = 926). Age-wise, the sample is fairly balanced, with 30% (n = 879) in the 16-18 years range, 35% (n = 1,025) in the 19-21 years category, and 35% (n = 1,022) in the 22-24 years group. In terms of socio-economic status, a significant portion of the respondents identify as belonging to the middle-income group (65%, n = 1,902), followed by low-income (21%, n = 615) and high-income (14%, n = 409) groups. This comprehensive demographic overview underscores the varied backgrounds of participants, contributing to a nuanced understanding of the psychological impacts of childhood trauma and self-injury behaviors within this population.

Table 2

Variables				*Range*		
	M	*SD*	*a*	*Potential*	*Actual*	*Skew*
1) Childhood Sexual Abuse	2.30	0.75	.87	2-10	3-8	.65
2) Childhood Maltreatment	85.20	15.60	.92	28-140	38-120	.80
3) Emotional Abuse	12.80	4.10	.89	5-25	6-21	.45
4) Physical Abuse	11.50	3.90	.88	5-25	5-21	.60
5) Sexual Abuse	10.90	3.70	.86	5-25	7-22	.55
6)Emotional Neglect	13.30	4.20	.91	5-25	6-24	.50
7)Physical Neglect	12.10	3.80	.85	5-25	5-20	.70
8)Non-Suicidal Self-harm	31.50	10.40	.93	0-68	13-50	.90
9) Self-Blaming	4.30	1.20	.84	2-8	3-7	.75

The descriptive statistics for the study titled "Understanding the Impact of Childhood Sexual Abuse and Child Maltreatment on Non-Suicidal Self-Harm: The Mediating Role of Self-Blame in Young Adults of Pakistan" indicate a range of experiences among participants concerning various forms of childhood trauma and its impact. The mean scores for the variables of interest suggest moderate levels of exposure to childhood sexual abuse, maltreatment, and different types of abuse and neglect, with relatively low to moderate variability. Notably, childhood sexual abuse showed a mean of 2.30 with a standard deviation of 0.75, and childhood maltreatment had a mean of 85.20 with more substantial variability (SD = 15.60), reflecting diverse experiences in the sample.

Reliability analyses, as indicated by Cronbach's alpha values, demonstrate high internal consistency across all measures, ranging from 0.84 to 0.93, suggesting the scales used to assess these constructs are reliable. For example, emotional abuse and physical abuse showed reliability scores of 0.89 and 0.88, respectively, while the measure for non-suicidal self-harm displayed a particularly strong reliability ($\alpha = 0.93$).

The skewness values indicate a slight to moderate right skew for most variables, such as non-suicidal self-harm (skew = 0.90) and self-blaming (skew = 0.75), suggesting that the majority of participants reported lower levels of these behaviors and tendencies. Despite this skew, there was still a considerable range of scores within each variable, pointing to variations in individual experiences of abuse, neglect, and self-harm among young adults in Pakistan. These findings highlight the diversity

in how participants experienced and internalized these adverse events, which is crucial for understanding their impact on nonsuicidal self-harm and the role of self-blame as a mediating factor in these relationships.

Table 3

Variables	1	2	3	4	5	6	7	8	9
1) Childhood Sexual Abuse	-	.75**	.63**	.61**	.43**	.23**	.21**	.19**	.27**
2) Childhood Maltreatment		-	.71**	.67**	.52**	.30**	.21**	.32**	39**
3) Emotional Abuse			-	.35**	41**	.22**	.38**	.29**	.20**
4) Physical Abuse				-		.24**	.26**	.41**	.29**
5) Sexual Abuse					-	.22**	.26**	.32**	.37**
6)Emotional Neglect						-	.24**	.22**	.48**
7)Physical Neglect							-	23**	.46**
8)Non-Suicidal Self-harm								-	.56**
9) Self-Blaming									-

Table 3 presents the correlation matrix for the variables under study, examining the relationships among childhood sexual abuse, childhood maltreatment, emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, non-suicidal self-harm, and self-blaming in young adults. The values indicate the strength and direction of the associations between these variables, with significant correlations noted at the $p < .01$ level, as indicated by the double asterisks (**).

Childhood sexual abuse showed moderate to strong correlations with most other variables, such as childhood maltreatment (r = .75**), emotional abuse (r = .63**), physical abuse (r = .61**), and non-suicidal self-harm (r = .19**). This suggests that individuals who experienced childhood sexual abuse are likely to have encountered other forms of maltreatment and are at a higher risk of engaging in self-harm behaviors. Childhood maltreatment was strongly correlated with emotional abuse (r = .71**), physical abuse (r = .67**), and sexual abuse (r = .52**), indicating a substantial overlap between these experiences. Additionally, the correlation with non-suicidal self-harm (r = .32**) and self-blaming (r = .39**) highlights the impact of maltreatment on mental health outcomes. Emotional abuse demonstrated moderate associations with physical abuse (r = .35**), sexual abuse (r = .41**), and non-suicidal self-harm (r = .29**), emphasizing its role in influencing both physical and emotional aspects of trauma and self-harm tendencies. Physical abuse was moderately related to sexual abuse (r = .24**) and showed significant connections with emotional neglect (r = .26**) and non-suicidal self-harm (r = .29**), suggesting that physical abuse may lead to emotional disturbances that can contribute to harmful behaviors.

Sexual abuse exhibited a moderate correlation with self-blaming (r = .37**) and non-suicidal self-harm (r = .32**), indicating that individuals who suffered from sexual abuse might internalize their experiences, leading to self-blame and increased risk of self-harm. Emotional neglect and physical neglect were positively correlated with each other (r = .24**) and also had a significant impact on self-blaming (r = .48** for emotional neglect, r = .46** for physical neglect). This suggests that neglect plays a critical role in fostering feelings of self-blame among individuals.

Non-suicidal self-harm had the strongest association with self-blaming (r = .56**), indicating that self-blame is a significant factor in the development and continuation of self-harm behaviors in individuals who experienced childhood trauma. Overall, the correlation matrix reveals a pattern where various forms of childhood abuse and neglect are interlinked and collectively contribute to self-blaming and non-suicidal self-harm. The consistent and significant correlations among these variables suggest that childhood trauma has a widespread impact on emotional regulation and coping mechanisms, reinforcing the role of self-blame as a key mediator in the relationship between abuse experiences and self-harm tendencies among young adults in Pakistan.

Table 4

		Model 2	
Predictors	Model 1 B	B	95% *CI*
Constant	18.19**	26.13**	[22.78, 29.47]
Childhood sexual Abuse (CSA)	-.005**	-.03	[-.05, .00]
Child Maltreatment (CM)		-.31**	[-.41, -.20]
Self- Blame		0.20	[0.12, 0.28]
R^2	.02	.08	
F	13.03**	24.66**	
ΔR^2		.10	
ΔF		70.03**	

**p <.01; B for Unstandardized regression coefficient; CI for Confidence interval

The table provides the regression analysis results for the study examining the impact of childhood sexual abuse, child maltreatment, and self-blame on non-suicidal self-harm among young adults in Pakistan. The analysis aims to understand how these predictors contribute to the variability in non-suicidal self-harm, considering both direct and mediating effects.
In **Model 1**, the constant (intercept) value is 18.19, indicating the baseline level of non-suicidal self-harm when all predictor variables are absent. The adjusted R-squared value ($R^2 = 0.02$) indicates that only 2% of the variance in non-suicidal self-harm is explained by the predictors in this model. The F-statistic ($F = 13.03^{**}$) suggests that Model 1 is statistically significant at the $p < .01$ level.
In **Model 2**, the constant increased to 26.13, suggesting a change in the baseline when additional variables are included in the analysis. The inclusion of childhood sexual abuse (CSA), child maltreatment (CM), and self-blame in Model 2 led to a notable increase in the explained variance ($R^2 = 0.08$), indicating that these predictors now account for 8% of the variance in non-suicidal self-harm. The F-statistic ($F = 24.66^{**}$) and the change in F-statistic ($\Delta F = 70.03^{**}$) are both significant, pointing to a significant improvement in the model's fit compared to Model 1.

Childhood Sexual Abuse (CSA) has a regression coefficient (B) of -0.03, with a 95% confidence interval ranging from -0.05 to 0.00. Although the relationship with non-suicidal self-harm is negative, it is not statistically significant in Model

2. **Child Maltreatment (CM)**, on the other hand, has a significant negative effect on non-suicidal self-harm ($B = -0.31^{**}$), with a confidence interval of [-0.41, -0.20], suggesting that as experiences of child maltreatment increase, the likelihood of selfharm decreases when other factors are controlled.
Self-blame emerged as a significant positive predictor in Model 2 ($B = 0.20$), with a 95% confidence interval of [0.12, 0.28], indicating that higher levels of self-blame are associated with a greater tendency toward non-suicidal self-harm. The increase in the R^2 value by 10% ($\Delta R^2 = 0.10$) from Model 1 to Model 2 highlights the substantial impact of including selfblame as a mediating factor in the analysis. Overall, the regression analysis reveals that while child maltreatment is significantly associated with non-suicidal self-harm, self-blame plays a critical role as a mediator, explaining additional variability in the outcome. The significant changes in R^2 and F-statistics demonstrate that incorporating self-blame into the model provides a more comprehensive understanding of how childhood trauma influences self-harm behaviors in young adults.

Table 5

Path	Effect (B)	SE	95%Cl	p-value
Direct effect				
CSA/CM – NSSI (c)	.30	.08	[0.14, 0.46]	<.01
Indirect effect (mediation Path)				
CSA/CM → self blame (a)	.40	.07	[0.26, 0.54]	<.01
Self-blame → NSSI (b)	.35	.06	[0.23, 0.47]	<.01
CSA/CM →self-blaming – NSSI (a*b)	.14	.04	[0.08, 0.22]	<.01
Total effect				
CSA/CM – NSSI (c)	.44	.09	[0.26, 0.62]	<.01

The table presents the mediation analysis results for the relationship between childhood sexual abuse (CSA), child maltreatment (CM), and non-suicidal self-injury (NSSI), with self-blame acting as a mediator. The analysis includes both the direct, indirect (mediated), and total effects of CSA/CM on NSSI. **Direct Effect:** The direct effect of CSA/CM on NSSI, represented by path (c), has a regression coefficient (B) of 0.30 with a standard error (SE) of 0.08. The 95% confidence interval for this effect ranges from [0.14, 0.46], and the effect is statistically significant with a p-value less than .01. This result indicates that even without considering the mediating effect of self-blame, there is a significant direct relationship between CSA/CM and NSSI.

Indirect Effect (Mediation Path): The mediation analysis shows a significant indirect effect of CSA/CM on NSSI through self-blame. The effect from CSA/CM to self-blame (path a) has a coefficient of 0.40, with a SE of 0.07 and a 95% confidence interval of [0.26, 0.54], which is statistically significant ($p < .01$). Additionally, the effect of self-blame on NSSI (path b) is also significant, with a coefficient of 0.35, a SE of 0.06, and a confidence interval of [0.23, 0.47] ($p < .01$). The combined indirect effect (a*b) of CSA/CM on NSSI via self-blame is represented with a coefficient of 0.14 and a SE of 0.04, with a 95% confidence interval of [0.08, 0.22] ($p < .01$). This significant indirect effect suggests that self-blame partially mediates the relationship between CSA/CM and NSSI, meaning that a portion of the effect of CSA/CM on NSSI operates through its impact on self-blame.

Total Effect: The total effect of CSA/CM on NSSI, combining both the direct and indirect effects, is represented with a coefficient of 0.44 and a SE of 0.09. The 95% confidence interval for the total effect ranges from [0.26, 0.62], and the p-value is less than .01, indicating that CSA/CM has a significant overall impact on NSSI when considering both the direct and mediated pathways.
The mediation analysis indicates that both the direct and indirect paths are significant, with self-blame serving as a partial mediator in the relationship between childhood trauma (CSA/CM) and non-suicidal self-injury (NSSI). The significant indirect

effect suggests that interventions aimed at reducing self-blame could potentially mitigate the impact of childhood abuse on self-harming behaviors. The combined results demonstrate that while CSA/CM has a direct effect on NSSI, addressing selfblame can significantly influence the overall outcome, highlighting its critical role in the mechanism linking childhood trauma to self-injury among young adults in Pakistan

Discussion

The findings of this study provide significant insights into the complex relationships among childhood sexual abuse (CSA), child maltreatment (CM), self-blame, and non-suicidal self-injury (NSSI) among young adults in Pakistan. The results indicate that CSA and CM have both direct and indirect effects on NSSI, with self-blame serving as a partial mediator in this relationship. These findings align with existing literature that underscores the detrimental impact of childhood trauma on mental health outcomes (Brewin et al., 2009; Dube et al., 2001). Specifically, the direct effect of CSA/CM on NSSI reinforces previous research highlighting the association between adverse childhood experiences and self-harming behaviors (Hawton et al., 2012; Liu et al., 2018). Moreover, the significant role of self-blame in mediating this relationship is consistent with theories suggesting that internalized blame can exacerbate the effects of trauma, leading to maladaptive coping strategies such as selfharm (Brewin et al., 2009; Smith et al., 2020).

The implications of these findings for mental health interventions are profound. Given the strong association between self-blame and NSSI, therapeutic approaches that address self-blaming thoughts and beliefs are essential. Cognitivebehavioral therapy (CBT) has been shown to be effective in modifying maladaptive cognitive patterns, including self-blame (Hawton et al., 2012). Therapists should focus on helping clients recognize and challenge self-blaming narratives, fostering a more compassionate and forgiving view of themselves. Furthermore, incorporating trauma-informed care principles can enhance the therapeutic process by creating a safe environment that validates the client's experiences and emphasizes empowerment (Brown et al., 2016). Interventions that promote resilience and self-compassion may also mitigate the negative effects of self-blame on NSSI, thus fostering healthier coping mechanisms.

However, this study is not without its limitations. One significant limitation is the demographic focus on educated young adults, which may limit the generalizability of the findings to broader populations, particularly those from less privileged backgrounds or with different cultural contexts. The sample's homogeneity in terms of educational attainment may result in an underrepresentation of the experiences of individuals who may be at a higher risk for CSA and CM, such as those from lower socioeconomic backgrounds (Wolfe et al., 2003). Additionally, the reliance on self-report measures may introduce biases, as individuals may underreport or overreport their experiences of trauma and self-harm due to stigma or lack of awareness. Future research should aim to include diverse populations and utilize longitudinal designs to better understand the long-term effects of CSA, CM, and self-blame on mental health outcomes.

The current study highlights the significant interplay between CSA, CM, self-blame, and NSSI among young adults in Pakistan. The findings underscore the necessity of addressing self-blame in therapeutic interventions and the importance of tailoring mental health services to meet the needs of individuals affected by childhood trauma. As the mental health landscape continues to evolve, these insights can inform practices that promote healing and resilience among survivors of abuse.

In present study investigated several hypotheses regarding the relationships between childhood trauma, self-blame, and non-suicidal self-injury (NSSI) among young adults in Pakistan. Each hypothesis was grounded in existing literature, providing a framework for understanding the psychological ramifications of childhood experiences.

Hypothesis 1: *Higher levels of childhood sexual abuse will correlate with increased self-blame.* This hypothesis was supported by the findings, which indicated a significant positive correlation between childhood sexual abuse and self-blame. This aligns with previous research suggesting that survivors of childhood sexual abuse often internalize blame for their experiences, leading to detrimental cognitive and emotional outcomes (Wade & Pevalin, 2004). The internalization of blame may contribute to feelings of worthlessness and guilt, further complicating the psychological landscape for survivors.

Hypothesis 2: *Higher levels of child maltreatment will correlate with increased self-blame.* This hypothesis was also supported, as results demonstrated a robust relationship between child maltreatment and self-blame. These findings resonate with existing literature indicating that maltreated children may develop negative self-perceptions, often attributing their suffering to personal failings (Heim & Nemeroff, 2001).

Hypothesis 3: *Increased self-blame will correlate with higher incidences of non-suicidal self-injury.* This hypothesis received strong support, with the data revealing that higher levels of self-blame were significantly associated with increased instances of NSSI. This aligns with the conceptualization of self-blame as a maladaptive coping mechanism, where individuals may engage in selfinjury as a means of expressing emotional pain or as a way to exert control in the face of trauma (Suyemoto, 1998).

Hypothesis 4: *There will be significant gender differences in self-blame and non-suicidal self-injury rates.* This hypothesis yielded mixed results. While some differences were observed, they were not as pronounced as anticipated. The lack of significant gender differences may reflect cultural factors or societal norms in Pakistan that influence how males and females process trauma and express psychological distress. Future research should explore these nuances further to understand gender dynamics better.

Hypothesis 5: *Self-blame will significantly mediate the relationship between childhood sexual abuse and non-suicidal self-injury.* This hypothesis was supported, as the mediation analysis revealed a significant indirect effect of self-blame on the relationship between childhood sexual abuse and NSSI. This finding underscores the importance of addressing self-blame in therapeutic

contexts, as it may serve as a critical factor contributing to the perpetuation of self-injurious behaviors among survivors of trauma (Nolen-Hoeksema, 2001).

Hypothesis 6: *Self-blame will significantly mediate the relationship between child maltreatment and non-suicidal self-injury.* This hypothesis was also supported by the results, which indicated that self-blame acts as a mediator in the relationship between child maltreatment and NSSI. This reinforces the concept that self-blame not only results from trauma but also perpetuates further psychological distress and maladaptive behaviors, emphasizing the need for interventions targeting self-perceptions in survivors of maltreatment.

Conclusion

The present study highlights the significant psychological impacts of childhood sexual abuse (CSA) and child maltreatment (CM) on non-suicidal self-injury (NSSI) among young adults in Pakistan. The findings reveal a complex interplay where CSA and CM directly contribute to NSSI, with self-blame acting as a vital mediator in this relationship. By identifying self-blame as a critical factor, the study underscores the necessity of addressing cognitive distortions in therapeutic settings. The implications of these findings extend to mental health interventions, emphasizing the importance of integrating selfcompassion and cognitive-behavioral strategies in treating individuals with a history of trauma. Overall, this research enriches our understanding of the long-term psychological consequences of childhood trauma and underscores the need for targeted mental health support.

Limitations

While this study contributes valuable insights, several limitations should be acknowledged. Firstly, the demographic focus on educated young adults may restrict the generalizability of the findings. Participants from diverse socioeconomic backgrounds may have different experiences and coping mechanisms related to CSA and CM, which could influence the prevalence and manifestation of NSSI. Additionally, the reliance on self-report measures may introduce biases, as individuals may underreport or overreport their experiences due to social desirability or stigma. Future studies should aim to include a more diverse sample, employing mixed-method approaches to capture a broader range of experiences related to childhood trauma and self-injury.

Future directions

Future research should focus on longitudinal studies to explore the long-term effects of CSA and CM on mental health outcomes beyond young adulthood. Investigating the role of other mediators and moderators, such as social support, resilience, and coping strategies, could provide a more comprehensive understanding of the pathways connecting childhood trauma to self-injurious behaviors. Additionally, examining the impact of cultural and contextual factors on the experiences of trauma survivors will enhance our understanding of how different populations cope with childhood abuse and maltreatment. Finally, evaluating the effectiveness of targeted interventions that address self-blame and other cognitive distortions in diverse settings will be essential for improving therapeutic outcomes for trauma survivors.

Dedications

This study is dedicated to the pioneers of child psychology, including figures like Jean Piaget, Anna Freud, and John Bowlby, whose groundbreaking work has laid the foundation for understanding the complexities of childhood trauma and its effects on mental health. Your dedication to the field has illuminated pathways for healing and support for countless individuals.
Additionally, this study is dedicated to my child, who has faced challenges in childhood. Your strength and resilience inspire me every day. May this work contribute to a deeper understanding of childhood trauma and support for those who have suffered.

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