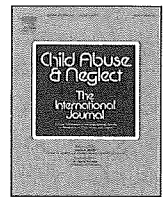




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Trauma appraisals, emotion regulation difficulties, and self-compassion predict posttraumatic stress symptoms following childhood abuse

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ABSTRACT

Experiencing traumatic events and abuse is unfortunately common in general, non-clinical samples. Recent research indicates that the ways in which individuals interpret traumatic experiences, as well as the ways that they manage challenging emotions in general, may statistically predict post-traumatic stress disorder (PTSD) symptoms to a greater extent than does trauma itself. Negative trauma appraisals, generalized emotion regulation (ER) difficulties, and low levels of self-compassion have each been shown to influence the connection between trauma exposure and subsequent PTSD symptoms. However, little is known regarding how these processes interact, or their relative contributions to mental health after trauma. The current study analyzed data from 466 university students who completed self-report measures of childhood abuse, PTSD symptoms, trauma appraisals, ER difficulties, and self-compassion. Childhood abuse exposure and PTSD symptoms were positively associated with negative trauma appraisals and ER difficulties, and negatively associated with self-compassion. Self-compassion was inversely associated with negative trauma appraisals and ER difficulties. Multiple mediation analyses demonstrated that negative trauma appraisals, ER difficulties, and levels of self-compassion fully explained the link between abuse exposure and PTSD symptoms via several specific pathways. These findings suggest that researchers, clinicians, and abuse survivors can benefit from addressing these interconnected domains during treatment and recovery processes.

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Recent research indicates that the ways in which individuals interpret traumatic experiences, as well as the ways that they manage challenging emotions in general, may predict post-traumatic stress disorder (PTSD) symptoms to a greater extent than does the trauma itself. *Trauma appraisals*, such as shame and self-blame, appear to contribute to PTSD symptoms over and above the impact of trauma exposure (Cromer & Smyth, 2010; DePrince, Chu, & Pineda, 2011). Generalized difficulties with *emotion regulation* (ER), or people's efforts and successes in managing distress, also influence the development and maintenance of PTSD symptoms after trauma (e.g., Badour & Feldner, 2013; Powers, Cross, Fani, & Bradley, 2015). In addition, *self-compassion*, or the tendency to meet one's own internal struggles with kindness rather than criticism, seems to mitigate PTSD symptoms and to facilitate trauma recovery (Játiva & Cerezo, 2014; Zeller, Yuval, Nitzan-Assayag, & Bernstein, 2015). Despite recent advances showing that these internal cognitive and emotional processes are strongly linked with PTSD

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