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A Complex Relationship: Intimate Partner Violence, Identification With the Aggressor, and Guilt

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Abstract

This study explored the relation between guilt and identification with the aggressor (IWA) and the moderating role of IWA in the relation between intimate partner violence (IPV) and guilt. An online survey was conducted among a convenience sample of 700 women. IPV survivors demonstrated elevated guilt, and IWA was related to guilt. Furthermore, IWA moderated the relation between IPV and guilt: Among participants with low IWA levels, IPV was unrelated to guilt, but among participants with high IWA levels, IPV was related to guilt. These findings suggest that IWA may be a key element in explaining guilt among IPV survivors.

Keywords

intimate partner violence, identification with the aggressor, guilt, abuse, depression

Introduction

Intimate partner violence (IPV) includes physical or sexual violence, psychological harm, or stalking by a former or current partner, whether in heterosexual or homosexual couples (Center for Disease Control [CDC], 2021a). According to the CDC, physical violence is when a person hurts or tries to hurt a partner via physical force. Sexual violence is attempting to force or forcing "a partner to take part in a sex act, sexual touching, or a nonphysical sexual event (e.g., sexting) when the partner does not or cannot consent." Psychological aggression is the use of "verbal and nonverbal communication with the intent to harm another person mentally or emotionally and/or to exert

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control over another person" (CDC, 2021b). Statistics on IPV vary. In a global study of IPV, the World Health Organization (WHO) found that a quarter of women between the ages of 15–49 who have been in a relationship have been subjected to physical and/or sexual violence by their intimate partner at least once in their lifetime. The WHO found that IPV affects approximately 641 million women globally, making it the most prevalent form of violence against women (WHO, 2021). IPV has a range of effects on the victimized partner, including but not limited to physical injury, suicidality, depression, anxiety, substance use, posttraumatic stress disorder (PTSD), self-harm, sexually transmitted diseases, and injury to reproductive health (Beck et al., 2016; Kubany & Watson, 2002; Lahav, Renshaw, & Solomon, 2019; Lahav et al., 2018; Willie et al., 2018; Wilson et al., 2021).

Guilt has been recognized as an emotional state with important implications in individuals who have experienced trauma (Beck et al., 2011; Lahav, Solomon, Siegel, Tsur, & Defrin, 2019), and particularly as a primary component of posttraumatic distress in IPV victims (Kubany, Abueg, et al., 1995; Kubany, Bauer, et al., 1995; Kubany et al., 2004; Kubany & Watson, 2002). Guilt reflects real or imagined transgressions, with individuals believing that their action or inaction has led to negative consequences (Kubany & Ralston, 2006). In previous studies on IPV survivors, women expressed guilt, self-blame, shame, and embarrassment about partner abuse (Allard et al., 2018; Overstreet & Quinn, 2013). Women in violent relationships can experience unique sources of guilt, such as feeling at fault for deciding to stay in the relationship, or concern regarding the impact of the violence on their children (Barnett & LaViolette, 1993).

Guilt may affect the measures that IPV victims take when facing the abuse and may intensify their distress. Guilt may mediate their fear and escape reactions; play on their gender-socialized ideas of suffering for the sake of love; and feed their fear of ending their relationship with the aggressor, which may result in their doing everything possible to keep the relationship afloat (Cala et al., 2016). In a sample of 345 female survivors of IPV who had the opportunity to take legal action against their former partners, guilt was found to be a significant predictor of disengagement from the proceedings (Cala et al., 2016). Thus, revealing factors that explain guilt among this population is of importance.

Several factors could explain guilt in IPV survivors. Guilt may reflect IPV survivors' efforts to lessen feelings of powerlessness and helplessness subsequent to their abuse. By blaming themselves for the abuse, IPV victims may restore a sense of control (Whiffen & MacIntosh, 2005). Guilt may also reflect the detrimental effects of stigma. Due to the norm-violating nature of the crimes, IPV victims may experience stigma, including victim-blaming messages from society and from the media, which, in turn, can be internalized and manifested as self-blame (Kennedy & Prock, 2018; Overstreet & Quinn, 2013). Additionally, depression symptoms among this population could be a factor contributing to guilt (Browne et al., 2015). In a study of 109 women who were seeking mental health assistance after IPV, depression was found to have a significant correlation with guilt (Beck et al., 2015). Lastly, guilt among IPV victims may reflect a defensive reaction whose aim is to preserve the relationship with the significant attachment figure (Allard et al., 2018). By taking on the blame for the abuse,

the victim can adapt to the situation to keep the peace and maintain the dependent relationship (Allard et al., 2018; Kennedy & Prock, 2018).

Thus, it appears that IPV victims' attachment toward their partners could be a central factor that explains victims' guilt. Furthermore, according to the IPV literature, the bonds to their abusive partners may be particularly strong among some victims and may be characterized by psychological fusion and identification. Several conceptualizations that reflect this notion have been offered, such as traumatic bonding (Dutton & Painter, 1993), Stockholm syndrome (Graham et al., 1988, 1995; Wallace, 2007), and identification with the aggressor (IWA; Frankel, 2002; Lahav, Talmon, & Ginzburg, 2019), the last of which is at the heart of the current study.

Identification with the aggressor is a multifaceted process in which victims of abuse take on or fuse with their abusers' experience (Ferenczi, 1932, 1933) and "become one" with their abuser via a change in their inner experience (Frankel, 2002). Although Ferenczi's theory mainly focuses on victims of childhood abuse, IWA appears to be pertinent to IPV and to represent victims' mental fusion with their abusive partners, which rises above emotional attachment between intimate partners (Lahav, 2021a). In fact, IWA is argued to have defensive qualities aiming to promote victims' survival (Ferenczi, 1932; Frankel, 2002). Thus, the concept of IWA does not imply in any way that victims bear responsibility for their abuse, but rather suggests that victims' introjection of their perpetrators' experience reflect normative and automatic defensive reaction which can serve to protect victims from the traumatic reality that would otherwise be impossible to tolerate. Yet, similar to other reactions during abuse, IWA appears to be varied across victims, with some being more susceptible for IWA than others. Although scarcely studied, theory suggests that the power asymmetry between the victim and perpetrator may underlie IWA heterogenicity (Frankel, 2002). Additionally, recent findings indicated that frequency of IPV may be associated with IWS levels among IPV survivors (Lahav, 2021a).

There are four interactive components to IWA (Lahav, Talmon, & Ginzburg, 2019). The first component is the loss of one's agency and the replacement of it with that of the perpetrator. In their quest for survival, victims who identify with their abusers may become highly submissive. They lose contact with their own inner experience, and their wants and needs are replaced by those of their perpetrators (Frankel, 2002). Second may become hypersensitive to the perpetrator. Namely, victims who identify with their abusers may be highly attuned to their perpetrator's experience and learn "from the inside" of their perpetrator's emotions and desires (Ferenczi, 1932; Frankel, 2002). Third, as part of IWA, victims may internalize the perpetrator's aggression and may direct this aggression both inward and outward (Frankel, 2002; Lahav, Talmon, & Ginzburg, 2019). Finally, victims who identify with their abusers may adopt their perpetrator's experience concerning the abuse; they may come to mold themselves to their perpetrators, and to view the abuse from their abuser's perspective—namely, to rationalize or deny the abuse while at the same time experiencing self-blame and self-hatred (Lahav, Talmon, & Ginzburg, 2019; Lahav et al., 2020).

According to IWA theory, although IWA aims to promote survival during the abuse, it often continues to exist even after the abuse ends and has negative

repercussions on survivors' well-being (Frankel, 2002; Lahav, Talmon, & Ginzburg, 2019). Evidence from studies among childhood abuse survivors have landed support for this claim, indicating IWA to be related to elevated PTSD, dissociation, self-injurious behavior, suicidality, and revictimization (Lahav, 2021b; Lahav et al., 2020; Lahav, Talmon, & Ginzburg, 2019; Lahav, Talmon, Ginzburg, & Spiegel, 2019). Additionally, a recent study among women reported being subjected to IPV at present or in the past indicated IWA to have unique contribution in explaining trauma-related distress and depressive symptoms above and beyond background characteristics and IPV features (Lahav, 2021a).

The negative implications of IWA after the abuse ended may also contribute to survivors' guilt. Ferenczi viewed the "introjection of guilt feelings" as one of the most damaging outcomes of IWA (Ferenczi, 1933, p. 162). According to his theory, the mental fusion with their aggressor, as a part of IWA, leads those abuse victims who identify with their aggressors to take on their perpetrators' "badness," or to adopt the way their perpetrators perceive them (the victims) as bad (Ferenczi, 1932; Frankel, 2002). This process eventuates in victims' taking responsibility for the aggressor's actions and blaming themselves for the abuse. In addition, one may assume that the other three aspects of IWA may also contribute to elevated guilt among IPV survivors. Losing their sense of agency and becoming highly attuned to their abusive partners may give rise to feelings of helplessness among survivors as well as doubt concerning their ability to evaluate the abuse correctly (Lahav, 2021a; Lahav, Talmon, & Ginzburg, 2019). Additionally, identifying with their partners' aggression as part of IWA may prone survivors to direct aggression inward (Lahav et al., 2020). These processes, in turn, could result in harsh and punitive self-accusation. Findings of a study that explored IWA and guilt in the aftermath of childhood abuse have provided support for these suppositions, indicating that higher levels of IWA were related to higher levels of post-traumatic guilt among adult survivors of childhood abuse (Lahav, Talmon, & Ginzburg, 2019).

The Present Study

Although research has documented the relation between IWA and guilt, to the best of our knowledge no study has explored this link in the context of IPV. Furthermore, the moderating role of IWA in the relation between IPV exposure and guilt is not known. One may postulate that IWA not only contributes to guilt among IPV survivors, but also serves as an essential factor responsible for the existence of guilt and self-blame among this population. Thus, whereas IPV exposure may be related to elevated levels of guilt, this relation may be significantly stronger among survivors who identify with their abusive partners, given that as a part of IWA they may adopt their abusive partners' perspective and introject the partners' blame for the abuse. The current cross-sectional study was conducted among Israeli women, some of whom reported IPV exposure, and explored the following novel suppositions:

Hypothesis 1: IPV survivors would report higher levels of guilt compared to controls.

Hypothesis 2: Identification with the aggressor would be related to guilt: The higher the levels of IWA, the higher the levels of guilt.

Hypothesis 3: Identification with the aggressor wouldmoderate the relation between IPV and guilt. The relation between IPV and guilt would be significantly stronger under conditions of high levels of IWA.

Methods

Participants and Procedure

A convenience sample of Israeli women completed an online survey, which was accessible to them through Qualtrics, a secure web-based survey data collection system. Participants were recruited through a Facebook advertisement from April 1–25, 2020, and took on average 30 min to complete. Facebook users were eligible for this study if they were female, ≥ 18 years old and living in Israel. The Facebook advertisement consisted of a headline, main text, and link to the survey. The survey was advertised as a study exploring the implications of stressful life events among women and was accessible through Qualtrics. No data were collected that linked participants with recruitment sources. All procedures and instruments were approved of by the Tel Aviv University institutional review board. When potential respondents clicked on the survey link, they were guided to a page that described the purpose of the study and the nature of the questions, as well as to a consent form (informing them that the survey was voluntary, that could withdraw from the study at any time, and assuring them of their anonymity). The first page also included contact details of the researcher and of organizations in Israel that provide IPV support/treatment. Each participant was given the opportunity to participate in a lottery that included four $60 gift vouchers.

A total of 983 women filled out some of the survey's questionnaires, yet only 700 (71.2%) who provided data regarding all the study variables (i.e., IPV, IWA, and guilt) were included in the present analyses. All participants were Jewish, with ages ranging from 18 to 79 ($M = 41.12$, $SD = 14.43$). Most were secular (73.6%), had a bachelor's degree or above (57.9%), were employed (50.9%), and had an average or above-average income (52.7%). The majority defined themselves as heterosexual (88.4%) and were in a relationship (53.1%).

Of the total sample, 297 (42.4%) participants reported past or current exposure to IPV. The vast majority of participants who reported IPV were classified as having undergone at least two types of violence ($n = 291$, 98.0%): 190 (64.0%) reported physical violence, 274 (92.3%) reported verbal violence, 237 (79.8%) reported psychological violence, and 156 (52.5%) reported sexual violence.

Comparing participants who reported IPV with participants with no IPV exposure in regard to demographic characteristics indicated significant differences concerning age $F(1,698) = 8.08$, $p < .01$; relationship status $\chi^2(1) = 16.91$, $p < .001$; and education $\chi^2(1) = 8.29$, $p < .01$. Participants with no IPV exposure were younger ($M = 40.79$, $SD = 14.74$)

than participants who reported IPV ($M = 43.91$, $SD = 13.81$). In addition, the proportion of participants who were currently in a relationship or who had bachelor's degrees or above was significantly higher among participants with no IPV exposure (59.0%, 64.9%, respectively) than among participants who reported IPV (44.1.9%, 54.9%, respectively). No differences were found between the groups concerning religiosity or income ($p_s > .05$).

Measures

Background Characteristics. Participants completed a brief demographic questionnaire that assessed age, education, income, religiosity, sexual orientation, and relationship status.

Intimate Partner Violence (Eisikovits et al., 2004). Participants were asked whether they were exposed to IPV at present or in the past. In addition, participants completed a questionnaire developed by Eisikovits et al. (2004) for use in the first Israeli national survey on domestic violence. The questionnaire includes 13 items measuring different types and frequency of violence: verbal assault (cursing, insulting, yelling); psychological or emotional abuse (threatening, controlling, domineering, stalking, isolating, or resource-preventing behaviors); and physical assault (the breaking of material items, moderate physical violence, severe physical violence). For the purpose of the present study, four items tapping sexual violence were added (forcing intercourse, coercing sexual interaction, injuring one's body during sex, and injuring one's breasts or genitals during sex). For each of the items, participants were asked to rank the frequency of abuse on a 5-point Likert scale ranging from 0 (*never*) to 4 (*every day*).

The IWA Scale (Lahav, Talmon, & Ginzburg, 2019). IWA was assessed via the IWA Scale (IAS), a 23-item self-report questionnaire (Lahav, Talmon, & Ginzburg, 2019). The items were presented to respondents as reflecting "possible reactions that people may experience as a result of abuse or offense." First, respondents were asked to describe the severest abuse or offense (in the event that they had not been exposed to IPV) they had ever experienced. Next, participants were asked to rate on an 11-point Likert-type scale, ranging from 0% (*never*) to 100% (*all the time*), the frequency with which they experienced each manifestation of IWA in regard to their abusive present or past partner (i.e., if they reported current or past IPV) or in regard to an offender in the event they had not reported IPV. The IAS comprises four subscales: adopting the perpetrator's experience concerning the abuse, identifying with the perpetrator's aggression, replacing one's agency with that of the perpetrator, and becoming hypersensitive to the perpetrator. The IAS has been shown to have good psychometric properties, including high construct and criterion validity, as well as high internal reliability (Lahav, Talmon, & Ginzburg, 2019). In this study, the internal consistency reliabilities ranged from 0.85 to 0.95 for the four subscales.

Abuse-Related Beliefs Questionnaire (ARBQ; Ginzburg et al., 2006). Guilt was assessed via the guilt subscale of the ARBQ, comprising eight items (sample items: "When I think

of the abuse I underwent, I sometimes feel guilty"; "Sometimes I feel I must have permitted bad things to happen to me because I did not do anything to stop them"). The original version was adapted so that respondents were asked to refer to their current or past IPV or to other abuses or offenses in the event they had not reported IPV. Respondents were asked to indicate to what extent they agreed with each statement, on a 5-point Likert-type scale ranging from 1 (*strongly agree*) to 5 (*do not agree at all*). The ARBQ has been shown to have good psychometric properties, including high validity and reliability (Ginzburg et al. 2006). In this study, the internal consistency reliability was 0.89.

Covariates. Given the documented relations between depression and guilt, depression served as a covariate in the present analyses. Levels of depression symptoms were assessed via the depression subscale of the Brief Symptom Inventory-18 (BSI-18; Derogatis, 2001). Participants were asked to indicate the extent to which they had been bothered by the symptom over the last two weeks, on a 5-point Likert scale ranging from 0 (*not at all*) to 4 (*extremely*). The BSI-18 has been found to have adequate convergent and discriminant validity and good reliability (Derogatis, 2001). In this study, the internal consistency reliability for the depression subscale was excellent ($\alpha = 0.90$). In addition, age, education, and relationship status, which were significantly correlated with guilt ($p_s < .05$), were also treated as covariates in the present analyses.

Analytic Strategy

To explore guilt as a function of IPV after adjusting for age, education, relationship status, and depression, a one-way analysis of covariance (ANCOVA) was conducted, comparing participants who reported IPV with participants who had no IPV exposure. To explore the associations between IWA scores and guilt, Pearson correlation analyses between the variables were conducted. Lastly, to explore the moderating role of IWA in the relation between IPV and guilt, a regression model was conducted. Guilt served as the dependent variable, IPV as the independent variable, and the IWA total score as the moderator. Age, education, relationship status, and depression served as covariates. All the variable scores were standardized. Next, significant interactions were probed using PROCESS computational macro (Hayes, 2012).

Results

Guilt as a Function of IPV

Results of the ANCOVA indicated significant differences in guilt between participants who reported IPV and participants with no IPV exposure $F(1,694) = 29.92$, $p < .001$. Participants who reported IPV had higher levels of guilt ($M = 2.35$, $SD = 1.00$) compared to participants with no IPV exposure ($M = 1.90$, $SD = 0.89$), after adjusting for age, education, relationship status, and depression.

Associations Between IWA and Guilt. As can be seen in Table 1, IWA was significantly related to guilt. The higher the scores in the following subscales—adopting the perpetrator's experience, identifying with the perpetrator's aggression, replacing one's agency with that of the perpetrator, becoming hypersensitive to the perpetrator, and the IWA total score—the higher the levels of guilt.

The Moderating Role of IWA in the Relation Between IPV and Guilt. To assess the moderating role of IWA in the relation between IPV and guilt, a regression analysis was conducted. Results of the analyses are presented in Table 2. The regression explained 31.0% of the variance of guilt and was significant, $F(7,692) = 44.22$, $p < .001$. Age, depression symptoms, IPV status, and IWA had significant effects in explaining guilt. Younger age, elevated depression symptoms, and IWA, as well as being subjected to IPV, were all related to higher levels of guilt. Furthermore, the moderating role of IWA in the relation between IPV and guilt was significant.

The significant interaction was probed using the PROCESS (Model 1) computational macro (Hayes, 2012) by computing the conditional effects at 1 SD below and 1 SD above the mean of the moderator (i.e., levels of the IWA total score). Results indicated that the relation between IPV and guilt was shaped by IWA level. Among participants with lower IWA levels, the relation between IPV and guilt was nonsignificant ($\beta = 0.06$, $p = .19$); namely, there was no difference in guilt between participants who reported IPV and participants with no IPV exposure. However, among participants with higher IWA, the relation between IPV and guilt was significant ($\beta = 0.23$, $p < .001$), with participants who reported IPV exhibiting higher levels of guilt than participants with no IPV exposure.

Table 1. Correlations Between Identification With the Aggressor and Guilt ($n = 700$).

Measure	1	2	3	4	5	6
1. Guilt	–					
2. Adopting the perpetrator's experience	0.43***	–				
3. Identifying with the perpetrator's aggression	0.29***	0.72***	–			
4. Replacing one's agency with that of the perpetrator	0.39***	0.68***	0.50***	–		
5. Becoming hypersensitive to the perpetrator	0.25***	0.65***	0.50***	0.50***	–	
6. IWA total score	0.42***	0.94***	0.81***	0.80***	0.77***	–
M	2.09	26.35	21.83	34.91	32.91	28.37
(*SD*)	(0.96)	(22.81)	(25.57)	(26.04)	(27.42)	(21.08)

Note. IWA = identification with the aggressor.
** $p < .01$. *** $p < .001$.

Table 2. Regression β Standardized Coefficients Predicting Guilt ($n = 700$).

	Guilt	
	β	R^2
Age	−0.14***	.31
Relationship status	−0.07	
Education	−0.01	
Depression symptoms	0.25***	
IPV status	0.14***	
IWA total score	0.27***	
IPV status X IWA total score	0.09**	

Note. IWA = identification with the aggressor. Relationship values: 0 = not in a relationship, 1 = in a relationship. IPV status values: 0 = no IPV, 1 = IPV. Education values: 0 = high school education, 1 = postsecondary education.
** $p < .01$. *** $p < .001$.

Discussion

Guilt among survivors of IPV might affect their coping and mental health, and it is therefore vital to understand the factors that contribute to this dynamic (Karakurt et al., 2014). For example, guilt can play into survivors' fear of ending the relationship with the aggressor, leading to the continuation of a problematic relationship (Cala et al., 2016). In this study, we explored for the first time the relation between guilt and IWA as well as the moderating role of IWA in the relation between IPV and guilt. Our study hypotheses were supported. We found that IPV survivors reported higher levels of guilt compared to controls, and that IWA was related to guilt: The higher the scores in adopting the perpetrator's experience, identifying with the perpetrator's aggression, replacing one's agency with that of the perpetrator, and becoming hypersensitive to the perpetrator, the higher the levels of guilt. Furthermore, our results demonstrated that the moderating role of IWA in the relation between IPV and guilt was significant: Whereas among participants with lower IWA levels, there was a nonsignificant relation between IPV and guilt, among participants with higher IWA, the relation between IPV and guilt was significant, so that participants who reported IPV had elevated guilt compared to participants without a history of IPV.

Our findings, indicating higher levels of guilt among the IPV group compared to controls, are in line with previous research (Beck et al., 2011; Kubany, Abueg, et al., 1995; Kubany, Bauer, et al. 1995; Kubany et al., 2004; Kubany & Watson, 2002). Elevated guilt among IPV survivors may be due to having experienced feelings of powerlessness and betrayal at the hands of their partners, stigma from others, or being forced to engage in sexual or abusive acts or experiences against their will. It is possible that guilt provided these women with a meaning-making opportunity—that is, a chance to make meaning of their experience—as well as a sense of control over their isolation and abuse (Draucker, 1995; Whiffen & MacIntosh, 2005). As

Schmideberg (1956, p. 475) wrote, "Guilt implies responsibility; and however painful guilt is, it may be preferable to helplessness."

Guilt in survivors of IPV may be linked to stigma, which is the result of having a socially devalued identity (Crocker et al., 1998). IPV victims may internalize societal messages about their deservingness of the abuse (Overstreet & Quinn, 2013) and the belief that they are worthy of the abuser's blame and violence. Depression may also explain elevated guilt among this population (Beck et al., 2015; Browne et al., 2015). Findings of a meta-analysis of 37 studies on IPV and depression indicated that women who had been exposed to IPV had a two- to three-fold increase in risk for major depressive disorder and a 1.5- to 2-fold increased risk of elevated depressive symptoms and postpartum depression, compared to women not exposed to IPV (Beydoun et al., 2012). These elevated rates of depression may, in turn, contribute to IPV survivors' guilt, given that an elevated sense of guilt (consisting of guilty preoccupations, ruminations over minor past failings, and delusional beliefs of self-blame) is one of the byproducts of depression (American Psychiatric Association, 2013). Findings of a previous study that revealed associations between depression and negative thoughts about the self in female survivors of IPV (Beck et al., 2015), as well as our current findings indicating that depression significantly explains guilt, support this line of thought.

Lastly, the strong bonds between some abuse victims and their perpetrators may contribute to elevated guilt among survivors of IPV. Our innovative results indicate that IWA is related to elevated guilt and that it moderates the relation between IPV and guilt above and beyond background characteristics as well as depression. Specifically, we found that whereas among participants with lower IWA levels, there was a nonsignificant relation between IPV exposure and guilt, among participants with higher IWA, the relation between exposure to IPV and guilt was significant. That is, participants who reported IPV had elevated guilt compared to participants without a history of IPV. Thus, it appears that it is not the IPV per se that is related to guilt, but rather the combination of IPV and elevated levels of IWA that may fuel or exacerbate guilt.

The current findings regarding the moderating role of IWA in the relation between IPV and guilt are in line with the theory of IWA (Ferenczi, 1932, 1933; Frankel, 2002; Lahav, 2021a). Different facets of IWA may contribute to elevated guilt among survivors in the aftermath of IPV. When victims lose their agency, as part of IWA, they may become disconnected from their own needs and feelings and may not be able to evaluate the abuse accurately. Instead, detached and distorted attributions of the abuse may be formed among those victims. Additionally, introjecting their perpetrator's aggression as part of IWA may lead victims who identify with their abusers to direct hostility toward themselves. This process, in turn, could be manifested in self-destructive behaviors and negative appraisals of themselves in the form of harsh and punitive self-accusation. Lastly, two elements of IWA, consisting of being hypersensitive toward the perpetrator and adopting the perpetrator's experience regarding the abuse, may lead IPV survivors to take on their partners' "badness" and blame themselves for the abuse (Lahav et al., 2020). Violent partners have been found to victim-blame

(Jackson et al., 2001), attributing blameworthiness to their partners' qualities, such as personality traits (i.e., "She is a lazy person") and behaviors (i.e., "She left the house a big mess"), or accusing the victims of having nefarious intentions (i.e., infidelity). Becoming attuned to their partners' inner experience and assuming their partners' viewpoint regarding the abuse, as part of IWA, may be essential for IPV victims' survival. These responses may enable victims who identify with their aggressors to appease their violent partners and/or to foresee potential hazards and, in that way, prevent violence escalations. Nonetheless, IWA seems to have significant repercussions in the long term, and may lead some IPV survivors to introject guilt feelings over the abuse, potentially posing a considerable obstacle to their recovery processes (Lahav 2021a, in press).

This study should be considered in light of its limitations. First, this study was based on self-response questionnaires which may be subject to response biases and shared method variance. Additionally, the current study was cross-sectional. Thus, readers should be cautious about assuming causal relationships between the study's variables; it would ideally be of interest to examine IWA and guilt among victims of IPV over time. Third, given that this study was planned long before the outbreak of the COVID-19 pandemic, the virus and its repercussions were not measured as a stressor, even though data collection began a short time after the outbreak of the pandemic. Women with IPV were found to have experienced a worsening of violence during the pandemic (Evans et al., 2020; Gupta & Stahl, 2020). Thus, factors related to the COVID-19 pandemic may have affected the current results. Lastly, this study was conducted among a convenience sample of Israeli women. It would also be of interest for a future study to replicate the methodology used here, but to instead examine a more heterogeneous sample consisting of males as well, as women have been found to have higher levels of guilt (Else-Quest et al., 2012).

Nonetheless, the present study has important implications. Although Ferenczi's theory predominantly focuses on childhood abuse (Frankel, 2002), the present findings indicate that IWA also takes place among survivors of IPV and may be a key element in explaining guilt among IPV survivors. IPV survivors who have high levels of identifying with their former abusive partners may be particularly susceptible to feeling guilty over their abuse. Guilt among IPV survivors may not only cause emotional pain, but may also intensify avoidant coping strategies (Kubany & Manke, 1995; Street et al., 2005) and serve as a barrier to therapeutic change (Pugh et al., 2015). Hence, the present findings suggest that IWA should be addressed in clinical interventions for IPV survivors. Clinicians should consider focusing on helping their patients work through and gradually untie their emotional bonds to their former abusive partners, as a way to alleviate their suffering and free them from feeling guilty over their traumatic past.

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References

Allard, C. B., Norman, S. B., Thorp, S. R., Browne, K. C., & Stein, M. B. (2018). Mid-treatment reduction in trauma-related guilt predicts PTSD and functioning following cognitive trauma therapy for survivors of intimate partner violence. *Journal of Interpersonal Violence*, *33*(23), 3610–3629. https://doi.org/10.1177/0886260516636068

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

Barnett, O. W., & LaViolette, A. D. (1993). *It could happen to anyone: Why battered women stay*. Sage Publications.

Beck, J. G., McNiff, J., Clapp, J. D., Olsen, S. A., Avery, M. L., & Houston Hagewood, J. (2011). Exploring negative emotion in women experiencing intimate partner violence: Shame, guilt, and PTSD. *Behavior Therapy*, *42*(4), 740–750. https://doi.org/10.1016/j.beth.2011.04.001

Beck, J. G., Reich, C. M., Woodward, M. J., Olsen, S. A., Jones, J. M., & Patton, S. C. (2015). How do negative emotions relate to dysfunctional posttrauma cognitions? An examination of interpersonal trauma survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *7*(1), 3–10. https://doi.org/10.1037/a0032716

Beck, J. G., Tran, H. N., Dodson, T. S., Henschel, A. V., Woodward, M. J., & Eddinger, J. (2016). Cognitive trauma therapy for battered women: Replication and extension. *Psychology of Violence*, *6*(3), 368–377. https://doi.org/10.1037/vio0000024

Beydoun, H. A., Beydoun, M. A., Kaufman, J. S., Lo, B., & Zonderman, A. B. (2012). Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: A systematic review and meta-analysis. *Social Science and Medicine*, *75*(6), 959–975. https://doi.org/10.1016/j.socscimed.2012.04.025

Browne, K. C., Trim, R. S., Myers, U. S., & Norman, S. B. (2015). Trauma-related guilt: Conceptual development and relationship with posttraumatic stress and depressive symptoms. *Journal of Traumatic Stress*, *28*(2), 134–141. https://doi.org/10.1002/jts.21999

Cala, M. J., Trigo, M. E., & Saavedra, F. (2016). Women's disengagement from legal proceedings for intimate partner violence: Sociodemographic and psychological variables. *The European Journal of Psychology Applied to Legal Context*, *8*, 35–42. https://doi.org/10.1016/j.ejpal.2015.10.002

Center for Disease Control (CDC). (2021a). *Preventing intimate partner violence.* Retrieved June 27, 2021, from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Center for Disease Control (CDC). (2021b). *Intimate partner violence.* Retrieved June 27, 2021, from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html

Crocker, J., Major, B., & Steele, C. M. (1998). Social stigma. In D. T. Gilbert & S. T. Fiske (Eds.), *The handbook of social psychology* (pp. 504–553). Mcgraw-Hill.

Derogatis, L. R. (2001). *Brief Symptom Inventory 18: Administration, scoring and procedures manual*. NCS Pearson, Incorporated.

Draucker, C. B. (1995). A coping model for adult survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, *10*, 159–175. https://doi.org/10.1177/088626059501000202

Dutton, D. G., & Painter, S. L. (1993). Emotional attachments in abusive relationships: A test of traumatic bonding theory. *Violence and Victims*, *8*(2), 105–120. https://doi.org/10.1891/0886-6708.8.2.105

Eisikovits, Z., Winstok, Z., & Fishman, G. (2004). The first Israeli national survey on domestic violence. *Violence Against Women*, *10*(7), 729–748. https://doi.org/10.1177/1077801204265549

Else-Quest, N. M., Higgins, A., Allison, C., & Morton, L. C. (2012). Gender differences in self-conscious emotional experience: A meta-analysis. *Psychological Bulletin*, *138*(5), 947–981. https://doi.org/10.1037/a0027930

Evans, M. L., Lindauer, M., & Farrell, M. E. (2020). A pandemic within a pandemic - intimate partner violence during COVID-19. *The New England Journal of Medicine*, *383*(24), 2302–2304. https://doi.org/10.1056/NEJMp2024046

Ferenczi, S. (1932). *The clinical diary of Sandor Ferenczi (J. DuPont, Ed.; M. Balint & N. Z. Jackson, Trans.)*. Harvard University Press.

Ferenczi, S. (1933). Confusion of tongues between adults and the child (E. Mosbacher, Trans.). In M. Balint (Ed.), *Final contributions to the problems and methods of psycho-analysis* (pp. 156–167). Karnac Books.

Frankel, J. P. D. (2002). Exploring Ferenczi's concept of identification with the aggressor: Its role in trauma, everyday life, and the therapeutic relationship. *Psychoanalytic Dialogues*, *12*(1), 101–139. https://doi.org/10.1080/10481881209348657

Ginzburg, K., Arnow, B., Hart, S., Gardner, W., Koopman, C., Classen, C. C., & Spiegel, D. (2006). The abuse-related beliefs questionnaire for survivors of childhood sexual abuse. *Child Abuse & Neglect*, *30*(8), 929–943. https://doi.org/10.1016/j.chiabu.2006.01.004

Graham, D. L. R., Rawlings, E., & Rimini, N. (1988). Survivors of terror: Battered women, hostages, and the Stockholm syndrome. In K. Yllö & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 217–233). Sage Publications.

Graham, D. L. R., Rawlings, E. I., Ihms, K., Latimer, D., Foliano, J., Thompson, A., Suttman, K., Farrington, M., & Hacker, R. (1995). A scale for identifying "Stockholm syndrome" reactions in young dating women: Factor structure, reliability, and validity. *Violence and Victims*, *10*(1), 3–22. https://doi.org/10.1891/0886-6708.10.1.3

Gupta, A. H., & Stahl, A. (2020, March 24). For abused women, a pandemic lockdown holds dangers of its own. *The New York Times*. https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html

Hayes, A. F. (2012). PROCESS: A versatile computational tool for observed variable mediation, moderation, and conditional process modeling [White Paper]. http://www.afhayes.com

Jackson, T., Witte, T., & Petretic-Jackson, P. (2001). Intimate partner and acquaintance violence and victim blame: Implications for professionals. *Brief Treatment and Crisis Intervention*, *1*(2), 153–168. https://doi.org/10.1093/brief-treatment/1.2.153

Karakurt, G., Smith, D., & Whiting, J. (2014). Impact of intimate partner violence on women's mental health. *Journal of Family Violence*, *29*(7), 693–702. https://doi.org/10.1007/s10896-014-9633-2

Kennedy, A. C., & Prock, K. A. (2018). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse*, *19*(5), 512–527. https://doi.org/10.1177/1524838016673601

Kubany, E., & Watson, S. (2002). Cognitive trauma therapy for formerly battered women with PTSD: Conceptual bases and treatment outlines. *Cognitive and Behavioral Practice*, *9*(2), 111–127. https://doi.org/10.1016/S1077-7229(02)80005-0

Kubany, E. S., Abueg, F. R., Owens, J. A., Brennan, J. M., Kaplan, A. S., & Watson, S. B. (1995). Initial examination of a multidimensional model of trauma-related guilt: Applications to combat veterans and battered women. *Journal of Psychopathology and Behavioral Assessment*, *17*, 353–376. https://doi.org/10.1007/BF02229056

Kubany, E. S., Bauer, G. B., Muraoka, M. Y., Richard, D. C., & Read, P. (1995). Impact of labeled anger and blame in intimate relationships. *Journal of Social & Clinical Psychology*, *14*, 53–60. https://doi.org/10.1521/jscp.1995.14.1.53

Kubany, E. S., Hill, E. E., Owens, J. A., Iannce-Spencer, C., McCaig, M. A., Tremayne, K. J., & Williams, P. L. (2004). Cognitive trauma therapy for battered women with PTSD (CTT-BW). *Journal of Consulting and Clinical Psychology*, *72*(1), 3–18. https://doi.org/10.1037/0022-006X.72.1.3

Kubany, E. S., & Manke, F. P. (1995). Cognitive therapy for trauma-related guilt: Conceptual bases and treatment outlines. *Cognitive and Behavioral Practice*, *2*(1), 27–61. https://doi.org/10.1016/S1077-7229(05)80004-5

Kubany, E. S., & Ralston, T. C. (2006). Cognitive therapy for trauma-related guilt and shame. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 258–289). The Guilford Press.

Lahav, Y., Allende, S., Talmon, A., Ginzburg, K., & Spiegel, D. (2020). Identification with the aggressor and inward and outward aggression in abuse survivors. *Journal of Interpersonal Violence*, *37*, 2705–2728. https://doi.org/10.1177/0886260520938516

Lahav, Y. (2022). Hyper-sensitivity to the perpetrator and the likelihood of returning to abusive relationships. *Journal of Interpersonal Violence*, p.088626052210920. https://doi.org/10.1177/08862605221092075

Lahav, Y. (2021a). Painful bonds: Identification with the aggressor and distress among IPV survivors. *Journal of Psychiatric Research*, *144*, 26–31. https://doi.org/10.1016/j.jpsychires.2021.09.046

Lahav, Y., Renshaw, K. D., & Solomon, Z. (2019). Domestic abuse and forgiveness among military spouses. *Journal of Aggression, Maltreatment & Trauma*, *28*(2), 243–260. https://doi.org/10.1080/10926771.2018.1531335

Lahav, Y., Solomon, Z., & Siegel, A. (2018). Twofold trauma exposure – the dual function of attachment avoidance. *Attachment & Human Development*, *20*(5), 514–531. https://doi.org/10.1080/14616734.2018.1448998

Lahav, Y., Solomon, Z., Siegel, A., Tsur, N., & Defrin, R. (2019). Punishing the self: Post-traumatic guilt mediates the link between trauma and deficient pain modulation. *The Journal of Pain*, *21*(3-4), 364–374. https://doi.org/10.1016/j.jpain.2019.07.004

Lahav, Y. (2021b). Suicidality in childhood abuse survivors – The contribution of identification with the aggressor. *Journal of Affective Disorders*, *295*, 804–810. https://doi.org/10.1016/j.jad.2021.08.138

Lahav, Y., Talmon, A., & Ginzburg, K. (2019). Knowing the abuser inside and out: The development and psychometric evaluation of the identification with the aggressor scale. *Journal of Interpersonal Violence*, 1-24. https://doi.org/10.1177/0886260519872306

Lahav, Y., Talmon, A., Ginzburg, K., & Spiegel, D. (2019). Reenacting past abuse–identification with the aggressor and sexual revictimization. *Journal of Trauma and Dissociation*, *20*(4), 378–391. https://doi.org/10.1080/15299732.2019.1572046

Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology*, *35*, 109–122. https://doi.org/10.1080/01973533.2012.746599

Pugh, L. R., Taylor, P. J., & Berry, K. (2015). The role of guilt in the development of post-traumatic stress disorder: A systematic review. *Journal of Affective Disorders*, *182*, 138–150. https://doi.org/10.1016/j.jad.2015.04.026

Schmideberg, M. (1956). Multiple origins and functions of guilt. *The Psychiatric Quarterly*, *30*(3), 471–477. https://doi.org/10.1007/BF01564362

Street, A., Gibson, L., & Holohan, D. (2005). Impact of childhood traumatic events, trauma-related guilt, and avoidant coping strategies on PTSD symptoms in female survivors of domestic violence. *Journal of Traumatic Stress*, *18*, 245–252. https://doi.org/10.1002/jts.20026

Wallace, P. (2007). How can she still love him? Domestic violence and the Stockholm syndrome. *Community Practitioner*, *80*(10), 32–34.

Whiffen, V. E., & Macintosh, H. B. (2005). Mediators of the link between childhood sexual abuse and emotional distress: A critical review. *Trauma, Violence, & Abuse*, *6*(1), 24–39. https://doi.org/10.1177/1524838004272543

Willie, T. C., Callands, T. A., & Kershaw, T. S. (2018). Intimate partner violence, sexual autonomy and postpartum STD prevention among young couples: A mediation analysis. *Perspectives on Sexual and Reproductive Health*, *50*(1), 25–32. https://doi.org/10.1363/psrh.12050

Wilson, J. L., Uthman, C., Nichols-Hadeed, C., Kruchten, R., Thompson Stone, J., & Cerulli, C. (2021). Mental health therapists perceived barriers to addressing intimate partner violence and suicide. *Families, Systems, & Health*, *39*, 188–197. https://doi.org/10.1037/fsh0000581

World Health Organization (WHO). (2021). *Violence against women.* Retrieved June 27, 2021, from https://www.who.int/news-room/fact-sheets/detail/violence-against-women

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