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Research paper

Broken and guilty since it happened: A population study of trauma-related shame and guilt after violence and sexual abuse

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ABSTRACT

Background: There is increasing interest in trauma-related shame and guilt. However, much remains unknown in terms of how these emotions relate to the type of event, gender and mental health. We investigated shame and guilt in men and women following various types of severe violence and their relation to mental health.

Methods: Telephone interviews were conducted with a Norwegian general population sample (n=4529; age=18–75; response rate=42.9%). Measures included child sexual abuse, child and adult rape, severe physical violence from/between parents, severe violence from a partner and non-partners, less severe violence and non-violent trauma, the new Shame and Guilt After Trauma Scale, and the Hopkins Symptom Checklist. Analyses included *t*-tests and linear regressions.

Results: All types of severe violence were significantly associated with trauma-related shame and guilt (coefficients from 0.11 to 0.38, p-values <0.001). The number of violence types showed a graded relationship with both emotions. Women had significantly more shame and guilt than men did (p-values <0.001 for both emotions), which was partially explained by violence exposure. Both emotions were independently associated with mental health problems (p-values <0.001).

Limitations: The study is cross-sectional. The shame and guilt measure requires further validation.

Conclusions: The more types of violence that were reported, the higher levels of shame and guilt were. Clinicians should be aware of shame and guilt after a variety of violent events, including non-sexual violence, in both men and women and should particularly be aware of whether individuals have multiple violent experiences.

1. Introduction

Victims of violence and trauma tend to feel shame and self-blame (Janoff-Bulman, 1979; Stone, 1992). Much remains unknown about how trauma-related shame and guilt relate to particular events and event constellations, whether they are more frequent among women than among men, and whether both have importance for mental health.

Shame can be defined as "a painful affect, often associated with perceptions that one has personal attributes, personality characteristics or has engaged in behaviors that others will find unattractive and that will result in rejection or some kind of put-down" (Gilbert, 2000), whereas guilt can be described as "an unpleasant feeling with an accompanying belief that one should have felt, thought or acted differently" (Kubany and Manke, 1995; Kubany and Watson, 2003). Though often discussed interchangeably, shame and guilt are considered separate constructs. Guilt is generally related to the devaluation of behaviors rather than the devaluation of the self, as is the case with shame (Tangney and Dearing, 2002; Wilson et al., 2006). Gilbert (1997) emphasizes that although the purpose of both emotions is to smooth group dynamics, they do so in different ways. Shame is linked to social positioning and typically elicits submissive or avoidance behavior,

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whereas guilt is linked to care strategies and elicits reparation behavior. In addition, the associations of shame and guilt with mental health have been debated. Whereas shame is found to be associated with mental health problems, such problems are less consistently associated with guilt (see Tilghman-Osborne et al., 2010, for a review). These findings lead some to conclude that whereas shame is maladaptive, guilt is not (Tangney et al., 1992, 2007). This view has been met with criticism (Gilbert, 1997; Luyten et al., 2002). When researchers study guilt after trauma, they generally find that guilt is associated with mental health problems, although it remains debatable whether this is because of co-occurring shame (Pugh et al., 2015). Thus, although trauma-related shame and guilt are presumably associated with mental health problems, it is less clear whether both emotions yield such associations independently of each other.

Interpersonal traumatic events, including violence, may have stronger associations with adverse outcomes than non-interpersonal events do (Green et al., 2000), possibly due to mediation by shame (La Bash and Papa, 2014). Shame and guilt have been identified after various types of violence (Andrews et al., 2000; Kubany et al., 1996; Street and Arias, 2001). Violent events may differ in ways that are pertinent to shame and guilt, including whether the event is stigmatized, as sexual abuse may be, whether the event is experienced early in life, and whether it occurs in close relationships. Theories on why these aspects have particular importance for shame and guilt include the internalization of stigma (Amstadter and Vernon, 2008; Finkelhor and Browne, 1985), the early development of schema (Lee et al., 2001), and threats to the social self (Budden, 2009). Two studies with university samples have found that sexual abuse entails more shame and guilt than other traumas do (Amstadter and Vernon, 2008) and that the age when sexual abuse begins may influence shame (Uji et al., 2007).

In addition, exposure to various types of violence often overlaps (Classen et al., 2005; Herrenkohl and Herrenkohl, 2009). Thus, researchers increasingly focus on the total burden of violence in relation to adverse outcomes (Finkelhor et al., 2007). Recent small studies of undergraduates (La Bash and Papa, 2014), outpatients with PTSD (Hagenaars, Fisch, and van Minnen, 2011) and male refugee minors (Stotz et al., 2015) suggest that the number of traumatic events may be associated with shame and guilt. However, to our knowledge, no studies have investigated shame and guilt after different events in a large population sample.

When overall proneness to shame and guilt is considered, women have been found to have somewhat higher levels of both emotions (see Else-Quest et al., 2012, for a meta-analysis). However, less is known about gender differences when shame and guilt occur in relation to trauma and violence. In terms of exposure to violence, women more often experience severe intimate partner violence (IPV) and sexual violence (Creamer et al., 2001; Fischer, 1992; Tolin and Foa, 2002), which may be relevant for shame and guilt. A potential gender difference in trauma-related shame and guilt may be due to some aspect of the difference between men and women (e.g., biology, coping style) or some aspect of the event (e.g., sexual abuse, perpetrator relationship).

One study found that women scored higher on some, but not other, subscales of trauma-related guilt (Kubany et al., 1996). In another study, women experienced more negative social feedback after trauma (Andrews et al., 2003), which could imply an increased risk; however, several studies have found no or mixed gender differences (Aakvaag et al., 2014; Andrews et al., 2000; Byers and Glenn, 2011). Many studies of trauma-related shame and guilt are restricted to one gender and target events that are gendered (Beck et al., 2011; Leskela et al., 2002; Street and Arias, 2001). Thus, whether women experience more trauma-related shame and guilt is not known, although existing evidence indicates that gender differences are small or non-existent after the same type of trauma.

Several instruments to measure shame and/or guilt exist (e.g. Harder and Zalma, 1990; Tangney et al., 1997), but few are adapted to measure these emotions after trauma. Those that exist are typically suitable for use with survivors of a particular trauma or for patient groups (Kubany et al., 1996; Øktedalen et al., 2014). Therefore, there is a need for a measure of trauma-related shame and guilt in general population samples.

This study aimed to investigate how gender and violence experiences relate to shame and guilt and how shame and guilt relate to mental health in a large, population-based study of violence and abuse.

The research questions were as follows:

1. Does our scale measure trauma-related shame and guilt as separate constructs, and do women report more of both these emotions than men do?
2. Are shame and guilt associated with different types of violence and with the number of violence types?
3. Are trauma-related shame and guilt independently associated with anxiety/depression symptoms?

2. Methods

2.1. Participants and procedure

The sample comprised 2437 women and 2092 men (age 18–75; mean age: 44.4 years). Potential participants were randomly selected from the General Population Registry, which contains all citizens of Norway. All potential participants received invitation letters and were later called by interviewers. The response rate was 42.9% (45.0% for women, 40.8% for men), calculated from those who were reached by telephone (comparable to response rate calculation for random digit dialing). For more information about the sampling procedure, see Thoresen et al. (2015).

The majority of our sample were married or cohabiting (64.5%), educated at high school level or higher (91.%), and perceived their financial situation as average or above (90.9%). Education, household income and proportion married were slightly higher in our sample than in the general population (Thoresen et al., 2015). The majority (96.0%) of our participants were of Norwegian origin.

We used computer-assisted telephone interviews based on the strategy of Kilpatrick and colleagues (Kilpatrick et al., 2003; Resnick et al., 1993), in which each affirmative answer on violence leads to follow-up questions about event characteristics, including injury, fear of injury, and age when the event happened. Questions about experiences with violence were behaviorally specific. The interview was designed according to the National Adolescent Study (Kilpatrick et al., 2003), and questions were adapted to fit a Norwegian context and expanded to include a broad assessment of childhood violence.

The study was approved by the Regional Committee for Medical and Health Ethics in Norway.

2.2. Measures

Child sexual abuse (CSA) was indicated by affirmative answers to the following: “Before you were age 13, did anyone who was five or more years older than you ever have sexual contact with you? ” This question was adapted from The National Stressful Events Web Survey (Kilpatrick et al., 2011). *Rape before the age of 18* was indicated by responding positively to at least one of four separate questions before the age of 18: “Has anyone ever forced you into a) intercourse, b) oral sex, or c) anal sex or d) put fingers or objects in