

## The Effect of Shame on the Self-Disclosure of Sexual Assault Victims

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### Abstract

Sexual assault is a crime experienced by many people, especially women. After experiencing sexual assault, various complex psychological dynamics emerge within the individual. The victims also carried several coping strategies, one of which was self-disclosure. Self-disclosure is an important step that needs to be taken by victims to be able to receive treatment according to their needs. Unfortunately, some victims of sexual assault are reluctant to self-disclosure because of the development of shame in the victim. In previous research, it was found that a person's decision to do self-disclosure is influenced by shame. However, a study says that self-disclosure is not significantly correlated with shame. Seeing the differences in the study results, the researcher wanted to see how shame affects the self-disclosure experienced by young adult women who have experienced sexual assault. A non-experimental quantitative method with a purposive sampling technique was performed on women aged 20-40 years by distributing a Trauma-Related Shame Inventory Short-Form to measure shame, a Distress Disclosure Index to measure self-disclosure, and a Sexual Assault Screening questionnaire to obtain data related to the types of sexual assault experienced by victims. Research data obtained from 250 participants were processed using a linear regression test. The result showed that shame had an effect on self-disclosure of 18.5% with a value of  $F = 57,393$  and  $p = 0.000 < 0.05$ . The results of this study are useful for the wider community concerned about sexual assault.

**Keywords:** Shame, self-disclosure, young adulthood female, sexual assault.

### Introduction

Sexual assault against women is still a typical kind of crime. According to the National Commission on Assault Against Women's Annual Records (CATAHU) (Komnas Perempuan, 2021), Indonesia recorded as many as 299,911 occurrences of Assault Against Women (*Kekerasan terhadap Perempuan / KtP*) in 2020. This Assault Against Women is separated into two categories: cases in the household/personal domain (*Kasus Dalam Rumah Tangga/Ranah Personal / KDRT/RP*) and cases in the public or communal environment. In the realm of the individual, the most significant number of victims of assault are between the ages of 25 and 40 or 2,383 people. In the community domain, the age group of 14 to 17 years has the highest number of victims of assault, with 440 individuals, followed by the age range of 25 to 40

years with 399 individuals. Of the 8,234 cases treated by the partner service organizations of the National Commission for Women of Indonesia, there were 1,983 incidents of sexual assault in the private domain and 962 cases in the public or community domain. The sexual assault that has been documented includes rape, attempted rape, sexual abuse, sexual encounters, sexual harassment, and other forms of sexual assault.

Everyone has different coping mechanisms for dealing with sexual assault. According to Lazarus and Folkman (1984), coping is a cognitive and behavioral adjustment to deal with the pressure that is seen as burdensome or beyond one's capabilities. Then, Lazarus and Folkman divide coping techniques into two categories: problem-focused strategies and emotion-focused strategies. Problem-focused coping

strategies include battling directly, seeking formal assistance, requesting intervention from friends or family, and altering conduct on social media. In contrast, emotion-focused coping mechanisms involve opening up and seeking moral support from others, ignoring, and self-blaming (Scarduzio et al., 2018).

Self-disclosure is a crucial coping strategy since it allows victims to receive individualized assistance or treatment. According to the interviews performed by Kirkner et al. (2017), as many as 51 percent of victims admitted and encouraged other victims to speak out about their horrific experiences instead of remaining silent. Victims acknowledge that communicating with others is the first step toward self-healing. According to the findings of Hassija and Turchik's (2016) study, victims who disclose and utilize mental health care can boost the victims self-strength, spiritual development, adaptive coping, and ability to perceive things. However, some persons wish to remain private or are hesitant to disclose information about themselves. However, if the victim does not disclose, the possibility of receiving proper care may diminish, and psychological distress may develop. PTSD, anxiety disorders, trouble adjusting to social circles, sexual problems, negative body image, depression, and a high risk of suicide ideation and behavior are among the psychological disorders that can emerge as a result of sexual abuse (Buchanan et al., 2013; Dworkin et al., 2017; Mason & Lodrick, 2013).

Shame might be the reason for persons' reluctance to disclose personal information. Shame is a conscious feeling in which a person feels full of flaws and insignificance (Tangney dan Dearing, 2002). According to Øktedalen et al. (2014), traumatic experiences might prompt people to conduct a negative self-evaluation, which is associated with feelings of separation from oneself (internal shame) and rejection from others (external shame). In addition, shame might occur when a person feels known as someone who has been hurt or degraded. Consequently, numerous methods have been tried to prevent this shame, including closing oneself off (Gilbert & Andrews, 1998). MacGinley et al. (2019)

and Ceelen et al. (2019) emphasize that shame is a significant component that can impact victims of sexual assault's decision to self-disclose. When the victim has a sense of shame, it will be difficult for the victim to engage in self-disclosure.

However, fascinating findings from a study by DiMauro and Renshaw (2018) indicate that shame is not significantly connected with self-disclosure. DiMauro and Renshaw (2018) contend that shame is not considerably associated with self-disclosure because the desire to be open and honest to preserve a primary source of social support and the anticipation of compassion and support play a more critical role than shame. Referring to the discrepancies between the findings of MacGinley et al. (2019) and Ceelen et al. (2019), which indicate that shame influences self-disclosure, and the findings of DiMauro and Renshaw (2018), which indicate that there is no relationship between shame and self-disclosure, the researcher decided to investigate the discrepancy. The researcher wishes to determine how shame influences the self-disclosure of young adult women who have experienced sexual assault. Self-disclosure may be made to friends, spouses, parents, or family members, as well as to health services or security personnel. In addition, a history of sexual assault can begin in childhood and continue into maturity.

## Method

Participants in this study were obtained by sharing the questionnaires with women between the ages of 20 and 40 who had been victims of sexual assault in Indonesia. The questionnaires were distributed from February 28, 2022, to March 28, 2022. This study classified sexual assault into five categories: verbal sexual harassment, such as receiving unwanted sexual comments (catcalling); non-verbal sexual harassment, such as receiving unwanted sexual gestures or acts; physical, sexual harassment, such as receiving unwanted touch; cyber sexual harassment; and other acts of sexual assault, such as rape.

The experience of sexual assault was assessed using the Sexual Assault Screening questionnaire developed by Mallista et al. (2020). In addition, the researcher modified this measuring instrument to accommodate the research aims. The questionnaire contained several statements about the forms of sexual assault included in the study, including 7 points of sexual assault in the form of verbal sexual harassment, 4 points of non-physical sexual harassment, 5 points of physical and sexual harassment, and 3 points of cyber sexual harassment; as well as as many as 17 points of other forms of sexual assault. Each choice requires only a yes or no response from participants. Next, the subjects were asked to indicate the date of the sexual assault.

The shame variable was assessed using the Trauma Related Shame Inventory, which was established by Øktedalen et al. (2014) and subsequently modified by Grau et al. (2021) to Trauma Related Shame Inventory-Short Form (TRSI-SF). This questionnaire comprises ten measures that measure shame related to the traumatic experience. Internal Shame (IS) and External Shame (ES) are the two subscales into which the items on this scale are organized. IS contains shame that originates from within (internal), and ES includes shame that creates externally (external). The shame scale is based on a four-point Likert scale: 0= not at all true about me; 1= sometimes true about me; 2= mostly true about me, and 3= fully true about me. This questionnaire has a reliability score of 0.951 and an internal consistency of  $> 0.2$ . Therefore no items fall out.

The self-disclosure variable was measured using the Distress Disclosure Index by Kahn and Hessling (2001). This questionnaire consists of 12 items, 6 of which are positive and 6 of which are negative. The DDI questionnaire originally measured self-disclosure in general distress. The researcher then adapted the DDI questionnaire to measure self-disclosure in distress-related sexual assault. After adapting, the researcher converted item 8, originally contained in the negative item, into a positive item. This is done because it is stated in point 8 that the

victim ultimately wants to disclose the sexual assault experienced before or to engage in self-disclosure. The self-disclosure measurement scale is based on a 5-point Likert scale which includes 1= Strongly Disagree (SDS); 2= Disagree (TS); 3= Neutral (N); 4= Agree (S); 5= Strongly Agree (SS). This questionnaire has a reliability score of 0.847 with internal consistency  $> 0.2$ ; therefore, no items fall out.

Using version 24.0 of the SPSS statistical tool, the data were analyzed using the linear regression technique. Linear regression is a statistical procedure used to measure the relationship between two variables, where the dependent variable is predicted based on one or more independent variables (Kumari & Yadav, 2018). The researcher used the linear regression technique to see the effect of shame on self-disclosure. In the stages of data analysis, reliability, validity, and the testing of measuring device assumptions are measured. Using linear regression, the researcher will determine whether shame affects self-disclosure.

## Results

The variable shame was measured on a scale ranging from 0 to 3, with a hypothetical mean of 1.5 and an empirical mean of 1.53. Therefore, the shame score of the participants in this study was identical to the hypothetical mean. According to descriptive analysis results, the maximum value for the shame variable is 3, the minimum value is 0, and the standard deviation is 0.97218. Since the standard deviation is less than the empirical mean, the mean value accurately reflects the actual data.

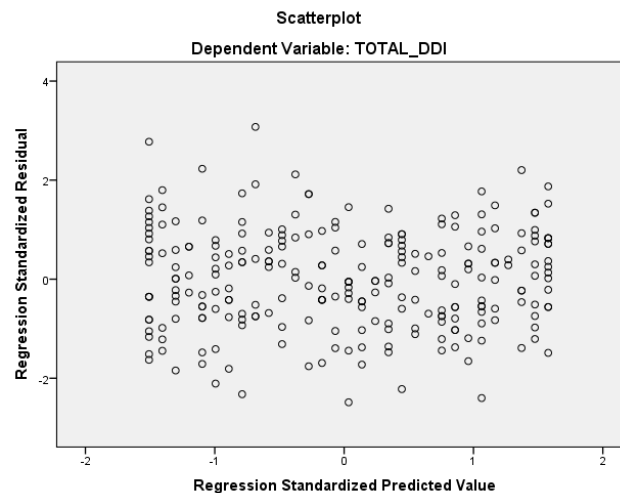
The self-disclosure variable is measured using a scale ranging from 1 to 5, with a hypothetical mean of 3 and an empirical mean of 2.9423. The self-disclosure score of the participants in this study, therefore, corresponds to the hypothetical mean. The self-disclosure variable has a maximum value of 5 and a minimum value of 1, with a standard deviation of 0.79639. Since the standard deviation is less than the empirical mean, the mean value accurately reflects the actual data.

The normality test was conducted to determine if the distribution of research data was normally distributed. The normality test was performed using the One-Sample Kolmogorov-Smirnov Test. Based on the results of the normality test, it was found that the value of  $p = 0.200$  ( $p \geq 0.05$ ), which means the data is normally distributed.

The linearity test was conducted to see the relationship between the independent and dependent variables. The same linearity test with

self-disclosure showed deviation from linearity  $F = 0.759$ ,  $p = 0.810$  ( $p > 0.05$ ), which means that the two variables have a linear relationship.

The heteroscedasticity test was conducted to determine the spread of the obtained data and whether or not the data exhibited variance from the same residual value. The test is undertaken by examining the scatterplot graph. Figure 1 shows the lack of heteroscedasticity because the points are randomly distributed and do not establish a pattern.



**Figure 1.** Heteroscedasticity Test Results

Pearson correlation was used to perform the correlation test. Variables are deemed correlated if their  $p$ -value is less than or equal to 0.05. According to the correlation test,  $p = 0.000$  indicates a correlation between variables. In addition, the Pearson correlation coefficient is  $-0.434$ , implying a negative association between variables. Consequently, when shame is high, the participant's level of self-disclosure is low, and vice versa; when shame is intense, the level of self-disclosure is high.

A linear regression test was conducted to determine the effect of shame on self-disclosure. The results show that  $H_0$  was rejected. Shame can significantly affect self-disclosure,  $b = -0.434$ ,  $t = -7.576$ ,  $p = 0.000$ . Shame explained 18.5% of the variance of self-disclosure,  $R^2 = 0.185$ ,  $F = 57,393$ ,  $p = 0.000$ . These results indicate that shame has an

18.5% role in influencing the participants' self-disclosure in this study.

According to this study's primary data analysis, there was a significant negative association between variables. Thus, if the level of shame is high, the level of self-disclosure is low. The findings of the linear regression test revealed a substantial relationship between shame and self-disclosure. The effect of shame on self-disclosure was 18.5%.

## Discussion

Shame is a conscious emotion, including an individual's self-evaluation. When performing a self-evaluation, moral feelings serve as punishment (or reinforcement) for the behavior. The emotion of shame, a moral emotion gauge, then offers input on an individual's social and moral acceptability. Shame

may develop when a person engages in behavior deemed inconsistent with prevailing norms. Shame can also be experienced when a person is seen as a victim of degradation. A person's shame evolves into a threat to self-respect when it manifests (Gilbert & Andrews, 1998; Tangney & Dearing, 2002; Tangney et al., 2007). In instances of sexual assault, victims develop emotions of shame as a result of the victim's perceptions of themselves as worthless, foolish, and flawed (McElvaney et al., 2021).

To prevent this shame, many persons choose to isolate themselves from events that have the potential to trigger it (Gilbert & Andrews, 1998). According to DeVito (2016), self-disclosure involves conveying information about oneself to others and can be influenced by the topic of discussion. Many persons consider self-disclosure only to their closest friends or family but are reluctant to do so if the issues mentioned are unpleasant, such as horrific sexual assault experiences.

According to McElvaney et al. (2014), many victims of sexual assault seek to isolate themselves out of fear of the judgments of others. This anticipatory attitude can result from the victim's understanding of the evolving social standards. Sexual assault is a crime that violates social norms regarding what is suitable and acceptable, and it still carries a great deal of social stigma. Therefore, it is believed that the stigma that develops in society about situations of sexual assault might cause victims to feel ashamed, blame themselves, and be unwilling to seek help (Edwards et al., 2011, Kennedy & Prock, 2016; MacGinley et al., 2019).

Self-disclosure can be performed by psychologists, doctors, and police specialists, which provides the victim with numerous benefits. Self-disclosure is the first step in self-healing (Kirkner et al., 2017). Pennebaker (in Kahn & Hessling, 2001) believes that self-disclosure can lessen psychological stress in individuals by exposing previously hidden tensions. Self-disclosure accompanied by mental health care can promote posttraumatic growth, including the ability to comprehend things, build self-strength, spiritual

development, and adaptive coping skills (Hassija & Turchik, 2016).

Measuring shame and self-disclosure in victims of sexual abuse without considering the perpetrator of sexual assault is a limitation of this study. According to the notion of self-disclosure for victims of sexual assault, the source of sexual assault can affect the victim's self-disclosure. For instance, sexual abuse perpetrated by close family members or other household members may have a different impact than sexual assault perpetrated by strangers. This study did not examine additional variables influencing self-disclosure, such as listening or social support. When discussing self-disclosure, one of the aspects that can impact a person's decision to open up is the listener (DeVito, 2016). Support from others, such as close friends, spouse, or parents, can also boost a person's likelihood of engaging in self-disclosure. Trust can impact a person's decision to engage in self-disclosure.

## Conclusions

The objective of this study was to evaluate the effect of shame on self-disclosure among young adult female victims of sexual assault. Based on the primary data analysis conducted, it was determined that shame had a considerable effect on self-disclosure. The result of this study is consistent with the findings of prior studies by MacGinley et al. (2019). According to eight pieces of the research cited in McGinley's literature review, shame can influence the victim's decision to self-disclose. If you choose to conduct an additional study on this topic, it is hoped that you will be able to investigate other elements that influence shame and self-disclosure. Future research can investigate social support and self-disclosure targets, such as to whom the victim discloses her sexual assault experience. In addition, future research can compare the victim's humiliation and self-disclosure with the perpetrator's.

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