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The Role of Shame in General, Intimate, and Sexual Violence Perpetration

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The Role of Shame in General, Intimate, and Sexual Violence Perpetration

The relationship between violence and shame is complex, bidirectional, and interactive, although research has tended to emphasize certain aspects of this association and to deemphasize others. In particular, much has been written about shame as a consequence of violence victimization, suggesting that victims of interpersonal violence are at greater risk for developing global self-devaluations (cf. Brown & Finkelhor, 1986). Relatedly, researchers emphasizing the interactive qualities of shame have found support for shame as a moderator of victims' responses to interpersonal violence ([Shorey et al. 2011](#)). From this perspective, heightened shame is conceptualized as a predisposing factor for the development of a variety of mood and anxiety symptoms in response to victimization experiences. These approaches are in marked contrast to theoretical and empirical approaches that conceptually reverse the temporal association between shame and violence and frame shame as a contributor to violence perpetration and recidivism.

Theory suggests that shame contributes to violence perpetration as a result of the shame-prone individuals' maladaptive efforts to manage this unpleasant emotion through anger. In addition, data supports an association between shame proneness and anger arousal in children, adolescents, college students, and adults ([Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996](#)). Shame in the absence of non-violent coping skills might contribute to shame-prone individuals' tendency towards violence as a way to compensate for threats to their self-esteem. The narcissistic, macho facade of some violent offenders might be conceptualized as a compensatory effort to avoid feelings of shame ([Shanahan, Jones, & Thomas-Peter, 2011](#)) and, as a result, these shame-prone offenders might be more likely to reoffend compared to their less vulnerable counterparts ([Walker & Knauer, 2011](#)). Recent research has begun to further delineate the association between shame, anger, and violence. Male perpetrators of domestic violence, for

example, evidence significantly elevated levels of shame and anger ([Dutton, Ginkel, & Starzomski, 1995](#)), possibly through male gender role norms that readily transform shame into anger (cf. Dutton, 2007; Gilligan, 1982). Men with elevated shame and anger have been shown to be at greater risk for psychologically abusing their intimate partners ([Harper, Austin, Cercone, & Arias, 2005](#)), physically abusing their intimate partners ([Dutton, Ginkel, & Starzomski, 1995](#)), and sexually abusing their intimate partners (Kivisto, Kivisto, Moore, & Rhatigan, 2011).

The present chapter reviews the literature examining the role of shame across multiple forms of violence perpetration with a focus shame in the context of general, intimate partner, and sexual violence. Clinical findings pertaining to the treatment of individuals who perpetrate shame-based violence is reviewed, public policy implications are explored, and recommendations for future research outlined.

Shame, Anger, and Aggression

Several theorists have discussed the connections between shame, anger, and aggression. [Kohut \(1968, 1972\)](#) was among the first to describe the association between shame and what he termed *narcissistic rage*, which frequently results in the use of anger to alleviate painful emotions. Lewis' (1971) notion of "humiliated fury" similarly linked the experience of shame to rage. According to [Berkowitz \(1983\)](#), negative affect of any sort facilitates aggression, but this effect is especially potent when self-esteem is threatened. Consistent with this, shame would be expected to be particularly strongly associated with aggression relative to other negative affective experiences (Heitmeyer & Hagan, 2003). Further, the experience of shame is emotionally taxing and, therefore, reduces one's ability to control impulses to respond with verbal or physical aggression (Lansky, 1987). Relatedly, [Retzinger \(1995\)](#) suggested that anger

is the most common method of defending against shame. However, reliance on anger as a defense against shame, coupled with threats to one's self-esteem within the context of depleted cognitive resources increases the likelihood that arguments will escalate from verbal to physical confrontations (Nathanson, 1987).

The association between threats to one's self-concept and aggressive responses appears to be positively associated with levels of narcissism (Bushman, 1996; Heitmeyer & Hagan, 2003). As such, narcissistic individuals might be particularly vulnerable to insults, disrespect, or other forms of threats to their ego – what Pincus and Roche (2011) describe as narcissistic vulnerability. In contrast to [Berkowitz' \(1983\)](#) direct linkage between negative affect and aggression, Gilligan (2003) suggests that certain conditions must be met before shame erupts into rage and violence: (a) a failure to develop the capacity for remorse or the experience of situationally-reduced feelings of remorse that would otherwise occur, (b) the experience of shame as both intense and overwhelming, (c) the individual lacks adequate nonviolent alternatives to restore the threatened self-concept, and (d) socialization into male gender roles that emphasize violence and masculinity. In contrast, Scheff and Retzinger (1991) take a more direct approach, contending that shame leads to violence only when shame is not resolved. Research consistently points to a positive association between shame-proneness or shame experiences and various forms of aggression across gender and age. Early research by Tangney, Wagner, Fletcher, and Gramzow (1992), for example, found that shame-proneness in undergraduates, as measured with the Test of Self-Conscious Affect (TOSCA), was positively associated with anger, suspiciousness of others, resentment, irritability, indirect hostility, and trait anger. Further work examined mechanisms for managing anger among shame-prone children, adolescents, college students, and adults ([Tangney et al., 1996](#)). These authors found

significant correlations between shame-proneness and anger arousal, as well as shame-proneness and maladaptive responses to anger; specifically, shame-proneness was positively associated with direct physical and verbal aggression across all age groups. Guilt-proneness, in contrast, was negatively associated with anger in children and with aggression at all ages, providing additional support for the distinct correlates of shame and guilt ([Tangney et al., 1996](#)). Notably, whereas shame appears to facilitate aggression, guilt appears to serve an inhibitory function. Expanding beyond shame-proneness, recent research has found that the frequency with which adolescent girls experience shameful events (e.g., being insulted) is positively associated with physical aggression such that those with a high frequency of shame experiences were found to be four times more likely to be assaultive than those with minimal shame experiences ([Åslund, Starnin, Leppert, & Nilsson, 2009](#)).

Shame and General Violence Perpetration

Research has consistently revealed an association between shame and violence perpetration, although conceptual differences are evident regarding whether shame exacerbates other risk factors for violence or serves as an independent contributor to violence ([Kivisto, Kivisto, Moore, & Rhatigan, 2011](#); [Scheff, 2008, 2011](#); [Shanahan, Jones, & Thomas-Peter, 2011](#); [Walker & Knauer, 2011](#)). From the latter perspective, some have proposed that the experience of shame is a fundamental prerequisite for aggressive behavior ([Scheff, 2008](#); [Thomas, 1995](#)), effectively elevating shame from a correlate of violence to a central causal contributor. [Gilligan \(1997\)](#), for example, stated: “The emotion of shame is the primary or ultimate cause of all violence...The different forms of violence, whether towards individuals or entire populations, are motivated (caused) by secret shame” (pp. 110-111). Similarly, [Thomas \(1995\)](#) proposed that

there are three precursors to aggression: (1) the experience of rejection, (2), the experience of shame, and (3) the experience of anger. The author suggests that the experience of rejection must be significant to the individual and it must occur at a time in which the individual is vulnerable to the rejection, such as if the rejection was unsuspected. In addition, Thomas hypothesizes that the rejection is most significant when it mirrors what the individual rejects in him/herself, or the mirror is a reflection of the individual's own self-criticism. In addition, the rejection is more damaging when it impacts the whole self, rather than a part of the self. Websdale's (2010) description of the "civic-respectable" style evident in a portion of his sample of 211 familicide perpetrators, however, suggests that shame surrounding the loss of status – in the absence of anger – appeared sufficient to drive many men in his sample to kill their families, thereby raising questions regarding the necessity of anger in shame-based violence.

Narcissism, Threatened Egotism, and the Shame-Violence Association

A series of studies by Roy Baumeister and colleagues examining the role of self-esteem and violence challenged prevailing perspectives at the time (Bushman & Baumeister, 1998; [Baumeister, Bushman, & Campbell, 2000](#); Baumeister, Smart, & Boden, 1996). In essence, this line of research began as an effort to test the then-widespread assertion that low self-esteem was a common cause of violence (e.g., Oates & Forrest, 1985). Based on this research group's series of integrative literature reviews ([Baumeister, Bushman, & Campbell, 2000](#); Baumeister, Smart, & Boden, 1996) and empirical research utilizing lab-based aggression paradigms (Bushman & Baumeister, 1998), common views of the association between low self-esteem and violence appeared incomplete. In particular, these studies reached several conclusions: (1) individuals with generally stable low and high self-esteem can become aggressive, (2) situational changes in

self-esteem might provide a better predictor of violence, and (3) those with generally high self-esteem are particularly vulnerable to violent outbursts when their self-esteem is threatened. Based on this, these researchers developed a theory of “threatened egotism” to describe the susceptibility to violence in narcissistic individuals who are confronted with shaming experiences.

Speigal and Alpert (2000) note, “experiences of shame have been described as experiences of exposure, revealing especially delicate, intrinsic, and defenseless aspects of the self” (p. 238). These authors suggest that such painful experiences of threatened egotism are often externalized, such that the self-oriented experience of shame shifts to the experience of anger and blame directed towards others. The expression of anger towards those to whom the shamed individual attributes the source of their painful affect, according to Speigal and Alpert (2000), is thought to represent an effort to compensate for the violent individual’s threatened sense of self. This is consistent with Shanahan and colleagues’ (2011) research indicating that (1) shame-prone individuals are more likely to externalizing blame and (2) those with both low self-esteem and high shame-proneness tend to be more angry and aggressive. Tangney, Stuewig, Mashek, and Hastings (2012) arrive at a similar conclusion, suggesting that shamed individuals are likely to be more inclined to defensively externalize blame and anger onto others rather than tolerating the relatively more painful experience of pure shame.

Pincus and Lukowitsky (2010) highlighted the conceptual inconsistencies regarding pathological narcissism and many have suggested that the criteria for Narcissistic Personality Disorder that appear in the DSM capture only a single type of narcissism (cf., Russ, Shedler, Bradley, & Westen, 2008). This distinction is relevant given the distinct vulnerabilities to shame-based reactions. Gabbard (1989), for example, distinguished between the “oblivious” narcissist

and the “hypervigilant” narcissist, with the former unaware and generally unconcerned with his/her impact on others and the latter painfully aware of other’s reactions. Other authors have made similar distinctions, such as Rovik’s (2001) “overt and covert” narcissism and Dickinson and Pincus’s (2003) “grandiose and vulnerable” narcissism.

With this research as a backdrop, Walker and Knauer (2001) suggest that some individuals might respond to shameful experiences by taking on a narcissistic facade in an effort to preserve their fragile sense of self ([Walker & Knauer, 2011](#)). The narcissistic, macho facade of some violent offenders might be conceptualized as a compensatory effort to avoid feelings of shame from both others as well as themselves ([Shanahan, Jones, & Thomas-Peter, 2011](#)), consistent with Gabbard’s (1989) notion of the hypervigilant narcissist. Compensatory narcissism may be one way to regulate inner feelings of inadequacy (including feelings of embarrassment, shame, and humiliation) by countering these with feelings of superiority, thereby allowing an individual to maintain a tenuous sense of pride and self-esteem ([Walker & Knauer, 2011](#)). In the context of Baumeister and colleagues’ (1996; 1998; 2000) research, however, the tenuous nature of these individuals self-esteem might pose a particular risk given the increased susceptibility to experiencing painful threats to their ego that set the stage for aggressive reparations ([Tangney et al., 2012](#)). Spiegel and Alpert (2000) suggest that the use of violence can lead to further experiences of shame – a process Scheff and Retzinger (2003) refer to as “shame-
rage loops.”

Shame and Low-Frequency Acts of Violence

A majority of the research examining the association between shame and violence has looked specifically at intimate partner violence (Balcom, 1991; [Brown, 2004](#); Dutton, van

Ginkel, & Starzomski, 1995; Harper, Austin, Cercone, & Arias, 2005; Hundt & Holohan, 2012; Kivisto et al., 2011; Lansky, 1987; Lawrence & Taft, 2013; Loeffler, Prelog, Prabha Unnitham, & Pogrebin, 2010; Moore et al., 2004; Wallace & Nosko, 2003). Given the prevalence of shame in American culture (Kaufman, 1996), important lines of research have recently begun examining the role of shame on other types of violence perpetration, including sexual violence (discussed below), hate crimes, and mass killings, including school shootings. Results consistently support the role of shame as a significant contributor to the perpetration of the diverse forms of violence. With regards to race-related violence, Ray and colleagues (2004) suggest that aggressors might be prone to shame and to rely on minority groups as a scapegoat onto which they can project their negative experiences and to attack them to restore their fragile sense of self. To test this hypothesis, Ray and colleagues conducted a study in which they interviewed Caucasian men who were in prison after being convicted of a violent hate crime against Asian men and women. During the interviews, the aggressors were noted to describe themselves as weak, disregarded, overlooked, unfairly treated, and victimized. In addition, they saw their victim as being the source of their shame: the victims were seen as powerful, in control, laughing, successful, and arrogant. Some indicated that the victims received undeserving and unfair treatment because of their ethnicity, and the aggressors reported believing that they suffered because of it. They also expressed resentment towards their victims, as well as other members of the Asian culture, as they believed that their victims had received preferential treatment at the aggressors' expense. Further, some perpetrators in Ray and colleagues' (2004) sample accused members of the Asian culture of being racist towards the Caucasian population, and intentionally segregating themselves.

Consistent with the broader literature on the effects of shame on violence perpetration, the men who committed the violent hate crimes were described as acting aggressively in response to their shame (Ray et al., 2004). The men reported believing that they were victims who were unjustly treated, and reacted violently as a way to reestablish their order and power. Many perpetrators reported that they did not understand why they were sent to jail because they believed they were the victims in the situation. Some even accused the police department of arresting the aggressors as a way to not appear racist against their Asian victims. The results of this study revealed that the perpetrators did not experience remorse for their actions, and felt justified in their behavior as a way to restore the injustice and shame that they experienced. Notably, the potentially inhibitory role of shame on victim empathy – discussed more often in the context of sexual offenders (e.g., Roseman, Ritchie, and Laux, 2009) – appears to mirror the deficits noted in the hate crime perpetrators.

As with other forms of violence, shame has also been implicated in school shootings (Scheff, 2008; Spiegel & Alpert, 2000). Research has highlighted the role of shame and humiliation that the perpetrators experienced at the hands of their classmates. Scheff (2008), for example, observed that the histories of school shooters were often marked by experiences of being ostracized by their classmates. He further observed that these individuals often did not experience feelings of belongingness to any group within the school, which was thought to promote feelings of humiliation and shame for both who they were and their inability to fit in. Newman (2004, as cited in Scheff, 2008) conducted a study that examined the social status of 27 individuals who committed school shootings between 1974 and 2002. All 27 perpetrators had been marginalized from their school and were repeatedly teased and humiliated by their peers. They did not belong to any social group and were ostracized for being themselves. Scheff

(2008), discussing Newman's (2004) findings, suggested that the intense shame experienced by these school shooters often exceeded their abilities to cope in non-violent ways, which led to fury directed towards the individuals thought to be responsible for their painful affective state. Similar to conceptualizations of the reparative functionality of violence in intimate relationships (e.g., [Tangney et al., 1996](#)), [Scheff \(2008\)](#) suggested that the mass shootings represented a pathologically destructive means of rebuilding these individuals' damaged self-esteem.

Research has consistently demonstrated the role of shame, in combination with low self-esteem and self-worth, in the expression of anger and violence in perpetrators ([Kivisto et al., 2011](#); [Scheff, 2008](#); [Shanahan et al., 2011](#); [Ray et al., 2004](#); [Walker & Knauer, 2011](#)). When an individual experiences a threat to their self-esteem or identity, such as after ostracism or rejection, he/she may feel overwhelmed with shame – particularly if their experience of shame occurs in the context of otherwise high levels of narcissism ([Bushman & Baumeister, 1998](#)). In order to compensate for or expel these powerful feelings, the individual may react violently towards the person thought to have elicited the shame in an effort to restore their self-esteem and sense of power.

Shame and Intimate Partner Violence Perpetration

Currently, at least five independent theories suggest that shame underpins intimate partner violence. [Cook \(1994, as cited in Hundt & Holohan, 2012\)](#), for example, suggests that one method to shield oneself from shame is to attack others with insults, ridicule, or physical violence. The primary function of this response is to increase self-esteem at the expense of someone else. He contends that the autoregulation provided by attacking others might facilitate intimate partner violence ([Cook, 1994, as cited in Hundt & Holohan, 2012](#)).

O'Neil and Harway's (1997) multivariate model of intimate partner violence contends that men's perpetration of violence against women is partially due to men's entrenchment in success and power ideals, competitiveness, and restricted emotions. When their partner threatens their masculine identity, violence may be a method to repair self-esteem. If men are unable to process negative emotions they are more likely to displace their negative emotions onto their partner. Additionally, the inability to recognize and cope with difficult emotions—such as hurt, pain, shame, and guilt—may contribute to some individuals shifting blame onto the intimate partner perceiving themselves as justified in attacking them. The potential experience of relief experienced by the IPV perpetrator in O'Neil and Harway's (1997) model is consistent with the concept of cathartic violence (Meloy; 1992; Wertham, 1937).

Similarly, Wallace and Nosko (1993) argue that male-perpetrated intimate partner violence might sometimes serve as a defense against the experience of shame and a fear of abandonment, suggestive of attachment anxiety. Situations that threaten masculine identity might similarly induce shame. Wallace and Nosko (1993) suggest that rage is the dominant response because it restores the perpetrators' sense of competence and increases their control over their partner, thereby decreasing the likelihood of abandoning the relationship.

Goffman (1967, as cited in Scheff & Retzinger, 1991) suggests that our primary objective during social interactions is to receive respect and avoid embarrassment. The experience of shame occurs exclusively within a social context because of the increasing concern about other's perception of the self (Scheff & Retzinger, 1991). Romantic relationships are often the context for acting and reacting in ways that perpetuate feelings of shame, (Lansky, 1987; Nathanson, 1987) primarily because partners are concerned with their significant other's evaluation of them (Lewis, 1971). In relationships, non-pathological shaming is of mild intensity, playful, and does

not diminish the partner's self-esteem (Nathanson, 1987). When shame is not acknowledged, the ashamed individual projects their pain onto their partner, thus prompting their partner to respond to the perceived attack with blame, criticism, sarcasm and threat. Each response to the interaction creates distance between the pair (Scheff & Retzinger, 1991). Anger may be a means for the ashamed individual to maintain a favorable view of themselves, while rage may function as a protective shield against experiencing shame (Scheff & Retzinger, 1991). Scheff and Retzinger's (1991) theory of conflict suggests that shame threatens the social bond when it is not acknowledged. As referenced above, anger acts as a buffer against the attack and is communicated disrespectfully towards the partner, creating a perpetual cycle (Scheff & Retzinger, 1991).

To test their theory of conflict, Scheff and Retzinger (1991) observed marital couples in the lab while discussing contentious issues. After reviewing marital disputes, they concluded that the quarrels involving disrespect were a fundamental source of shame. As partners disrespected one another during these discussions, both partners experienced escalating levels of shame and anger, which further escalated mutual levels of disrespect (Scheff & Retzinger, 1991). Couples with the highest levels of shame were observed to have the most intense arguments. This, in conjunction with the observation that unacknowledged shame led to anger and anger preceded each dispute, lent support to the theory of conflict. Of note though, all observed conflicts were verbally and emotionally abusive, but not physically violent (Scheff & Retzinger, 1991).

Shame has been found to be a contributor to IPV perpetration (Kivisto, Kivisto, Moore, & Rhatigan, 2011), a consequence of IPV victimization (cite), and a moderator of adverse mental health outcomes in victims of IPV (Shorey et al., 2011). Intimate partner violence can engender shame for both the abused partner and the abuser. The abused experiences shame as she struggles

to leave the tumultuous relationship, while the abuser uses shame as a defense against confronting his own inadequacy (Balcom, 1991). Men seek intimacy, but also fear intimacy in relationships; therefore, dependency on their partner is associated with weakness (Balcom, 1991). Idioms like “Don’t be a girl” restrict the range of emotions that are socially acceptable to express (Balcom, 1991). When men internalize masculine gender roles, their self-worth is based on maintaining a masculine identity (Balcom, 1991). Then, when men fail to meet male social norms, they experience shame and conflicts can transpire, if their partner requests more emotional expression (Balcom, 1991). The male partner may interpret his partner’s request as an indication of inadequacy, producing shame (Balcom, 1991). Violence becomes a mechanism for the shame-bound male to restore autonomy, as shame-bound individuals lack frustration tolerance (Balcom, 1991). Shame may precipitate intimate partner violence to defend one’s self-concept from the inadequacy associated with shame. This suggests romantic relationships may put one at high risk of experiencing shame because there are potentially copious opportunities in which the self-concept is challenged ([Brown, 2004](#)).

Shame Cycles

Nathanson (1992) theorizes there are four possible reactions to shame: (a) withdrawal, (b) avoidance, (c) attacking the self, or (d) attacking the other. Attacking others is more likely when someone feels inadequate, perceives someone else as the cause of this painful feeling, and believes that rage and violence will effectively restore power and competence. Applicable to intimate partner violence, Nathanson (1987) suggests that experiencing shame may trigger the ashamed individual to find someone to shame (Nathanson, 1987). Lanksey’s (1987) stage theory of shame presumes there is a tendency toward personality disorganization in those who resort to

violence to defend against shame. Balcom (1991) noted that after the violent outbursts, both partners are likely to experience shame and may react with further shame and guilt (Balcom, 1991).

Empirical Support

There exists a small but growing body of empirical evidence supporting the association between shame and IPV perpetration. In Brown's (2004) interviews with male perpetrators of IPV, for example, he found that 29% of men made a connection between violence and shame, humiliation, vulnerability, or embarrassment. [Dutton et al. \(1995\)](#) analyzed domestic abusers' experiences of shame in childhood and categorized abusers into three categories: (a) public humiliation by the parents, (b) random punishment, and (c) parental treatments. He found childhood shaming experiences were significantly correlated with parental physical abuse reports. Interestingly, shaming experiences had a more robust link to adult abusive personality than physical abuse. Parental abuse was not correlated with abusiveness in adulthood when shaming experiences were absent ([Dutton et al., 1995](#)). Anger has been shown to mediate the relationship between shame and psychological abuse in undergraduate dating relationships, such that partners with higher shame proneness reported higher levels of anger. Higher propensity for shame and anger arousal was related to increased problems and psychologically abusing their dating partner ([Harper, Austin, Cercone, & Arias, 2005](#)). Compared to depression, PTSD symptoms, and guilt, shame discriminated the most between veterans who perpetrated intimate partner violence and those with no perpetration history ([Hundt & Holohan, 2012](#)). Higher shame-proneness is positively correlated with physical aggression in heterosexual married or cohabiting partnerships, whereas guilt proneness is associated with fewer acts of physical aggression

(Moore, Dunkelberg, Chivers, O’Berg, & Waldinger, 2004). Consistent with Moore and colleagues findings, Kivisto, Kivisto, Moore & Rhatigan (2011) found guilt was negatively correlated with physical and psychological aggression, whereas shame was positively correlated with sexual and psychological aggression. Furthermore, there was an interaction between antisociality and shame, such that all three forms of IPV (physical, sexual, and psychological) were more strongly associated with antisociality in men higher in shame-proneness, whereas the association between antisociality and IPV perpetration was weak among those with low levels of shame. Theories of shame and intimate partner violence are further supported by the finding that shame is correlated with abusiveness and anger in male batterers ([Dutton et al., 1995](#)).

Shame-Focused Interventions for Intimate Partner Violence

Lewis’ (1971) early research on the role of shame in psychotherapy led her to suggest that anger serves to defend against the experience of shame and that physical abuse provided a concrete means of deflecting negative self-evaluations. However, as Kaufman (1989) notes, “The taboo on shame is so strict...that we behave as if shame does not exist” (p. 46). The fact that shame is a notoriously hidden emotion, individuals and couples frequently struggle to recognize and communicate their experiences of shame, leading to anger and aggression that couples often struggle to understand and work through (Felson, 1993; [Scheff & Retzinger, 1991](#)). Given the association between shame and IPV, coupled with the difficulty in managing affective experiences that are so frequently hidden from awareness, some authors have begun to address ways of working with shame in male abusers (Balcom, 1991; Babcock, Green, & Robic, 2004 as cited in Loeffler, Prelog, Unnithan, Pogrebin, 2010).

Balcom (1991) makes several recommendations to address shame and outlines four stages of couples' treatment. In stage one, the couple's problems are defined in light of violence and shame, a safety contract is executed, and the abuser makes a commitment to withhold urges to act violently. The counselor and couple discuss the high probability of experiencing shame in the therapeutic setting and requests the couple abide by a no shaming contract. The counselor and couple acknowledge the discomfort associated with shame and the counselor encourages the couple to identify new solutions to problems, instead of resorting to shaming. In stage two of treatment, the counselor assists the couple with identifying shame by attending to shame statements and shame cues (e.g., lower eyes, looking away). The goal is to identify the abuser's shame and allow shame to surface, while blocking defenses (e.g., rage, violence, and minimization). For shame-bound abusers, the goal is to experience shame as a transient and fleeting emotion. Stage three seeks to identify and transform shame defenses with a vulnerability contract and contract for change. The vulnerability contract identifies each partner's defenses that seek to hide shame and how to address the defenses. The final stage of treatment works to enhance the couple's relationship, practice new coping skills, such as conflict resolution, problem solving, and communication, and monitor exchanges to prevent relapse (Balcom, 1991).

While couples therapy is one modality to address intimate partner violence, some suggest that group therapy might be most efficacious (Pence & Paymar, 1993, as cited in Stosny, 2005). [Brown \(2004\)](#) notes that an essential pre-condition to group therapy involves the counselor establishing a non-judgmental attitude. [Hockenberry \(1995\)](#) suggested that the overarching goal in working with men who abuse their partners is to encourage them to take responsibility for their abuse and to discourage attempts to rationalize, minimize or project blame onto their partner. Such an aim, while intuitively satisfying, faces significant barriers, in part because

shame in and of itself may be a barrier to accepting responsibility ([Brown, 2004](#)). As a result, Hockenberry (1995) recommends counselors be proactive in helping the abuser identify the defenses that hide his shame and subsequently interpret the consequences of further concealment. Once the abusers' predominant defenses have been identified they can begin to process their hidden feelings of shame and to identify past and present sources of shame ([Hockenberry, 1995](#); [Wallace & Nosko, 2003](#)). [Wallace and Nosko \(2003\)](#) suggest that anger logs might be used to help abusers begin to learn how to identify early triggers for physiological arousal and the accompanying emotions ([Wallace & Nosko, 2003](#)). Relaxation training may also be incorporated to diminish anger and allow shame to surface ([Wallace & Nosko, 2003](#)). Following identification of shame and defenses, the central focus becomes tolerating the experience of shame without mobilizing anger, rage, and aggression ([Wallace & Nosko, 2003](#)). When abusers can tolerate shame, the shame cycle of violence is potentially interrupted, thereby reducing the propensity of intimate partner violence ([Hockenberry, 1995](#); [Brown, 2004](#)). In addition to shame identification and tolerance, skill building is a fundamental component to group therapy for intimate partner violence. Role playing potential conflicts and resolutions develop improved interpersonal communication skills and competency for managing future disputes, while progressive muscle relaxation and deep breathing are taught in anger management to control tension associated with anger ([Wallace & Nosko, 2003](#)).

In contrast to couples therapy, group therapy can function as a re-socialization from previous internalized pressures to achieve masculinity. This occurs when group members are supported, allowed to candidly express emotions without repercussions, and perceive each member as an equal ([Wallace & Nosko, 2003](#)). Moreover, a male-female co-led group is recommended to model non-stereotypical gender roles, further re-socializing group members

(Wallace & Nosko, 2003). The co-facilitators must thoughtfully consider which topic areas they will discuss in group, taking care to delegate emotional material to the male co-facilitator. This will aid in debunking the association between men's expression of emotion and weakness (Wallace & Nosko, 2003). In addition, the co-facilitators' exchanges with one another, while supportive, allows group members to witness potential shame-based interactions that are not masked with anger and do not activate aggression (Wallace & Nosko, 2003). Abusers are encouraged to discuss acts of violence perpetrated against partners, thus inducing shame (Dutton, 2003; Wallace & Nosko, 2003). Hearing about other abusers' acts of violence can vicariously prompt shame in other members and facilitate the process of confronting shame and tolerating fears of abandonment (Dutton, 2003; Wallace & Nosko, 2003). Through disclosing their worst act of violence to the group, shame is invoked, but victim blaming and minimization are blocked therefore, enabling tolerance of shame (Wallace & Nosko, 2003).

Various group-based approaches to the treatment of male batterers have incorporated cognitive behavioral and process-oriented elements. The shame transformation component to group therapy focuses on cognitively defining the concepts of guilt and shame and generating specific examples to distinguish between the two similar, but distinct emotions. Members practice role-plays that entail a specific situation that evokes guilt, and then apply the "four steps of accountability: take responsibility, explain actions without blaming the victim, minimizing, justifying actions, accepting consequences and making repairs" (Loeffler et al., 2010, p. 524). The empty chair technique, conversing with someone significant that is imagined, allows abusers to reflect on their shaming experiences and to vocalize their feelings. A final module involves a process of documenting and sharing with group members their plan to identify and prevent shame from escalating to violence (Loeffler et al., 2010).

The above-referenced shame transformation component was evaluated for effectiveness with a group of involuntary offenders, court order to treatment for intimate partner violence [CITE THIS]. To measure effectiveness, constructs associated with recidivism, self-esteem, locus of control, empathetic concern, perspective taking, and personal distress were assessed and compared to a control treatment condition, cognitive behavioral therapy. Pre-and post-surveys revealed a significant effect on self-esteem and empathetic concern. These results are encouraging given that “proneness to shame is negatively or negligibly related to other-oriented empathy” (Tangney & Dearing, 2002, p. 81) and low self-esteem is associated with interpersonal aggressiveness (Goldstein & Rosenbaum, 1985 as cited in Loeffler et al., 2010). Since “enhanced self-esteem is associated with reduced, rather than increased, perpetration of intimate partner violence” (Murphy, Stosny, & Morrel, 2005, p. 208) the findings suggest incorporating a shame transformation component into treatment of intimate partner violence can potentially reduce recidivism.

Stosny (2005) described an emotion regulation technique that emphasized four components: (a) explain, (b) apply, (c) love, and (d) solve, thought to have important implications for reducing shame and intimate partner violence recidivism. With this approach, IPV perpetrators learn to *explain* to themselves what they are feeling, how to *apply* self-compassion to heal their core hurt, to *love* themselves by feeling compassion for their loved ones, and make efforts to *solve* the problem. Stosny (2005) evaluated the effectiveness of this approach with male IPV perpetrators, who completed the Conflict Tactics Scale every four months for one year following treatment. Results found that 86% of those who completed the intervention were violence-free at follow-up.

Other clinicians have developed comprehensive treatment programs to address shame. Dutton (2003) outlines a 16 week intimate partner violence group treatment program. In the first two weeks of group therapy, members share the act of violence that led to mandatory treatment, and group rules and the concept of universality within group therapy are highlighted to decrease shame. Week three is devoted to defining abuse and forms of abuse, whereas week four analyzes the costs and benefits of using violence. Members are encouraged to define their “violence policy,” indicating situations that would warrant violent action. In week five, members are introduced to the anger diary to help identify anger and its triggers and use self-talk to de-escalate angry thoughts. Week seven focuses on converting guilt, shame, and humiliation into anger and then utilizing the anger diary to de-escalate anger. Weeks seven and eight address skill building, where members learn to “describe, express, specify, and identify consequences” to aid with early identification of irritation and express feelings before escalation to violence. There is didactic training on breathing and stretching exercises, to increase appropriate coping mechanisms for stress. Weeks nine and ten address family of origin issues, while weeks 11 through 14 develop competency regarding the techniques taught to date and the use of “I” statements to express feelings. In the final weeks, members reflect on the progress made and engage in relapse prevention (Dutton, 2003).

Shame and Sexual Violence Perpetration

Shame has been theoretically and empirically linked to aggression, anger, and violence for decades ([Walker & Knauer, 2011](#)). Much of this research has focused particular attention on the association between shame and the perpetration of violence against one’s intimate partner (cf. [Hundt & Holohan, 2012](#)). In recent years, the role of shame in understanding the motivations of

different forms of violence has gained some attention. Although it remains relatively sparse, the role of shame in the perpetration of sexual violence is one such area.

The Role of Empathy in the Shame-Sexual Violence Association

The literature addressing the contributions of shame to the perpetration of sexual violence specifically has contributed greatly to our understanding of the role of empathy in shame-prone individuals. Empathy has been defined in various ways, all of which describe the socio-emotional capacity for recognizing and understanding the emotional experience of another. This capacity for empathy has long been recognized to be relevant to criminal behavior, with the *lack* of empathy serving as a diagnostic criteria for Antisocial Personality Disorder (APA, 2013) as well as a hallmark of psychopathy (Hare, 2003). More specifically, Roseman, Ritchie, and Laux (2009) describe empathy as “the cornerstone of sex offender treatment” (p. 96). Consistent with this, research suggests that sexual offenders frequently experience deficits in empathy, and it has been suggested that feelings of shame might effectively serve to inhibit the development of empathy in these individuals (Bumby, 2000; Roys, 1997; Proeve & Howells, 2002). Roys (1997), for example, contends that the intense self-focus involving negative evaluations of self-worth, which are inherent to shame, effectively dulls the capacity to appreciate others’ emotional experiences. That is, the intense self-focus associated with shame reduces the ability for perspective taking, and inhibits the perpetrator from being able to recognize and understand the emotional experience of their victim.

Bumby (2000) has similarly argued that the self-oriented distress experienced by sex offenders impedes empathic development. In a study of sexual offenders in outpatient treatment, Bumby (year, as cited in Proeve & Howells, 2002) reported a positive association between

proneness to shame and measures of personal distress and externalization. That is, greater proneness to shame was associated with personal distress, self-consciousness, and externalization of responsibility. These empathic deficits might serve not only to facilitate the perpetration of sexual violence, but also to increase the risk of reoffending (Bumby, 2000; Proeve and Howells, 2002). [Fernandez and Marshall \(2003\)](#) provided compelling data suggesting that whereas incarcerated male rapists do not show lower levels of empathy towards hypothetical female victims of sexual assault compared to nonsexual offenders, they show profound deficits in their empathy towards their specific victim.

Theoretical Models of the Shame-Sexual Violence Association

Several theoretical models have been proposed that identify shame as a contributing factor to sexual violence perpetration and recidivism. In stark contrast to the inhibitory role of guilt on externalizing behavior ([Caprara, Manzi, & Perugini, 1992](#); Stuewig & Tangney, 2007), several of these models suggest that certain sexual offenders experience a sense of shame after perpetrating an act of sexual violence and that this experience *increases* the likelihood of recidivating (Bumby, Marshall, & Langton, 1999; [Walker & Knauer, 2011](#)). Bumby et al. (1999), for example, proposed a theoretical model distinguishing the influence of shame and guilt on sexual offending. The authors suggested that due to the shame experienced by some perpetrators following a sexual offense, these individuals experience a decrease in (a) self-efficacy, (b) their perceived ability to cope, and (c) victim empathy; along with an increase in (a) personal distress, (b) cognitive distortions, and (c) externalization of blame. All of these factors, independently and in combination, potentially increase the perpetrator's risk of recidivism (Bumby et al., 1999).

Marshall and colleagues (1999) proposed a similar model linking shame to sexual violence perpetration. Their theory of sexual offenders suggests that low self-esteem generates shame, which in turn impedes the offender's capacity to recognize the extent of the harm caused to the victim. Marshall and colleagues (1999) further suggest that, among those perpetrators who acknowledge their offense, these individuals are likely to experience a greater increase in their feelings of shame and personal distress compared to offenders who deny their offense. This suggestion is consistent with Brown's (2004) work suggesting that shame is derived in an interpersonal context, such that confessions made by offenders might be expected to generate shame in certain perpetrators. As the experience of shame becomes overwhelming and self-focus increases, the offender's capacity to empathize with the victim is thought to decrease. [Pithers \(1997\)](#) similarly suggests that a lack of awareness in sex offenders regarding their own shame and guilt can serve to impede their ability to grasp the harm caused to the victim.

Importantly, however, not all sexual offenders experience shame. It has been suggested that cognitive distortions may serve to protect offenders from feelings of shame. Applied specifically to child molesters, Abel and colleagues (1989) defined cognitive distortions as "an individual's internal processes, including the justification, perceptions, and judgments used by the sex offender to rationalize his child molestation behavior" (Abel et al., 1989, p.137). In effect, cognitive distortions allow the perpetrator to continue offending without experiencing the guilt, shame, and reduced self-esteem that might otherwise result from such behavior (Abel et al., 1989). Bumby et al. (1999) suggested that by distorting their perceptions of their victims' harm or distress, sexual offenders protect themselves from experiencing shame. The most common cognitive distortions among sexual offenders include externalization of blame, such that the abuse is attributed to the victim, as well as denial or minimization of harm to victims (Mann &

Beech, 2003). However, Mann and Beech (2003) highlight the lack of consensus in the field regarding whether cognitive distortions should best be conceptualized as consciously employed rationalizations or unconscious processes that protect the offender from feelings of guilt or shame – what Cramer (2006) has distinguished as coping strategies (conscious) versus defense mechanisms (unconscious). The extent to which these cognitive distortions are accessible to conscious awareness carries important treatment implications.

Empirical Support for the Shame-Sexual Violence Association

Most of the research regarding shame and sexual violence perpetration has been conducted on child molesters. [Tangney et al. \(1996\)](#) identified breaking social standards as a common antecedent to shame and, given societal attitudes regarding the particularly heinous nature of child sexual abuse ([Kernsmith, Craun, & Foster, 2009](#); [Levenson, Brannon, Fortney, & Baker, 2007](#)), it reasonably follows that offending against children might elicit feelings of shame among some perpetrators. General characteristics of child molesters identified in previous research are also consistent with the hypothesis that child molesters might be particularly prone to shame. For example, research has found associations between shame, self-esteem, and specific attachment styles ([Bartholomew & Perlman, 1994](#); [Gross & Hansen, 2000](#)). In one such study, [Ward, Hudson, and McCormack \(1997\)](#) found that child molesters were more likely than rapists to demonstrate a preoccupied (i.e. negative view of self and positive view of others) or fearful (i.e. negative view of self and others) attachment style, and less likely to demonstrate a dismissive (i.e. positive view of self and negative view of others) attachment style. Both fearful and preoccupied attachment styles have been found to be positively associated with feelings of shame and low self-worth ([Gross & Hansen, 2000](#)). Therefore, given the overrepresentation of

fearful and preoccupied attachment styles in child molesters compared to other types of sexual offenders, coupled with research linking these attachment styles to the experience of shame, it would be expected that child molesters might be particularly prone to the experience of shame. Whether this is a cause, a consequence, or some combination of both for their offending remains an open empirical question.

In contrast to research that tentatively points to increased shame in child molesters, research conducted on rapists suggests otherwise. Scully (1988) conducted a study on the emotional processes of convicted rapists after their violent sexual encounters. The sample was divided into “admitters,” who defined their behavior as rape, and “deniers,” who admitted to the sexual acts but did not qualify their behavior as rape. The participants were questioned in regards to their general history, as well as their perceptions of their crime, victim, and themselves. When asked to describe their feelings immediately after the encounter, 32% of the admitters and 26% of the deniers stated that they were scared or concerned for their own well-being. The most frequent response (i.e. 43% of admitters and 47% of deniers) was the experience of no feelings at all. Interestingly, only 27% of the admitters reported feeling guilt or shame after the offense, and none of the deniers reported such feelings. This research would indicate that an overwhelming majority of men, whether they admit to or deny their offense, do not report experiencing guilt or shame as a consequence of sexually violent behavior.

Though most research concerning the perpetration of sexual violence has been conducted on males, there is some evidence to suggest that female offenders feel considerable shame after committing acts of sexual abuse (Mathews et al., 1989; Matthews et al., 1991; Travin et al., 1990; in female offender article). However, just as with male offenders, female offenders

frequently tend to deny or minimize their role in sexual perpetration (Allen, 1991) as well as discount the negative impact of their behavior on others (Green & Kaplan, 1994).

The *label* of ‘sex offender,’ in and of itself, can also cause feelings of shame. In response to society’s labeling of offenders, Braithwaite (1989) proposed the ideas of reintegrative and disintegrative shaming. In broad terms, Braithwaite (1989) defines shaming as “all social processes of expressing disapproval which have the intention or effect of invoking remorse in the person being shamed and/or condemnation by others who become aware of the shaming” (p.100). Reintegrative shaming aims to develop networks of support among the offender, the victim, and the community by overtly expressing disapproval of the delinquent acts while also reintegrating the offender back into society. Disintegrative shaming occurs when stigmatization is used to shun offenders and prevent them from reintegrating back into the community. Such stigmatization by society causes the offender to ultimately resort back to their sexually violent behavior (Maxwell & Morris, 1999). Braithwaite’s (1989) distinction between reintegrative and disintegrative shaming might more aptly be described as “reintegrative *guiting*” versus “disintegrative shaming” in that the former condemns the offender’s actions whereas the latter condemns the offender himself. From a public policy and criminal justice standpoint, it is notable that disintegrative shaming appears to convey minimal hope of rehabilitation, with the resulting emphasis shifting to public protection by means of socially ostracizing the offender.

Robbers (2009) explored the experience of social shaming among sex offenders. Sex offenders were asked questions regarding how their sex offense convictions, as well as how their status as a sex offender, had affected their lives. Results of the study indicated that the majority of sex offenders viewed themselves as social outcasts, many of whom were subjected to negative treatment (e.g. harassment, loss of employment, and public campaigns) in their communities. In

terms of being labeled a 'sex offender,' approximately 83% of the respondents experienced family embarrassment and shame. Marshall and colleagues (2009) claimed that feelings of shame, when combined with an already low sense of self-worth, contribute to inappropriate attributions by sexual offenders regarding their behavior (e.g., "I committed offenses because I am a bad person"). As a result, according to Marshall et al. (2009), the shame generated by the label 'sexual offender' exacerbates the offender's distorted attributions and impedes positive therapeutic change.

Treatment Considerations with Sexual Violence Perpetrators

Marshall and colleagues (2009) contend there are four key issues in the treatment of sexual offenders: (1) self-esteem, (2) shame and guilt, (3) cognitive distortions, and (4) empathy. Each of these domains interacts throughout treatment. Of particular relevance to this review, the authors contend that therapeutic progress should be focused, in part, on working towards decreasing feelings of shame in the sexual offender while enhancing feelings of guilt. Recent approaches that emphasize 'victim empathy training' in sexual offender treatment are highly consistent with this emphasis on enhancing feelings of guilt (cf. Marshall, O'Sullivan, & Fernandez, 1996).

In the initial phase of treatment, the focus should be on helping the offender understand and accept responsibility for their behavior by reducing their reliance on denial regarding the perpetration and impact of their offense (Bays & Longo, 2001; Kaden, 1998). As mentioned previously, denial and externalization of blame are among the most common cognitive distortions reported with sex offenders, and it is thought that addressing these effectively is an important prerequisite for treatment of many sexual offenders. Because these cognitive

distortions are frequently used to defend against feelings of shame, Jenkins (1998) suggests that therapists' might work to shift the focus away from condemnation of self to condemnation of action, such that the offender is able to separate their actions from their identity as a person. By challenging the offender's justifications and distortions about their actions, the therapist encourages the offender to take responsibility for his or her behavior. It is only at this point in treatment, when the offender has reached the 'guilt phase,' that the offender is able to confess, begin to make reparations, and to seek forgiveness for their behavior (Proeve & Howells, 2002).

Knowing whether offenders associate shame or guilt with their offense has important implications for future offenses. Hudson and colleagues (1992), for example, used attribution theory to examine the role of shame and guilt in sex-offending recidivism. The authors argued that whether or not offenders experienced guilt or shame depended on their attributions after a brief lapse in judgment toward offending behavior. Specifically, offenders tended to experience guilt if they had internal but controllable attributions for their behavior, whereas they were more likely to experience shame if they had internal but uncontrollable attributions. The authors concluded that guilt motivates offenders to refrain from future offending, while shame appears to facilitate recidivism.

As mentioned previously, shame is often depicted as a barrier to one's capacity for empathy. Skogman and Svalland (2002) found that as shame increases, empathy decreases, which suggests that treatment aimed at cultivating feelings of shame may hinder empathy development. This is an important consideration for clinicians working with sexual offenders given the widespread use of 'victim empathy training' approaches as it highlights shame as a potential barrier to successful intervention. It is assumed that once perpetrators develop the capacity for empathy, they will be less likely to reoffend (Kaden, 1998). Therefore, decreasing

shame as a component of empathy development is often regarded as necessary to sex offender treatment.

Whereas there appears to be general agreement that shame serves as a barrier to the development of empathy and serves to facilitate various forms of violence, including sexual violence, it is important to note that several authors have pointed to a potential *benefit* of shame in sex offender treatment. Specifically, Howells and [Day \(2003\)](#) and [Proeve \(2003\)](#) – while not necessarily disagreeing with the above-mentioned risks associated with shame – suggest that the inherent distress aroused by the experience of shame might serve to increase sex offenders’ motivation for treatment. In an effort to test this hypothesis, Roseman, Ritchie, and Laux (2009) presented 13 sex offenders currently undergoing treatment to three levels of exposure to a victim of sexual abuse (i.e., a letter written by a victim, a videotape, or a live interaction). These authors hypothesized that offenders exposed to videotaped or live interactions would endorse higher levels of shame than those exposed only to written letters and the live interaction group would demonstrate increased empathy. Potentially in part due to limited power, however, these authors failed to find statistically significant increases in guilt, shame, or empathy across any of the conditions and, in contrast to their hypotheses, found a concerning non-significant trend suggesting that offenders exposed to the videotape-only condition showed a slight *decrease* in victim empathy.

Conclusions and Future Directions

The identification and understanding of dynamic risk factors for violence reflects one avenue for guiding interventions with violent individuals. The identification of a temporal association between anger and violence ([Moore et al., 2011](#)), for example, has contributed to the

development of numerous anger-focused approaches to working with violent offenders (Babcock, Green, & Robie, 2004). Although research on the association between shame and violence is in its infancy and shame-based treatment approaches are only beginning to be empirically tested, preliminary findings are promising and highlight the need for additional research. The extant research suggests that shame is a common concomitant to many types of violence, including the relatively more widely studied areas of IPV and sexual assault, as well as less-researched forms of violence, such as racially-motivated hate crimes and mass school shootings. Whether shame-based interventions prove useful for the treatment of violent offenders in general or more specifically for certain subtypes of violent offenders – such as men who perpetrate IPV – remains an open empirical question.

Several important questions remain unanswered. First, given the lack of prospective, longitudinal research, it remains unknown whether shame is causally related to violence. Many theories of the shame-violence association conceptualize such a causal link, but longitudinal research will be essential to test these assumptions. A second area warranting further attention relates to treatment compliance with shame-based interventions compared to common anger management or Duluth model approaches to IPV intervention. It is possible that interventions targeting shame opposed to anger, for example, might be expected to contribute to greater motivation for treatment given the emotional pain that shame entails opposed to the relatively more ego-syntonic experience of anger in violent offenders. Third, larger scale efficacy and effectiveness trials are needed to test the effectiveness of shame-based interventions for violent offenders. Notably, however, shame-based approaches require something of a conceptual shift compared to the most widespread intervention approaches to intervening with IPV perpetrators. Namely, treatments targeting shame – opposed, say, to patriarchal control common to Duluth

models – is in fact far more consistent with the view of these interventions as “treatment” opposed to “education.” This vulnerable underbelly has been described by some researchers for decades (cf. [Rounsaville, 1978](#); [Sonkin & Dutton, 2003](#)), and it is promising that interventions are beginning to recognize the complex influence of shame in interpersonal violence perpetration.

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