

An intervention to address feelings of shame and guilt related to survival based behavior after (sexual) assault.

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The present study proposes to investigate the On(t)schuldig intervention. The main research question: Do adolescents report less trauma-related feelings of shame and guilt after following the intervention On(t)schuldig?

Ethical review	Approved WMO
Status	Pending
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON51407

Source

ToetsingOnline

Brief title

On(t)schuldig

Condition

- Other condition

Synonym

feelings of shame and guilt

Health condition

trauma gerelateerde schaamte- en schuldgevoelens

Research involving

Human

Sponsors and support

Primary sponsor: Karakter kinder- en jeugdpsychiatrie

Source(s) of monetary or material Support: Fonds slachtofferhulp

Intervention

Keyword: Shame and Guilt, survival based behavior, Trauma, Youth

Outcome measures

Primary outcome

The aim of the present study is to determine whether following On(t)schuldig is effective in reducing feelings of shame and guilt associated with survival based reactions that can arise in young people during and after (sexual) violence.

Secondary outcome

Do participants report fewer post-traumatic stress symptoms after following the intervention?

Does motivation to follow treatment increase?

Are participants more likely to disclose about what has happened to them?

Study description

Background summary

Research shows that up to 67% of children and adolescents under the age of 16 experience at least one traumatic event during their life (Copeland et al., 2007). A traumatic event is defined as *an event in which the subject was exposed to actual or threatened death, serious injury, and/or sexual assault* (American Psychiatric Association, 2013). Such a traumatic event can result in post-traumatic stress disorder (PTSD). A meta-analysis of Alisic et al. (2014) shows that 16% of children and adolescents develop PTSD symptoms after experiencing a traumatic event. Alisic and colleagues also show that the prevalence range for children and adolescents who develop PTSD as a result of

interpersonal trauma (including violence and sexual abuse) is above average. Prevalence rates for PTSD are between 16.8% and 35.8% among children and adolescents who have experienced violence or sexual abuse.

Experiencing violence and/or sexual abuse can be accompanied by high levels of agony. Children and adolescents who develop PTSD, suffer from re-experiences of the event, avoid places that remind them of the trauma, are constantly in a state of hypervigilance and develop negative thoughts and feelings. These negative thoughts and feelings, such as guilt and shame, are often related to how a person reacted during and after the traumatic event (Verlinden, 2014).

When experiencing a traumatic event, such as (sexual) violence, the defense cascade is activated (van Minnen, 2017). The defense cascade is a continuum of survival-based reflexive and automatic reactions that the body activates in life-threatening situations (Kalaf et al., 2017). A common example is that someone feels like he or she **freezes** during a traumatic event. This is also referred to as **tonic immobility** (Kalaf et al., 2017). Research shows that 21 to 70% of victims report tonic immobility as a perceived defense response during violence (Bovin et al., 2008; Galliano et al., 1993; Hagenaars, 2016; Heidt et al., 2005; Möller et al., 2017). However, there are multiple defense responses besides the well-known **fight-flight-freeze**-responses. Yet, these other responses are often misunderstood. Based on a recently conducted literature review, 21 responses within the defense cascade appear to play a role during and after (sexual) violence (van Minnen, 2017).

Victims often link an affective and/or cognitive response to the defense cascade. This can be protective (**I did what I could**, **this should never have happened to me**, etc.). Yet, often this response is the opposite (**I wish I had asked for help**, **why didn't I push myself away** or **why didn't I run away**) (Kleim et al., 2013). Negative interpretations of one's own defense responses lead to feelings of guilt and shame. Research by Pugh et al. (2015) shows that such interpretations play a role in the development and maintenance of trauma-related symptoms.

The amount of guilt and shame also depends on perceived personal involvement (Lee et al., 2001; Pugh et al., 2015). In a study of traumatized children and adolescents, 43% had feelings of guilt in response to the traumatic event. In children exposed to traumas of an interpersonal nature (e.g. war, maltreatment or sexual abuse), this percentage was 59% (Fletcher, 2003). Children and adolescents (5-16 years) who have been victims of interpersonal violence and who have feelings of guilt about whether or not they acted **right** during the trauma experience more PTSD symptoms (Kletter et al., 2009).

Although the defense cascade is used to increase the chance of survival and should be considered as an automatic biological response, victims are less likely to seek help because of the guilt and shame they feel following their defense response to the trauma (Galliano et al., 1993; van Minnen, 2017). Research shows that only 50% of the people with PTSD symptoms seek professional help (Roberts et al., 2011). These feelings of shame and guilt also have a negative influence on a successful course of treatment (Kealy et al., 2018). In addition, many victims are unaware of their defense cascade, which increases the feeling of guilt and shame (van Minnen, 2017). These factors withhold

victims to seek help.

Study objective

The present study proposes to investigate the On(t)schuldig intervention. The main research question: Do adolescents report less trauma-related feelings of shame and guilt after following the intervention On(t)schuldig?

Study design

This study is designed as a randomized clinical trial (RCT). Participants will be randomized into two conditions: 1) direct access into intervention On(t)schuldig, or 2) a waiting-list period of two weeks, after which participants will also get access to the intervention. Over a period of eight weeks, there are three time points where participants are asked to fill in a number of questionnaires.

Intervention

The intervention has the form of a psycho-education, which is placed on a private website that the participants can visit using their own login code. The psycho-education consists of three parts:

1. Animations explaining 8 common defense responses that can occur during and after (sexual) violence;
2. Written texts based on the book **Verlamd van Angst**;
3. Podcasts with in-depth explanations about defense responses, supplemented with interviews with adolescents who have experienced these responses first-hand.

Study burden and risks

There is no, or very little, risk for patients with regard to participation in the current study.

In order to answer the research question participants will be asked to fill in questionnaires. The extra burden is considered low, as they can fill in self-reported questionnaires online. It will take about 30 minutes per measurement to participate

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Inclusion criteria

- 1) Participants are adolescents between the ages of 12 and 18 who are registered at Karakter Child and Adolescent Psychiatry.
- 2) The adolescent has experienced 1 or more traumatic life events, including violence, maltreatment or sexual abuse,
- 3) feelings of guilt and/or shame are measured with the CERQ,
- 4) the adolescent is motivated and available for a period of two weeks to follow psycho-education On(t)schuldig, and
- 5) the adolescent has sufficient command of the Dutch language to be able to participate in this study.

Exclusion criteria

The exclusion criteria are as followed:

- 1) acute suicidality requiring hospitalization or having been admitted in a period of four weeks prior to completing the questionnaire,
- 2) the adolescent has read the book *Verlamd van Angst* or has been informed about common defense responses by a psychologist in the past year,

- 3) Cognitive Impairments (IQ < 70),
- 4) participation of a brother or sister in the present study, and
- 5) the adolescent has started trauma treatment.

Study design

Design

Study phase:	4
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-01-2023
Enrollment:	34
Type:	Anticipated

Ethics review

Approved WMO	
Date:	02-05-2023
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	15-05-2024
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL82795.091.22