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Developmental Trauma and Shame-proneness: A systematic review

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Abstract

Existing research suggests that individuals who have experienced trauma may have a propensity towards self-conscious emotional states (i.e., guilt-proneness and shame-proneness). However, the investigation of shame-proneness in relation to developmental trauma is relatively recent, and a comprehensive synthesis of the latest empirical findings is lacking. To address this gap, the primary objective of this systematic review was to investigate the relationship between developmental trauma and shame-proneness by identifying and critically evaluating studies published in the past decade on shame, shame-proneness, and developmental trauma. A comprehensive literature search was conducted across PsycINFO, EMBASE, MEDLINE, and ASSIA using a combination of keywords relevant to shame-proneness, trauma, and the developmental period. Fourteen studies were included in the final analysis, which revealed small but significant positive correlations between developmental trauma and shame-proneness. Within this body of research, six key themes were identified as particularly relevant: 1) Shame and guilt, (2) Gender and sex, (3) Parental rearing behaviours and neglect, (4) Peer victimisation, (5) Abuse, and (6) Mental health outcomes. This systematic review provides valuable information on developmental trauma, its underlying mechanisms, and subsequent mental health problems. These findings have important implications for clinical practice, mental health policies, and psychological research.

Keywords: shame-proneness; self-conscious emotions; mental health; child development; developmental trauma; adverse childhood experiences; ACEs

Developmental Trauma and Shame-proneness: A systematic review

Young people face many adversities during development that can impact on their lifelong health and well-being. It is estimated that approximately six in ten children suffer from highly stressful and potentially traumatic events in their early years (World Health Organization, 2024a), often referred to as Adverse Childhood Experiences (ACEs) (Felitti et al., 1998). These can involve physical and/or psychological violence, sexual abuse, neglect, and other forms of maltreatment (World Health Organization, 2024a). Also, in adolescence, individuals are at high risk of experiencing stigma, bullying, and mental health problems such as depression and anxiety (World Health Organization, 2024b). Although the incidence rates of different types of developmental trauma vary across contexts and settings, research suggests that exposure to these experiences may interfere with normative and adaptive biological, social, cognitive, and emotional processes (Cruz et al., 2022; Keene & Epps, 2016; Pearlman & Cortouis, 2005; Sheffler et al., 2020).

Individuals who have undergone traumatic events during development are thought to have difficulties in effectively regulating negative emotional states (Bishop et al., 2021; Van der Kolk, 2005), often exhibiting increased levels of self-conscious affects, such as guilt and shame. This is because they tend to attribute the cause and responsibility for a problematic life occurrence to themselves (e.g., “This happened to me because I was bad”) (Lacerenza et al., 2020; Muris, 2014; Silberg, 2022). Lewis (1971) first introduced the terms guilt-proneness and shame-proneness to describe someone’s propensity for experiencing these emotions compared to their peers. Recent studies have identified an association between shame-proneness and traumatic experiences across the lifespan (Badour et al., 2020; Leskela et al., 2005; Shi et al., 2021), but there is no consensus concerning the significance of this relationship in the specific context of developmental trauma. Therefore, a systematic review is warranted to synthesise the evidence and critically examine common themes related to shame-proneness and developmental trauma within the empirical literature. This is particularly important given the high global prevalence of ACEs and their profound negative impacts on young people (Cruz et al., 2022; Kealy et al., 2020; Merten, 2022; World Health Organization, 2024a).

Developmental Trauma

Developmental trauma refers to any disruptive event occurring during a critical period of the developmental course that may alter an individual's expected life trajectory (Cruz et al., 2022). ACEs comprise early, complex, stressful, and traumatic experiences (e.g., neglect, maltreatment, violence, and hunger) that may undermine the health and well-being of children and young people (Cruz et al., 2022; Felitti et al., 1998; Prock, 2021). These adversities are often interrelated (Debowska et al., 2017; Finkelhor et al., 2007), emphasising a dose-response relationship where cumulative trauma exposure correlates with a wide range of negative psychological outcomes (Liming et al. 2019; Merrick et al., 2017; Schilling et al., 2007; Sheffler et al., 2020). ACEs have been consistently linked to internalising disorders (e.g., anxiety disorders, depression), externalising disorders (e.g., attention-deficit/hyperactivity disorder, substance abuse, conduct problems), and suicidality and self-harm (Abate et al., 2024; Bellis et al., 2019; Bomysoad & Francis, 2020; Sahle et al., 2021; Scully et al., 2019).

While exposure to ACEs and their pervasive effects have been studied across various populations (e.g., North America, Europe, and Asia) (Haahr-Pedersen et al., 2020; Jowett et al., 2022; Liming et al. 2019; Merrick et al., 2018; Poole et al., 2018; Snyder et al., 2024; Subramaniam et al., 2020), it is important to acknowledge that other experiences, although not categorised as ACEs, have the potential to be perceived as traumatic and may similarly disrupt the healthy development of young people. For instance, problematic relationships with primary caregivers may result in a relational type of trauma, leading to psychological challenges such as insecure attachment styles and the formation of early maladaptive schemas (EMS) (Bishop et al., 2021; Pearlman & Courtois, 2005). Also, adolescents often face stigma and bullying, which, as traumatic experiences, can negatively influence their socialisation and contribute to interpersonal difficulties and poor mental health (Kelleher et al., 2008; World Health Organization, 2024b). Thus, the term 'developmental trauma' adopted in this review is a broader concept that encompasses these various types of occurrences, extending beyond the definition of ACEs since it acknowledges traumatic experiences during development in both macro and microspheres of people's lives (Bronfenbrenner, 1979; Cruz et al., 2022; Van der Kolk et al., 2019; Zhu et al., 2020).

An early theory by Ferenczi (1932/1988) proposed that any difficult situation that surpasses a person's ability to cope with it may be perceived as traumatic. This perspective supports Cruz et al.'s (2022) argument on developmental trauma, which emphasises that children

and adolescents are particularly vulnerable to experiencing stressful events as traumatic because important protective factors (i.e., resilience and emotion regulation) are not well consolidated yet, thereby heightening their risk for mental health problems (Abate et al., 2024; Bellis et al., 2019; Bomysoad & Francis, 2020; Okwori, 2022; Sahle et al., 2021; Scully et al., 2019).

However, the existing conceptualisations of trauma offered by specific trauma-related diagnoses, such as Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (CPTSD), in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR; American Psychiatric Association, 2022) and the *International Classification of Diseases* (11th rev.; ICD-11; World Health Organization, 2021) respectively, do not account for the impacts of trauma exposure over critical periods of development. Their criteria limit ‘trauma’ to the experiencing or witnessing of one or more life-threatening events, failing to consider that young people may face traumatic experiences even when their lives are not at risk (Cunningham et al., 2017; Favaretto et al., 2022; Hyland et al., 2017; Wilson & Tang, 2007).

As outlined by Van der Kolk (2005), these diagnoses (i.e., PTSD and CPTSD) overlook traumatised children and adolescents, restricting their access to appropriate psychological interventions. To approach this issue, the concept of Developmental Trauma Disorder (DTD) was proposed as a counterpart to the CPTSD diagnosis for adults. This framework recognises that adaptive processes in response to adversities are influenced by cumulative risk and protective factors, which may determine the effects of traumatic occurrences throughout the lifespan (Van der Kolk et al., 2019). Moreover, it highlights the subjective aspect of trauma, indicating that self-conscious emotions (i.e., guilt and shame) are utilised by individuals to make sense of such disruptive experiences, potentially influencing mental health outcomes (Van der Kolk, 2005; Øktedalen et al., 2014).

Shame

Shame has been conceptualised as a universal and complex emotional experience that negatively affects how individuals perceive and evaluate themselves (Hadar, 2008; Lewis, 1971; Tangney et al., 1992; Zhu et al., 2020). Along with guilt, it is considered a self-conscious emotion since it requires self-awareness – the ability to recognise oneself as a distinct entity separate from the external environment (Auerbach & Blatt, 1996; Carr, 2016). At normative levels, both shame and guilt hold an important function in social development by regulating

human conduct to align with societal and moral standards (Lewis, 1995; Tangney et al., 1992). In this sense, it is crucial to distinguish between these two emotions, as they are often used interchangeably despite having different etiologies and eliciting contrasting behavioural responses. Literature describes guilt as an adaptive mechanism that arises when a specific action is evaluated as wrongful (e.g., “I did this wrong”), and it is often accompanied by a desire for reparation (Lacerenza et al., 2019; Lewis, 1995; Lewis, 1971; Muris, 2014). In contrast, shame refers to an individual’s perception of their entire self as defective (e.g., “I am wrong”) and is considered maladaptive. Shameful experiences often result in reduced global self-esteem, increased withdrawal tendencies, and avoidance of situations and others, potentially leading to social isolation without instigating reparative action (Lewis, 1995; Tangney et al., 2007, 1992).

Developmental models indicate that shameful experiences originate in early childhood, and their recurrence can result in social and psychological maladjustment (Bishop et al., 2021; Tangney et al., 2007, 1992; Lewis, 1971). According to Erikson (1994), the second stage of psychosocial development addresses the conflict of autonomy versus shame and doubt, which arises when a child starts to explore their independence within the surrounding environment. Positive outcomes depend on the encouragement of trusted adults to support possible missteps and failures, prompting the development of autonomy and a positive self-concept. However, exposure to high levels of parental criticism during this exploration may lead to the negative resolution of shame and doubt regarding the child’s own abilities, resulting in negative self-schemas (e.g., “I am not good enough”) (Erikson, 1994; Tangney et al., 2007). Children may start feeling ashamed when they fail to meet the external expectations imposed by adults, but they eventually build their own unique and individual set of standards and values through which they interpret and evaluate human behaviour, including their own (Morrison, 2011; Tangney et al., 2007; Winnicott, 1960). Then, during adolescence and young adulthood, the emotion of shame is elicited if there is a perceived failure to meet these moral rules and self-expectations, triggering a desire to hide/disappear from the gaze of others since the entire self is evaluated as ‘bad’ (Lewis, 1995; Lewis, 1971; Tangney et al., 2007).

Although research on the development of self-conscious emotions has predominantly focused on childhood, evidence suggests that experiences of shame tend to decline over the lifespan (Orth et al., 2010). The maturity principle states that adults may feel less ashamed than adolescents, and adolescents less than children (Roberts et al., 2008). However, empirical studies

indicate that individuals with a history of developmental trauma exhibit a higher propensity for shame regardless of their age (Keene & Epps, 2016; Tangney et al., 2007; Wojcik et al., 2021). This disposition may influence a person's adaptive responses, potentially serving as a mediator between trauma and subsequent poor mental health outcomes (Crittenden & Heller, 2017). Increased experiences of shame are strongly associated with mental health challenges, including depression, anxiety, and other internalising disorders (Cunningham et al., 2017; Laving et al., 2022; Segal, 1988; Zhu et al., 2020). An increased propensity for experiencing shame is conceptualised as the personality trait of shame-proneness (Lewis, 1995; Lewis 1971; Tangney et al., 2007, 1992).

Shame-Proneness

Lewis (1971) first theorised shame-proneness as a self-conscious affective propensity, possibly stemming from adverse experiences during one's upbringing, which leads to negative resolutions. Building on this foundation, other authors, such as Tangney et al. (1992, 2002, 2007), explored the concept of shame-proneness with a more cognitive approach. Tangney et al. (1992) suggested that proneness to shame results from EMS, which refers to "dysfunctional and pervasive patterns of memories, thoughts, and physical sensations regarding the self, relationships, and world that develop in childhood and adolescent years and elaborate throughout the life" (Young et al., 2003, p. 7). Disruptive events during crucial developmental phases may increase someone's propensity to experience shame, thereby impacting their emotional capacities and overall well-being (Tangney et al., 2007).

Shame-proneness is considered a pervasive personality trait, representing a stable characteristic of an individual's personality rather than a temporary state (Lewis, 1995; Lewis 1971). It reflects affective, cognitive, and behavioural patterns that are relatively stable over time and generalise across similar situational contexts, including the tendency to attribute negative self-evaluations to oneself ("This happened to me because I am a bad person") (Lewis, 1995; Tangney et al., 2007, 1992). Likewise, children who are victims of abuse disclose similar speeches, indicating a connection between developmental trauma, shame, and shame-proneness (Keene & Epps, 2016; Pearlman & Courtois, 2005; Tangney et al., 2007).

To assess this self-conscious emotion in adults, Tangney et al. (1989) developed the Test of Self-Conscious Affect (TOSCA), a scenario-based instrument designed to measure guilt and

shame-proneness, as well as their potentially adaptive mechanisms. The TOSCA is now on its third revision (TOSCA-3) (Tangney et al., 2000) and has been adapted for children (TOSCA-C) (Tangney et al., 1990) and adolescents (TOSCA-A) (Tangney et al., 1991), consistently demonstrating strong reliability and validity (Tangney et al., 2007). Other instruments developed to measure the propensity to shame and guilt include the State Shame and Guilt Scale (SSGS) (Marschall et al., 1994) and the Guilt and Shame Proneness Scale (GASP) (Cohen et al., 2011). All of them evaluate guilt and shame-proneness by presenting respondents with hypothetical scenarios resembling everyday situations and comparing how likely they would be to feel either guilty or ashamed in response to these (Cohen et al., 2011; Marschall et al., 1994; Tangney et al., 2000).

Importantly, as efforts to investigate shame-proneness in relation to trauma during development have only recently been employed in psychological research (Keene & Epps, 2016; Tangney et al., 2007), there remains no consensus regarding its impacts on the mental health of young people. While the association between ACEs and the development of EMS has been established (Bishop et al., 2021), as well as their pervasive effects across different population samples (Haahr-Pedersen et al., 2020; Jowett et al., 2022; Liming et al., 2019; Poole et al., 2018; Snyder et al., 2024), systematic reviews have yet to explore the relationship between trauma and shame-proneness as it relates to these negative self-conceptualisations. Therefore, the present study aims to synthesise and critically evaluate empirical literature from the past decade on the relationship between developmental trauma, shame and shame-proneness. Additionally, it seeks to explore the underlying mechanisms of these traumatic experiences and their potential mental health outcomes for young people.

Method

This systematic review aimed to identify and assess the existing empirical literature pertaining to the relationship between developmental trauma and shame-proneness. To this end, the study followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist that guides the development, design, analysis, and reporting of systematic reviews (Page et al., 2021). The protocol of this review was not registered.

An initial manual search was done to determine possible keywords for the posterior database search. To conduct a full literature search on published studies within the past decade (from 2010 to the beginning of 2023), four databases were recognised as appropriate for finding empirical articles relevant to the topic of the present review: PsycINFO, EMBASE, MEDLINE, and ASSIA. For each of these databases, a combination of the following keywords was used, pertinent to shame-proneness (shame prone*), developmental trauma (trauma OR stress OR adversity OR abuse OR neglect OR violence maltreatment OR substance abuse OR mental health problem* OR mental health disorder* OR traumatic event*), and population (children OR adolescents OR youth). Boolean operators and the truncation symbol (*) were employed with the intent to broaden the initial search. The database search was conducted in the first week of March 2023. No reference back searches were conducted.

To identify relevant studies for this systematic review, the following inclusion criteria were applied: (1) published between 2010 and the beginning of 2023, (2) published in a peer-reviewed journal, (3) an empirical quantitative study, (4) focus on shame-proneness and developmental trauma, (5) published in the English language, and (6) participants' developmental stage ranged from middle childhood until emerging adulthood (from 6 to 29 years of age). Journal articles were excluded if: (1) they did not investigate developmental trauma, (2) they were not relevant to the concept of shame-proneness, and (3) participants were above 29 years old (i.e., since Arnett (2007) defined emerging adulthood as the period from 18 to 29 years).

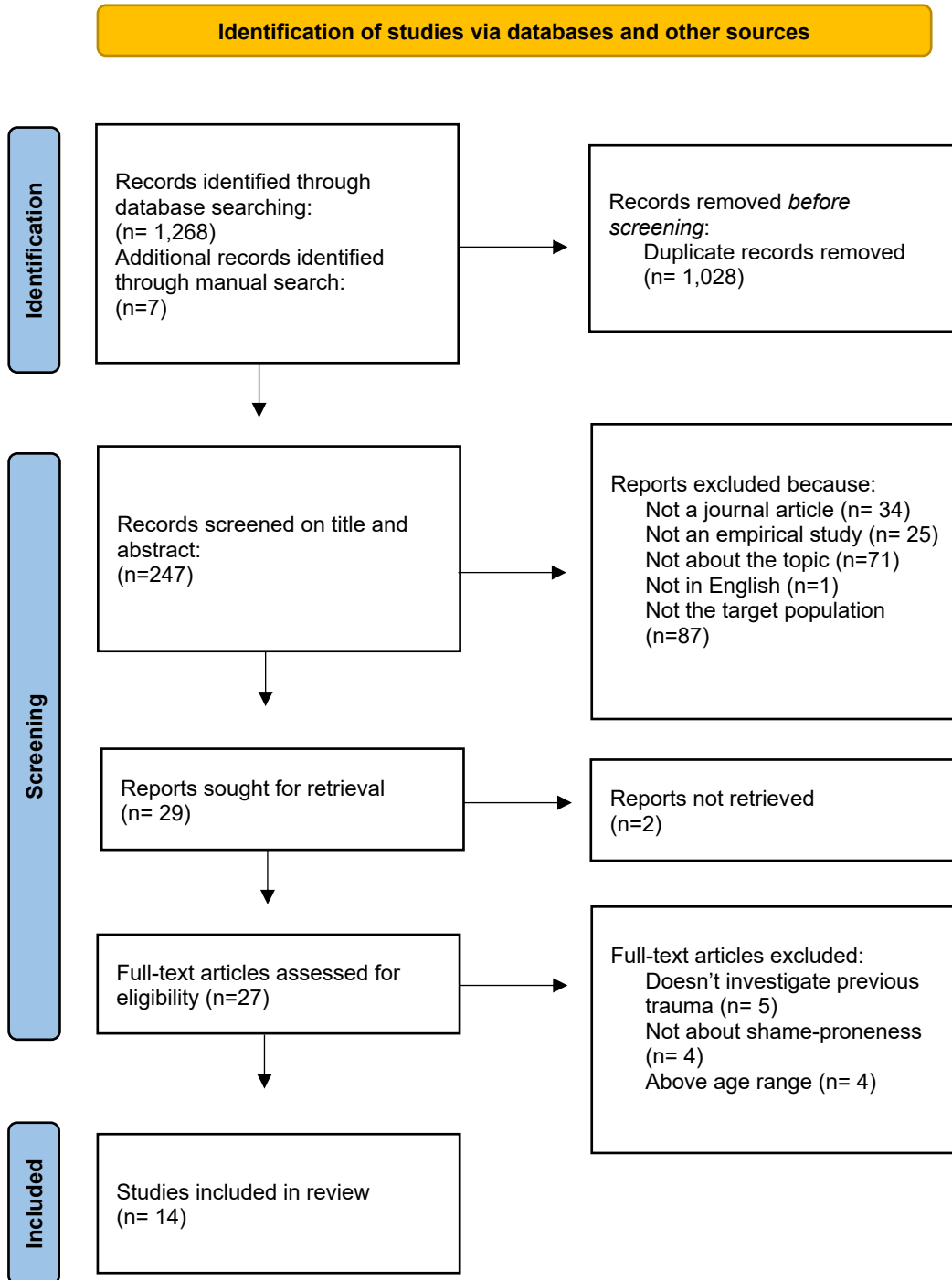
The decision to extend the age range to include emerging adulthood and the years following college was based on recent theories suggesting a prolonged developmental trajectory in newer generations (Arnett, 2007). Also, young adults often experience significant instability and may be more vulnerable to traumatic events (e.g., sexual abuse) (Mumford et al., 2020). Therefore, to fully capture the concept of developmental trauma, it seemed necessary to include studies concerning populations of emerging adults who have not yet achieved full independence.

All records identified through the literature search were manually exported into EndNote 20. This process is depicted in the PRISMA flow chart (see Figure 1). The imported articles were screened by one reviewer through a four-stage process. This began with the removal of duplicate records. Subsequently, the remaining records were screened at a title and abstract level to check if they would meet the inclusion criteria previously defined. Articles that met the criteria were

sought for full-text retrieval in the same databases. Articles that could not be found were manually excluded. The remaining studies were read and carefully screened to assess their eligibility for inclusion in the review. No automation tools were used in this process.

Figure 1

PRISMA Flow Chart



A total of 14 articles were included in this review, and the following data was extracted by the same reviewer: (1) author(s)' references, (2) aim of the study, (3) rationale behind the study, (4) participants' data, (5) instruments used, (6) main study results about shame, shame-proneness, and trauma, and (7) study limitations indicated by the author(s).

To identify the main themes that characterise the relationship between developmental trauma and shame-proneness in the included studies, an adapted three-stage narrative synthesis approach was employed (Popay et al., 2006). The first stage consisted of a preliminary synthesis of themes, where study characteristics and findings were tabularised and thematically analysed. In the second stage, the synthesis was refined, checking the relationship of the data within and between studies. The third stage assessed the robustness of the synthesis by evaluating the strength of the evidence, which resulted in the key themes later described in the Results section. This method is particularly suitable for summarising and explaining quantitative findings when high levels of heterogeneity contraindicate the use of statistical synthesis (Campbell et al., 2019).

Finally, the NICE quality appraisal checklist for quantitative studies reporting correlations and associations (NICE, 2012) was used to assess the quality of the studies included in the final sample. According to the NICE guidelines, the coding of this checklist allows for the evaluation of the reliability, internal validity (IV), generalisability, and external validity (EV) of each study design by considering four main domains: (1) characteristics of study participants, (2) definition of independent variables, (3) outcomes assessed, and (4) methods of analyses. The first domain refers to the estimation of the EV, whereas domains two to four classify the IV. Each study was then awarded a separate overall quality rating for both these categories. Classifications could be as follows: "++" were studies which had almost all criteria fulfilled, and where they had not been fulfilled the conclusions were very unlikely to be altered; "+" were studies which had some of the checklist criteria fulfilled, and the ones which were unfulfilled or not reported were unlikely to be altered; and "-" were studies where very few checklist criteria were fulfilled and their conclusions were likely or very likely to be altered (NICE, 2012).

The quality assessment was conducted independently by the two authors. The first author initially assessed the quality of the included studies, and subsequently the appraisal was verified by the second author. Any disagreements regarding the quality classification of the included

studies were resolved via discussion. The extracted data from the articles and quality assessment are presented in Table 1 and 2.

Table 1. *Summary of Characteristics of the Included Studies*

Study	Country	Sample	Measures	Design	Aim of study	Quality	Limitations
Bennett et al. (2010)	United States	Children (n=111)	CPS case records; SES interview w/ mothers; VEX-R; TOSCA-C; CDI-S	Longitudinal study	To examine shame-proneness as an outcome of neglect and explore the relationship between neglect and depressive symptoms in children	+ (EV); ++ (IV)	Subset of a larger study; Simultaneous assessment of mediators and outcome variables; Not considering possible subtypes of neglect; Only self-report measures of dependent variables
Bennett et al. (2016)	United States	Adolescents (n=88)	HSS; TOSCA-A; CCSC; CES-DC; MASC-10; CPSS	Cross-sectional study	To examine perceived HIV-related stigma, shame-proneness, and avoidant coping styles as risk factors for mental health problems	+ (EV); ++ (IV)	Cross-sectional data; Not considering other sources of stigma; Only self-report measures; Small sample
Casselmann & Rosenbaum (2014)	United States	Emerging Adults (n=335)	PARQ; MRNI; RSES; MGRSS; TOSCA-3; STAXI; AQ	Cross-sectional study	To test a path model that examines the relationships between fathers' rejection, traditional masculine ideology, and aggression through mechanisms of shame, self-esteem, and anger	- (EV); + (IV)	Correlational analysis; Not considering additional father-related variables
Han & Kim (2012)	South Korea	Children (n=1,185)	Adaptation of Park's (1995) parental rejection scale; Adaptation of Marshall and McCandless's (1957) peer rejection scale; SSGS; TTQ	Cross-sectional study	To examine parental and peer rejection, shame, and susceptibility to peer pressure in late childhood	++ (EV); ++ (IV)	Cross-sectional and correlational design
Irwin et al. (2019)	Canada	Adolescents (n=396)	World Health Organization's Bullying/Victimization Questionnaire; ESS; TOSCA; CDI; SAS-A; YSR	Longitudinal study	To investigate shame as a possible mediator between peer victimisation and mental health problems	+ (EV); ++ (IV)	WEIRD sample; Not exploring cyberbullying; Self-report measures
Ladis et al. (2023)	United States	Emerging Adults (n=425)	Demographic questionnaire; Abuse history questionnaire; B-RCOPE; GASP	Cross-sectional study	To test history of abuse as a moderator between shame and guilt-proneness and different religious coping styles	+ (EV); ++ (IV)	Low generalisability; Predominantly female sample; Not assessing PTS; Cross-sectional design
Mahtani et al. (2018)	Australia	Emerging adults (n=220)	ISAS; Child maltreatment questions; ICES; BES; UCLA-3; K10; TOSCA-3; CoSS-5	Cross-sectional study	To test a theoretical model that relates shame and non-suicidal self-injury	++ (EV); ++ (IV)	Cross-sectional approach; Self-report methods; Not testing for other emotional mechanisms related to NSSI
Meesters et al. (2017)	Netherlands and Belgium	Clinical (n=104) and non-clinical (n=477) adolescents	EMBU-C; SCEMAS	Cross-sectional study	To investigate the effects of parental rearing behaviours on self-conscious emotional states in adolescents	+ (EV); ++ (IV)	Cross-sectional design; Self-report measures; Uneven sample groups; Modest reliability of scales

Table 1. *(continued)*

Study	Country	Sample	Measures	Design	Aim of study	Quality	Limitations
Mintz et al. (2017)	United States	Emerging adults (n= 213)	Demographic questionnaire; TOSCA-3; PBFQ-R	Cross-sectional study	To explore the relationship between childhood parenting experiences and self-evaluation in young adults	+ (EV); ++ (IV)	Limited generalisability; Lack of qualitative methods
Mojallal et al. (2021)	United States	Emerging adults (n=415)	CATS; GASP; YSQ-S3	Cross-sectional study	To examine early maladaptive schemas as potential mediators between childhood maltreatment and shame-and guilt-proneness in adulthood	+ (EV); + (IV)	Only examining behavioural aspects of shame and guilt; Non-experimental design; Retrospective self-reports; non-clinical sample
Shorey et al. (2011)	United States	Emerging adults (n=967)	Demographic questionnaire; CTS2; BSI; TOSCA-3	Cross-sectional study	To examine shame-proneness as a moderator variable between intimate partner violence and depressive and anxious symptoms	++ (EV); ++ (IV)	Cross-sectional design; Low levels of victimisation and mental health problems; Low generalisability
Szentágotai-Tátar & Miu (2016)	Romania	Adolescents (n= 706)	Romanian translations of: Childhood traumatic events scale; CERQ; TOSCA-A; DASS	Cross-sectional study	To investigate the relationship between individual differences in emotional regulation, childhood trauma and shame and guilt-proneness in adolescents	++ (EV); + (IV)	Correlational and cross-sectional design; Self-report measures
Wetterlöv et al. (2020)	Sweden	Adolescents (n= 314)	LYLES-Y; TOSCA-A	Cross-sectional study	To examine the associations between shame and guilt-proneness and experiences of potentially traumatic events	+ (EV); + (IV)	Cross-sectional method; Only self-report data; Translated version of TOSCA-A was not tested previously
Wielgus et al. (2018)	United States	Emerging adults (n= 116)	ISAS; TOSCA-3; UPPSI; RRS-B; CESD-R; ATQ; BTQ	Cross-sectional study	To investigate the role of shame, negative urgency and brooding as risk factors for NSSI	+ (EV); + (IV)	Cross-sectional design; Self-report data; Convenience sample

Note. CPS, Child Protective Services; SES, socioeconomic status; VEX-R, Violence Exposure Scale - Revised; TOSCA-C, Test of Self-Conscious Affect for Children; CDI-S, Children's Depression Inventory short form; HSS, HIV Stigma Scale; TOSCA-A, Test of Self-Conscious Affect for Adolescents; CCSC, Children's Coping Strategies Checklist; CES-DC, Center for Epidemiologic Studies Depression Scale for Children; MASC-10, Multidimensional Anxiety Scale for Children; CPSS, Child PTSD Symptom Scale; PARQ, Adult Parental Acceptance-Rejection Questionnaire; MRNI, Male Role Norm Inventory; RSES, Rosenberg Self-Esteem Scale; MGRSS, Masculine Gender Role Stress Scale; TOSCA-3, Test of Self-Conscious Affect Version 3; STAXI, State-Trait Anger Expression Inventory; AQ, Aggression Questionnaire; SSGS, State Shame and Guilt Scale; TTQ, Tough Turf Peer Pressure Quiz; ESS, Experience of Shame Scale; SAS-A, Social Anxiety Scale for Adolescents; YSR, Youth Self Report; B-RCOPE, Brief Religious Coping Scale; GASP, Guilt and Shame Proneness Scale; ISAS, Inventory of Statements about Self-Injury; ICES, Invalidating Childhood Experiences Scale- Parental Invalidation Subscale; BES, Body Esteem Scale; UCLA-3, UCLA Loneliness Scale Version 3; K10, Kessler Psychological Distress Scale; CoSS-5, Compass of Shame Scale - Version 5; EMBU-C, Egnä Beträffande Uppfostran - My memories of Upbringing for Children; SCEMAS, Self-Conscious Emotions: Maladaptive and Adaptive Scales; PBFQ-R, Parenting Behaviors Frequency Questionnaire-Revised; CATS, Child Abuse and Trauma Scale; YSQ-S3, The Young Schema Questionnaire short form; CTS2, Revised Conflict Tactics Scale; BSI, Brief Symptom Inventory; CERQ, Cognitive Emotion Regulation Questionnaire; DASS, Depression Anxiety Stress Scales; LYLES-Y, Linköping's Youth Life Experience Scale; UPPSI, Urgency-Premeditation-Perseverance-Sensation Seeking Impulsive Behavior Scale; RRS-B, Ruminative Response Scale; CESD-R, Center for Epidemiologic Studies Depression Scale-Revised; ATQ, Adult Temperament Questionnaire; BTQ, Brief Trauma Questionnaire; NSSI – Non-suicidal self-injury; EV, External Validity; IV, Internal Validity.

Table 2. Summary of Correlational Results of the Included Studies

Study	Trauma x Shame-Proneness	Shame-Proneness X Mental Health Problems
Bennett et al. (2010)	Neglect: ($r = 0.22, p < 0.05$)	Depression: ($r = 0.32, p < 0.01$)
Bennett et al. (2016)	Stigma: ($r = 0.25, p < 0.05$)	Depression: ($r = 0.330, p < 0.01$), Anxiety: ($r = 0.298, p < 0.05$), Avoidant coping: ($r = 0.335, p < 0.01$)
Casselmann & Rosenbaum (2014)	Aggression: ($r = 0.04, p > 0.05$), Father rejection: ($r = 0.05, p > 0.05$)	Masculine gender role stress: ($r = 0.32, p < 0.001$).
Han & Kim (2012)	Maternal rejection: ($r = 0.39, p < 0.001$), Paternal rejection: ($r = 0.33, p < 0.001$), Peer rejection: ($r = 0.08, p < 0.01$).	Susceptibility to peer pressure: ($r = 0.50, p < 0.001$)
Irwin et al. (2019)	Victimisation: ($r = 0.20, p < 0.01$)	Depression: ($r = 0.44, p < 0.01$), Social anxiety: ($r = 0.44, p < 0.01$)
Ladis et al. (2023)	NS	Negative religious coping: (SNSE: $r = -0.10, p > 0.05$; SW: $r = 0.03, p > 0.05$).
Mahtani et al. (2018)	Maternal invalidation: ($r = 0.35, p < 0.001$), Paternal invalidation: ($r = 0.33, p < 0.001$), Physical abuse: ($r = 0.12, p < 0.01$), Emotional abuse: ($r = 0.20, p < 0.001$), Sexual abuse: ($r = 0.21, p < 0.001$), Neglect: ($r = 0.15, p < 0.001$)	NSSI: ($r = 0.39, p < 0.001$)
Meesters et al. (2017)	<i>Non-clinical</i> Maternal rejection: ($r = 0.03, p > 0.05$), Paternal rejection: ($r = 0.13, p < 0.01$) <i>Clinical</i> Maternal rejection: ($r = 0.04, p > 0.05$), Paternal rejection: ($r = -0.07, p > 0.05$)	NI
Mintz et al. (2017)	“DemEANing you”: ($r = 0.15, p < 0.05$), “Embarrassing you”: ($r = 0.23, p < 0.001$), “Pinching, spanking, or hurting you”: ($r = 0.16, p < 0.05$).	NI
Mojallal et al. (2021)	Neglect: ($r = 0.15, p < 0.01$), Punishment: ($r = 0.11, p < 0.05$)	Social isolation: ($r = 0.17, p < 0.001$), Emotional inhibition: ($r = 0.17, p < 0.001$)
Shorey et al. (2011)	<i>Men</i> Psychological aggression: ($r = 0.11, p < 0.05$), Physical aggression: ($r = 0.13, p < 0.05$) <i>Women</i> Sexual aggression: ($r = 0.09, p < 0.05$), Psychological aggression: ($r = 0.08, p < 0.05$), Physical aggression: ($r = 0.09, p < 0.05$)	<i>Men</i> Depression: ($r = 0.30, p < 0.001$), Anxiety: ($r = 0.29, p < 0.001$) <i>Women</i> Depression: ($r = 0.33, p < 0.001$), Anxiety: ($r = 0.34, p < 0.001$)
Szentágotai-Táatar and Miu (2016)	NS	Depression: ($r = 0.41, p < 0.001$), Anxiety: ($r = 0.31, p < 0.001$)
Wetterlöv et al. (2020)	Sexual potentially traumatic event: ($r = 0.16, p < 0.01$)	NI
Wielgus et al. (2018)	Trauma history: ($r = 0.01, p > 0.05$).	NSSI frequency: ($r = 0.39, p < 0.001$), Depressive symptoms: ($r = 0.40, p < 0.01$), Trait negative affect: ($r = 0.47, p < 0.001$)

Note. NS, Not Specified by the Authors; and NI, Not Investigated in the Study

Results

The literature search identified 247 articles to be screened based on title and abstract after removing duplicate records. Any that did not meet the inclusion criteria previously defined were excluded. Following this process, 27 papers were assessed in full for relevance to the topic of this review. The final sample included 14 studies that examined previous developmental trauma in relation to shame and proneness to experiencing shame, with a maximum participant age of 29 years old. These studies were selected for their potential to address the research question: What is the relationship between trauma during development and the trait of shame-proneness?

Study Characteristics

Study Design

Of the 14 studies included in this review, 12 (85.71%) used a cross-sectional design (Bennett et al., 2016; Casselman & Rosenbaum, 2014; Han & Kim, 2012; Ladis et al., 2023; Mahtani et al., 2018; Meesters et al., 2017; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016; Wetterlöv et al., 2020; Wielgus et al., 2018). Only two studies (14.29%) employed a longitudinal approach (Bennett et al., 2010; Irwin et al., 2019).

Location

Eight studies (57.14%) were conducted in the United States (Bennett et al., 2010, 2016; Casselman & Rosenbaum, 2014; Ladis et al., 2023; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Wielgus et al., 2018), and six (42.86%) in other countries, such as South Korea, Canada, Australia, Netherlands and Belgium, Romania, and Sweden (Han & Kim, 2012; Irwin et al., 2019; Mahtani et al., 2018; Meesters et al., 2017; Szentágotai-Táatar & Miu, 2016; Wetterlöv et al., 2020).

Developmental Stage of Included Population

Only two studies (14.29%) included samples of children aged 4 to 12 years (Bennett et al., 2010; Han & Kim, 2012). Three studies (21.43%) focused on adolescents aged 10.1 to 18 years (Meesters et al., 2017; Irwin et al., 2019; Szentágotai-Táatar and Miu, 2016), while two studies (14.29%) examined both adolescents and young adults aged 12 to 24 years (Bennett et al., 2016; Wetterlöv et al., 2020). The remaining seven studies (50%) concentrated on emerging

adulthood, with participants aged 19.45 to 29 years (Casselman & Rosenbaum, 2014; Ladis et al., 2023; Mahtani et al., 2018; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Wielgus et al., 2018).

Sample Size

Sample sizes ranged from 88 to 1,185 participants. One study (7.14%) had fewer than 100 participants (Bennett et al., 2016). Nine studies (64.29%) had between 100 and 500 participants (Bennett et al., 2010; Casselman & Rosenbaum, 2014; Irwin et al., 2019; Ladis et al., 2023; Mahtani et al., 2018; Mintz et al., 2017; Mojallal et al., 2021; Wetterlöv et al., 2020; Wielgus et al., 2018). Three studies (21.43%) had samples ranging from 500 to 1,000 participants (Meesters et al., 2017; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016), while only one study (7.14%) included over 1,000 participants (Han and Kim, 2012).

Psychometric Measures

To measure the trait of shame-proneness, five of the 14 studies (35.71%) made use of the TOSCA-3 (Tangney et al., 2000) (Casselman & Rosenbaum, 2014; Irwin et al., 2019; Mintz et al., 2017; Shorey et al., 2011; Wielgus et al., 2018). One study (7.14%) used both the TOSCA-3 and the Compass of Shame Scale (CoSS-5; Elison et al., 2006) (Mahtani et al., 2018). One study (7.14%) used the TOSCA-C (Tangney et al., 1990) (Bennett et al., 2010), and two others (14.29%) the TOSCA-A (Tangney et al., 1991) (Bennett et al., 2016; Szentágotai-Táatar & Miu, 2016). One study (7.14%) utilised an adaptation of the SSGS (Marschall et al., 1994) (Han & Kim, 2012). One study (7.14%) applied the Experience of Shame Scale (ESS; Andrews et al., 2002) (Irwin et al., 2019). Two studies (14.29%) used the GASP (Cohen et al., 2011) (Ladis et al., 2023; Mojallal et al., 2021). At last, one study (7.14%) applied the Self-Conscious Emotions: Maladaptive and Adaptive Scales (SCEMAS; Stegge & Ferguson, 1994) (Meesters et al., 2017).

Each study employed different measures to consider distinct types of traumatic experiences. Bennett et al. (2010) utilised Child Protective Services' case records and the Violence Exposure Scale - Revised (VEX-R; Fox & Leavitt, 1996). Bennett et al. (2016) applied the HIV Stigma Scale (HSS; Berger et al., 2001) and the Child PTSD Symptom Scale (CPSS; Foa et al., 2001). Casselman and Rosenbaum (2014) used the Adult Parental Acceptance-

Rejection Questionnaire (PARQ; Rohner & Khaleque, 2005) and the Aggression Questionnaire (AQ; Buss & Perry, 1992). Han and Kim (2012) adapted Park's (1995) parental rejection scale and Marshall and McCandless's (1957) peer rejection scale. Irwin et al. (2019) administered the World Health Organization's Bullying/Victimization Questionnaire (Olweus, 1989). Ladis et al. (2023) adopted a personalised abuse history questionnaire. Mahtani et al. (2018) applied child maltreatment questions and the Invalidating Childhood Experiences Scale - Parental Invalidation Subscale (ICES; Mountford et al., 2007). Meesters et al. (2017) used the Egna Beträffande Uppfostran - My Memories of Upbringing for Children (EMBU-C; Castro et al., 1993). Mintz et al. (2017) utilised the Parenting Behaviors Frequency Questionnaire-Revised (PBFQ-R; Mowder & Sanders, 2008). Mojallal et al. (2021) administered the Child Abuse and Trauma Scale (CATS; Sanders & Becker-Lausen, 1995). Shorey et al. (2011) applied the Revised Conflict Tactics Scale (CTS2; Straus et al., 1996). Szentágotai-Táatar and Miu (2016) utilised a Romanian translation of the Childhood Traumatic Events Scale (CTES; Pennebaker & Susman, 1988). Wetterlöv et al. (2020) used Linköping's Youth Life Experience Scale (LYLES-Y; Nilsson et al., 2010), and Wielgus et al. (2018) used the Brief Trauma Questionnaire (BTQ; Schnurr et al., 1999).

Quality Assessment Results

According to the NICE (2012) quality assessment, nine of the 14 studies (64.29%) were of high quality in terms of internal validity (Bennett et al., 2010; Bennett et al., 2016; Han & Kim, 2012; Irwin et al., 2019; Ladis et al., 2023; Mahtani et al., 2018; Meesters et al., 2017; Mintz et al., 2017; Shorey et al., 2011). Five studies (35.71%) were of medium quality (Casselman & Rosenbaum, 2014; Mojallal et al., 2021; Szentágotai-Táatar & Miu, 2016; Wetterlöv et al., 2020; Wielgus et al., 2018). No studies in this review were assessed as being low quality in terms of their robustness.

In terms of external validity, four studies (28.57%) were of high quality (Han & Kim, 2012; Mahtani et al., 2018; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016). Nine (64.29%) were of medium quality (Bennett et al., 2010; Bennett et al., 2016; Irwin et al., 2019; Ladis et al., 2023; Meesters et al., 2017; Mintz et al., 2017; Mojallal et al., 2021; Wetterlöv et al., 2020; Wielgus et al., 2018). One study (7.14%) was assessed as being of low quality in this category (Casselman & Rosenbaum, 2014).

Synthesis of Themes

The narrative synthesis identified six key themes that appeared pertinent to be explored in this review: (1) Shame and guilt, (2) Gender and sex, (3) Parental rearing behaviours and neglect, (4) Peer victimisation, (5) Abuse, and (6) Mental health outcomes. All were identified from the studies' findings and categorised here because they are either adjacent to or significantly influence the relationship between developmental trauma and shame-proneness. Therefore, further investigating these could provide valuable insights into the association between different forms of developmental trauma, shame-proneness, and subsequent mental health problems. Note that parental rearing behaviours and neglect were grouped in theme (3), and abuse has its own category (4). This decision was made because some studies used neglect and parental dismissal as synonyms, strongly differentiating them from abuse (Mahtani et al., 2018; Mintz et al., 2017).

Shame and Guilt

A significant positive correlation between shame and guilt, and shame-proneness and guilt-proneness was found in nine studies (64.29%) (Bennett et al., 2010; Bennett et al., 2016; Meesters et al. 2017; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016; Wetterlöv et al., 2020; Wielgus et al., 2018). Studies that aimed to investigate shame and shame-proneness separately in relation to developmental trauma performed partial correlations controlling for guilt and guilt-proneness scores (Bennett et al., 2010; Mintz et al., 2017; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016). Notably, the results obtained by Mintz et al. (2017) linking negative parenting behaviours in childhood to shame-proneness only became positively significant when guilt-proneness results were controlled ($r=.17, p<0.05$), indicating that guilt acted as a confounding variable when studying shame. Therefore, even though theory suggests conceptual differences between shame and guilt (Muris, 2014; Lewis 1995; Lewis, 1971), such an effect indicates an intricate empirical association between these concepts.

Gender and Sex

Significant gender differences concerning the association between shame-proneness and developmental trauma were found in seven of the included studies (50%) (Casselmann &

Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Wetterlöv et al., 2020). One study (7.14%) yielded evidence of a correlation between shame-proneness and sex ($r=.21, p<0.05$), when sex was entered as a covariate in testing the effect of shame-proneness on NSSI (Wielgus et al., 2018).

With regards to males, Casselman and Rosenbaum's (2014) results revealed that shame-proneness was positively associated with masculine gender role stress ($r=.32, p<0.001$), and Irwin et al. (2019) identified a gender effect in the association between shame-proneness and externalising behaviours for males ($\chi^2=.03, CI [0.01,0.09]$), but not females. Wetterlöv et al. (2020) found that boys reported significantly lower levels of shame ($t(290)=-5.68, p<0.001$) and guilt ($t(261)=-3.96, p<0.001$) than girls. Additionally, Han and Kim (2012) reported that boys suffered from higher levels of maternal ($t(556)=3.17, p<0.01$) and paternal rejection ($t(556)=5.02, p<0.001$), but lower levels of peer pressure ($t(542)=-6.32, p<0.001$) when compared with girls.

As for females, Mintz et al. (2017) found that girls exhibited higher levels of guilt ($t(211)=6.19, p<0.001$) and shame-proneness ($t(211)=2.99, p=0.003$) compared to boys. Similarly, Shorey et al. (2011) reported that girls scored higher in shame-proneness ($t(869)=7.44, p<0.001$) and guilt-proneness ($t(665)=9.21, p<0.001$). Mojallal et al. (2021) identified a significant association between gender and shame-withdrawal for females ($b=-.59, SE=0.14, p<.0001$). Alarmingly, Wetterlöv et al. (2020) found that the odds of experiencing a sexual potentially traumatic event being approximately seven times higher for girls compared to boys. Overall, such results may imply gender-specific socialisation differences between males and females in the development of self-conscious states.

Parental Rearing Behaviours and Neglect

Six of the 14 studies (42.86%) examined the influence of negative parental rearing behaviours on shame-proneness across different developmental stages (Bennett et al., 2010; Casselman & Rosenbaum, 2014; Mahtani et al., 2018; Meesters et al., 2017; Mintz et al., 2017; Mojallal et al., 2021). The only study that investigated this theme in childhood identified a significant positive correlation between neglectful experiences and greater shame-proneness ($r=.22, p<0.05$), suggesting that shame-coping mechanisms (i.e., dealing with difficult situations

by attacking oneself) can be associated with previous experiences of dismissal and neglect (Bennett et al., 2010).

When it comes to adolescents, Meesters et al. (2017) hypothesised that parental rejection is positively linked to shame-proneness, while emotional warmth is linked to guilt-proneness. However, their findings yielded that, in the non-clinical sample, both negative and positive parental rearing behaviours were predictors of higher levels of self-conscious emotions. Motherly rejection was a predictor of guilt ($b=.12, p<0.05$) and shame ($b=.17, p<0.01$), as was maternal emotional warmth ($b=.31, p<0.001$; $b=.24, p<0.001$, respectively). Also, fatherly rejection was a predictor of guilt ($b=.19, p<0.01$) and shame ($b=.28, p<0.001$), as was paternal emotional warmth ($b=.31, p<0.001$; $b=.24, p<0.001$, respectively). For clinical adolescents, only parental emotional warmth predicted increased shame ($b=.33, p<0.01$) and guilt ($b=.29, p<0.05$). Interestingly, non-clinical adolescents reported higher levels of self-conscious emotions compared to the clinical sample across all scales (Meesters et al., 2017).

During emerging adulthood, Mahtani et al. (2018) found that shame-proneness was positively correlated with maternal invalidation ($r=.35, p<0.001$), paternal invalidation ($r=.33, p<0.001$), and neglect ($r=.15, p<0.001$). Similarly, Mintz et al. (2017) identified significant correlations between negative parenting behaviours in childhood and experiences of shame and guilt in emerging adults. Shame-proneness showed a positive association with the Negativity scale ($r=.17, p<0.05$) of the PBFQ-R, and a negative correlation with the General Welfare and Protection scale ($r=-.17, p<0.05$). Notably, the items from the Negativity subscale that most strongly influenced shame-proneness included “demeaning you” ($r=.15, p<0.05$), “embarrassing you” ($r=.23, p<0.001$), and “pinching, spanking, or hurting you” ($r=.16, p<0.05$). The Negativity scale is analogous to what Mahtani et al. (2018) independently assessed as parental invalidation, emotional abuse, and physical abuse, respectively.

According to Mojallal et al. (2021), experiences of neglect and abuse during childhood may lead to shame and guilt-proneness through mechanisms of EMS. The results yielded that shame-withdrawal, the variable accounting for the trait of shame-proneness, was positively correlated with social isolation ($r=.17, p<0.001$), failure ($r=.25, p<0.001$), incompetence ($r=.27, p<0.001$), emotional inhibition ($r=.17, p<0.001$), neglect ($r=.15, p<0.01$), and punishment ($r=.11, p<0.05$), suggesting the validity of EMS as mediators between negative childhood experiences and later proneness to shameful cognitions.

Along a similar line, Casselman and Rosenbaum (2014) tested a pathway model for male aggression, examining the relationship between the father-son dynamic and the expression of aggressive behaviours through self-conscious mechanisms. Shame-proneness was assessed as a possible mediator. Results indicated that shame-proneness was not significantly associated with most of the study variables, including aggression ($r=.04$, $p>0.05$) and perceived father rejection ($r=.05$, $p>0.05$). However, shame-proneness was negatively associated with self-esteem ($r=-.26$, $p<0.001$) and positively correlated with masculine gender role stress ($r=.32$, $p<0.001$), highlighting a connection between self-concept and the emotion of shame.

Peer Victimization

Two studies (14.29%) explored peer victimisation in relation to shame-proneness (Han & Kim, 2012; Irwin et al., 2019). Han and Kim (2012) investigated the association between previous experiences of interpersonal rejection, shame, and susceptibility to peer pressure during childhood. Shame was positively associated with experiencing maternal rejection ($r=.39$, $p<0.001$), paternal rejection ($r=.33$, $p<0.001$), peer rejection ($r=.08$, $p<0.01$), and susceptibility to peer pressure ($r=.50$, $p<0.001$). In a hierarchical regression analysis, the authors confirmed that shame was the strongest predictor of peer pressure ($b=.45$, $p<0.01$) and that experience of mother's rejection was the strongest predictor of feeling ashamed ($b=.30$, $p<0.001$), followed by the father's rejection ($b=.13$, $p<0.01$).

Relatedly, Irwin et al. (2019) investigated the role of shame in the relationship between experiences of peer victimisation (i.e., bullying) and mental health outcomes. Due to the longitudinal design of the study, data was collected three times within a six-month interval. The findings revealed that victimisation at time 1 (T1) was positively correlated with shame-proneness at time 2 (T2) ($r=.20$, $p<0.01$), suggesting that experiences of peer victimisation may have a traumatic quality that fosters recurring feelings of shame. These emotions, in turn, were associated with maladaptive behaviours and psychological distress, as evidenced by significant positive correlations between shame-proneness and mental health problems at time 3 (T3).

Abuse

Four studies (28.57%) investigated the impact of history of abuse on shameful cognitions (Ladis et al., 2023; Mahtani et al., 2018; Shorey et al., 2011; Wetterlöv et al., 2020). Ladis et al.

(2023) examined whether history of abuse moderated the relationship between shame-proneness and religious coping styles. They hypothesised that individuals who have experienced traumatic events, such as emotional or sexual abuse, are more likely to adopt negative religious coping strategies (e.g., self-blaming, feeling abandoned by God, or questioning God's existence). The results indicated no significant correlation between shame-proneness, which was measured by two scales – Shame Negative Self-Evaluation (SNSE) and Shame Withdrawal (SW), – and negative religious coping (NRC) in the abuse group (SNSE: $r = -.10$, $p > 0.05$; SW: $r = .03$, $p > 0.05$). However, through regression analysis, SNSE and NRC were shown to be significant pathways via the moderator of abuse history ($b = .35$, 95% CI [0.08, 0.63]), since SNSE was higher among the abuse history group.

Shorey et al. (2011) investigated the moderating effect of shame-proneness on the association between intimate partner violence (IPV) and mental health problems among college students. The authors highlighted the seriousness of IPV as a nationwide health problem among emerging adults. Small but significant positive correlations were found between shame-proneness and psychological ($r = .11$, $p < 0.05$) and physical aggression ($r = .13$, $p < 0.05$) for men, and sexual ($r = .09$, $p < 0.05$), psychological ($r = .08$, $p < 0.05$) and physical aggression ($r = .09$, $p < 0.05$) for women. Mahtani et al. (2018) also found that shame-proneness was positively associated with physical abuse ($r = .12$, $p < 0.01$), emotional abuse ($r = .20$, $p < 0.001$) and sexual abuse ($r = .21$, $p < 0.001$), and Wetterlöv et al. (2020) found that shame-proneness was positively associated with sexual potentially traumatic events ($r = .16$, $p < 0.01$).

Mental Health Outcomes

Of the 14 studies, all but three (78.57%) explored the relationship between developmental trauma, shame, and mental health outcomes (Bennett et al., 2010; Bennett et al., 2016; Casselman & Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Ladis et al., 2023; Mahtani et al., 2018; Mojallal et al., 2021; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016; Wielgus et al., 2018). Amongst these, depression was the most frequently discussed mental health condition (Bennett et al., 2010; Bennett et al., 2016; Irwin et al., 2019; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016), followed by anxiety (Bennett et al., 2016; Irwin et al., 2019; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016), non-suicidal self-injury (NSSI) incidence (Mahtani et al., 2018; Wielgus et al., 2018), and negative religious coping (Ladis et al., 2023).

Notably, some studies conceptualised shame-proneness as a mediator between traumatic experiences and subsequent mental health problems (Bennett et al., 2010; Casselman & Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Mahtani et al., 2018), while one paper identified shame as a moderator variable (Shorey et al., 2011).

The results of Bennett et al. (2010) indicated that neglect was positively related to increased depressive symptoms ($r = .32, p < 0.01$), having both a direct and indirect effect ($s = .101, SE = 0.056, CI = 95\%$) via shame-proneness in children. Irwin et al. (2019) found that shame-proneness was positively correlated with depression ($r = .44, p < 0.01$) and social anxiety ($r = .44, p < 0.01$) in adolescents who have experienced peer victimisation. Also, Bennett et al. (2016) found that shame was significantly positively correlated with depression ($r = .330, p < 0.01$), anxiety ($r = .298, p < 0.05$), and avoidant coping ($r = .335, p < 0.01$). These findings suggested a relationship between stigma, internalising symptoms, and shame-proneness, as stigma and shame-proneness were also positively correlated ($r = .25, p < 0.05$) (Bennett et al., 2016).

Shorey et al. (2011) hypothesised that victims of IPV would be more prone to experiencing shame, which, in turn, would increase the risk of mental health problems due to its maladaptive nature. Shame-proneness was positively associated with symptoms of depression and anxiety in both females ($r = .33, p < 0.001$; $r = .34, p < 0.001$) and males ($r = .30, p < 0.001$; $r = .29, p < 0.001$). Regression analysis revealed that, at high levels of shame-proneness, all IPV variables were significantly related to anxiety symptoms. Interestingly, sexual victimisation was associated with depression both at low ($b = .11, p < 0.05$) and high ($b = .23, p < 0.001$) levels of proneness to shame.

The study of Szentágotai-Tătar and Miu (2016) explored individual differences in emotion regulation strategies, childhood trauma, and shame and guilt-proneness in youth populations. The results yielded significant positive correlations between shame-proneness and depression ($r = .41, p < 0.001$) and anxiety ($r = .31, p < 0.001$) scores. Emotion regulation strategies such as Self-Blaming ($b = .21, p < 0.001$), Positive Refocusing ($b = .10, p < 0.025$), and Catastrophising ($b = .22, 95\% CI [0.04, 0.06, p < 0.025]$) were significant predictors of shame-proneness, whereas Refocus on Planning ($b = -.13, 95\% CI [-0.07, -0.01], p < 0.025$) and Positive Reappraisal ($b = -.19, 95\% CI [-0.08, -0.02], p < 0.001$) were negative predictors.

Mahtani et al. (2018) found that shame-proneness was positively correlated with NSSIs ($r=.39, p<0.001$). Wielgus et al.'s (2018) results also indicated that shame-proneness was positively associated with NSSI frequency ($r=.39, p<0.001$), negative urgency ($r=.23, p<0.01$), brooding ($r=.34, p<0.01$), depressive symptoms ($r=.40, p<0.01$), and trait negative affect ($r=.47, p<0.001$), but not trauma history ($r=.01, p>0.05$). In regression analyses, higher levels of shame-proneness ($b=.01, p<0.001$) and trauma exposure ($b=.12, p<0.001$) were both predictors of NSSI engagement. Negative urgency moderated the relationship between shame-proneness and history of NSSI ($b=.04, p<0.004$), and brooding moderated the relationship with frequency of NSSI engagement ($b=.02, p<0.033$) (Wielgus et al., 2018).

Discussion

Only recently has psychological research begun to investigate the relationship between developmental trauma and shame (Keene & Epps, 2016; Tangney et al., 2007). Prior to that, most efforts focussed on trauma and its underlying emotional mechanisms associated with guilt (Kip et al., 2022; Kubany & Manke, 1995; Pugh et al., 2015). However, while shame and guilt are both emotions relating to an individual's self-perception, theoretical and empirical literature has identified relevant conceptual differences between them (Lewis, 1971; Lewis, 1995; Tangney et al., 2007). Shame is considered maladaptive, as it is often accompanied by social isolation and self-blame (Tangney et al., 2007). In contrast, guilt is adaptive since it motivates reparative actions for perceived wrongful behaviours, functioning as an internalised moral compass (Tangney et al., 2007). Lewis (1971) first suggested that the propensity to experience these self-conscious emotions may stem from adverse experiences during development, which can foster negative coping styles, prompting individuals to respond to stress by blaming themselves or their own behaviour (Crittenden & Heller, 2017; Lewis, 1995; Tangney et al., 2007).

The purpose of this review was to identify and critically examine recent empirical literature on developmental trauma, proneness to shame, and its potential effects on mental health outcomes. A database search identified 14 articles suitable for addressing the research question: 'what is the relationship between trauma during development and the trait of shame-proneness?', most of which were rated as high or medium quality in terms of internal and external validity (NICE, 2012). Approximately 85% of these studies utilised a cross-sectional

design to explore the relationship between developmental trauma, shame, and the propensity to experience shame (Bennett et al., 2016; Casselman & Rosenbaum, 2014; Han & Kim, 2012; Ladis et al., 2023; Mahtani et al., 2018; Meesters et al., 2017; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016; Wetterlöv et al., 2020; Wielgus et al., 2018). However, while a cross-sectional design allows for identifying associations between variables, it is insufficient for establishing any causal relationships regarding how trauma during development may lead to shame-proneness. Notwithstanding, two studies invested in a longitudinal approach, identifying direct and indirect effects of developmental trauma on later proneness to shame (Bennett et al., 2010; Irwin et al., 2019), yet due to the small sample sizes ($n= 111$ and $n= 396$, respectively) their findings have limited generalisability, highlighting the need for further explorations of this topic through longitudinal efforts.

Population characteristics varied between studies, but, interestingly, half of the included articles had emerging adults as their target population (Casselman & Rosenbaum, 2014; Ladis et al., 2023; Mahtani et al., 2018; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Wielgus et al., 2018). Young adults aged from 18 to 29 years were included as a population of interest in this review because recent theories have been indicating a prolonged developmental course in the new generations of college students, who are vulnerable to experiencing trauma at a similar rate to adolescents (Arnett, 2007; Mumford et al., 2020). The findings of these studies demonstrate the enduring effects of trauma, as increased levels of shame in emerging adulthood were correlated with traumatic experiences that occurred during earlier developmental stages (Mahtani et al., 2018; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011).

Instruments utilised to measure the trait of shame-proneness in the included studies were mainly versions of the TOSCA, which has been confirmed as reliable and valid (Bennett et al., 2010; Bennett et al., 2016; Casselman & Rosenbaum, 2014; Mahtani et al., 2018; Mintz et al., 2017; Shorey et al., 2011; Wielgus et al., 2018). Two studies used adaptations of the TOSCA-A and SSGS for other languages (Han and Kim, 2012; Szentágotai-Táatar and Miu, 2016). This phenomenon shows that non-English nations have a deficit of psychometric tools used to assess self-conscious emotions, and checking if these (English-originating) instruments are indeed valid for non-English speakers requires a comprehensive cultural assessment (Boateng et al., 2018).

The narrative synthesis resulted in six key themes concerning the relationship between shame-proneness and developmental trauma: (1) Shame and guilt, (2) Gender and sex, (3)

Parental rearing behaviours and neglect, (4) Peer victimisation, (5) Abuse, and (6) Mental health outcomes. In relation to the first theme, proneness to shame and guilt were significantly correlated to each other in several articles (Bennett et al., 2010; Bennett et al., 2016; Meesters et al. 2017; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Szentágotai-Tătar & Miu, 2016; Wetterlöv et al., 2020; Wielgus et al., 2018). The findings indicated a strong positive association between both self-conscious emotions, despite their conceptual differences. Therefore, further research could benefit from statistically differentiating them and their respective propensity traits (i.e., shame-proneness and guilt-proneness), evaluating individual significances, such as four studies did (Bennett et al., 2010; Mintz et al., 2017; Shorey et al., 2011; Szentágotai-Tătar & Miu, 2016).

With regards to the second theme, gender and sex, several articles found significant gender differences in the frequency at which individuals experience self-conscious emotions (Casselmann & Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Wetterlöv et al., 2020; Wielgus et al., 2018). The female gender scored higher on shame and shame-proneness measures when compared to males (Mintz et al., 2017; Shorey et al., 2011; Wetterlöv et al., 2020; Wielgus et al., 2018), indicating a cultural difference in how boys and girls are raised that may consequently impact their overall health and well-being. Future studies should consider investigating non-binary and transgender populations as well, due to their increased risk for mental health problems and traumatic experiences (Hinton et al., 2021; Barsigian et al., 2020; Davis et al., 2009).

The third theme, parental rearing behaviours and neglect, revealed a significant association between negative parenting and shame-proneness across five studies (Bennett et al., 2010; Mahtani et al., 2018; Meesters et al., 2017; Mintz et al., 2017; Mojallal et al., 2021). Neglect is considered an ACE, often being assessed in populations to guide policymakers to promote the protection of children's rights (World Health Organization, 2024a). Although it is impossible to consider more individual experiences of negative parental rearing behaviours at such a scale, the studies included in this review serve an important purpose for clinical practice. The findings demonstrated that experiencing parental invalidation, rejection, and maltreatment is related to proneness to shame and developing EMS (Casselmann & Rosenbaum, 2014; Mahtani et al., 2018; Meesters et al., 2017; Mintz et al., 2017; Mojallal et al., 2021). Therefore, trauma-

focused therapeutic interventions may be enhanced by addressing these self-conscious mechanisms (Goldblatt, 2013).

Peer victimisation, the fourth theme identified, was investigated in two articles included in this review. While Han and Kim's (2012) study involved over 1,000 participants and Irwin et al.'s (2019) sample comprised approximately 400 participants, both populations lacked diversity in terms of sociodemographic characteristics, limiting their generalisability to a moderate level. Nonetheless, being victimised by peers and/or by parents showed a significant correlation with shame and shame-proneness in both studies (Han & Kim, 2012; Irwin et al., 2019). This finding serves as an indicator of how social relationships can influence emotion regulation strategies in young people, potentially giving rise to such self-conscious emotions. Community facilities should consider these effects, as they may increase susceptibility to peer pressure (Han & Kim, 2012) and lead to poor mental health outcomes (Irwin et al., 2019).

In relation to the fifth theme, abuse, findings suggested that victims of abuse are at an increased risk for developing mental health problems, which can be moderated or mediated by the trait of shame-proneness (Shorey et al., 2011; Wetterlöv et al., 2020). The emotion of shame can be a coping strategy in itself, by blaming oneself for the occurrence of the abuse, and/or it can lead to further maladaptive coping mechanisms, such as withdrawal and social isolation (Lewis, 1995; Tangney et al., 2007; Zhu et al., 2020). Different types of abuse were explored in the included studies, showing pervasive effects on individuals' well-being. For example, Shorey et al. (2011) investigated psychological, sexual, and physical abuse among college students, and all variables yielded significant positive correlations with shame-proneness and mental health problems.

Mental health outcomes emerged as a central theme in this review, as most studies also evaluated the psychological impacts of trauma through shame-proneness (Bennett et al., 2010; Casselman & Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Mahtani et al., 2018; Shorey et al., 2011). The results yielded that trauma victims may be highly susceptible to developing internalising problems, such as depression and anxiety, as well as externalising behaviours, including NSSI (Bennett et al., 2010; Bennett et al., 2016; Casselman & Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Mahtani et al., 2018; Mojallal et al., 2021; Shorey et al., 2011; Szentágotai-Táatar & Miu, 2016; Wielgus et al., 2018). The high prevalence of adversities among young people makes these findings particularly concerning (World Health

Organization, 2024; Wetterlöv et al., 2020), reflecting the urgent need for collaboration between policymakers and health practitioners to prevent such adverse outcomes. Early childhood interventions (e.g., providing access to healthcare and education) represent a promising investment due to their demonstrated effectiveness in addressing potential risk factors for poor mental health outcomes (Irwin et al., 2007).

When discussing developmental trauma, it is essential to highlight that there are protective factors that can prevent young people from experiencing potentially traumatic events as being traumatising, or that can lead to adaptative coping strategies in challenging situations (Layous et al., 2014; Steinhausen & Metzke, 2001; Van der Kolk et al., 2019). Literature indicates that an individual's support system, emotional and social capacities, and resilience have a protective effect in helping them cope with stress, by promoting adaptive emotion regulation strategies and reducing mental health problems (Cicchetti, 2010; Cruz et al., 2022; Layous et al., 2014). Therefore, clinicians should not only focus on addressing poor mental health outcomes resulting from trauma, but should also attend to how young people may develop protective resources to deal with stressors and life difficulties.

Overall, this systematic review offers valuable contributions to the field by synthesising and examining empirical data on developmental trauma, shame-proneness, and subsequent mental health problems. The findings reveal small but significant positive associations between traumatic experiences during development and the trait of shame-proneness, aligning with evidence from other studies that have explored this relationship across the lifespan (Badour et al., 2020; Leskela et al., 2005; Shi et al., 2021). Furthermore, shame-proneness was identified as a potential mediator (Bennett et al., 2010; Casselman & Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Mahtani et al., 2018) and moderator (Shorey et al., 2011) in the relationship between developmental trauma and mental health problems, shaping how individuals process and respond to stressful situations. These insights emphasise the importance of further investigating the mechanisms of shame in trauma victims, considering its implications for clinical practice, public health strategies, and psychological research.

Limitations and Future Directions

The database search only used 'shame prone*' to investigate proneness to shame, which may have led to narrow results. Future efforts might benefit from broadening the search by using

synonyms, as well as by including the terms guilt and guilt-proneness in the systematic analysis. Additionally, integrating grey literature (i.e., non-published articles, dissertations, and theses) could reach related knowledge about the topic. Another significant limitation is that most articles included in this review employed a cross-sectional design to examine the relationship between developmental trauma and shame-proneness, preventing the establishment of a causal relationship. Only two studies adopted a longitudinal approach (Bennett et al., 2010; Irwin et al., 2019). However, it would be relevant to assess these variables and potential mental health outcomes across multiple time points using larger and more diverse samples.

Six of the included studies identified their samples by convenience (Bennett et al., 2016; Casselman & Rosenbaum, 2014; Ladis et al., 2023; Mojallal et al., 2018; Shorey et al., 2011; Wielgus et al., 2018), and five of these used psychology undergraduates as participants (Casselman & Rosenbaum, 2014; Ladis et al., 2023; Mojallal et al., 2018; Shorey et al., 2011; Wielgus et al., 2018), which can be misleading since this population have low generalisability. In the United States, where most of the studies included in this review were conducted, the college enrolment rate is 39% among Americans, and only 6% of the nationwide undergraduates' study psychology (National Center for Education Statistics, 2024; American Psychological Association, 2017). A meta-analysis might be pertinent to address this matter and check for statistical estimates.

Since gender and sex were identified as a key theme in this review, it is critical to note that most studies divided females from males without assessing for other gender identifications (Casselman & Rosenbaum, 2014; Han & Kim, 2012; Irwin et al., 2019; Mintz et al., 2017; Mojallal et al., 2021; Shorey et al., 2011; Wetterlöv et al., 2020; Wielgus et al., 2018). Relevantly, cultural aspects of LGBTQIA+ populations might influence their self-conceptualisation and how they experience shame and guilt (Hinton et al., 2021; Barsigian et al., 2020). Also, they face an elevated risk of experiencing various forms of trauma, including family rejection and sexual victimisation, highlighting an opportunity for future research on self-conscious emotions and trauma within queer populations (Duvivier & Wiley, 2015).

In regard to future research, although this review has presented relevant results to inform clinical practice, specifically trauma-focused work, a qualitative element is lacking. It would be valuable to investigate developmental trauma and shame-proneness from a qualitative perspective, considering self-consciousness – and by extension, self-conscious emotions – as

complex human phenomena (Bayne & Montague, 2011; Kriegel & Williford, 2006). Qualitative methods can bring unique and necessary elements to psychological research (Clarke & Jack, 1998; Van't Riet et al., 2001).

Conclusion

Since shame and shame-proneness have only recently been explored in relation to developmental trauma, there was a gap in understanding how these variables related to each other, and if existing research yielded consistent and reliable results. To address this issue, this systematic review identified and examined relevant literature published in the last ten years pertaining to the association between various forms of traumatic experiences during development and the trait of shame-proneness. The findings identified six key themes among the included articles related to the investigated relationship: shame and guilt, gender and sex, parental rearing behaviours and neglect, peer victimisation, abuse, and mental health outcomes. The results indicated a correlation between the self-conscious emotion of shame and the trait of shame-proneness and developmental trauma, also associating it with subsequent mental health problems. Such information may serve to supplement the existing body of knowledge on development, trauma, and shame, with the potential to influence clinical practice and mental health policies as well as direct future research on a path to follow when considering such themes.

References

- Abate, B. B., Sendekie, A. K., Merchaw, A., Abebe, G. K., Azmeraw, M., Alamaw, A. W., Zemariam, A. B., Kitaw, T. A., Kassaw, A., Wodaynew, T., Kassie, A. M., Yilak, G., & Kassa, M. A. (2024). Adverse childhood experiences are associated with mental health problems later in life: An umbrella review of systematic review and meta-analysis. *Neuropsychobiology*, 1–20. <https://doi.org/10.1159/000542392>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- American Psychological Association. (2017). *CWS data tool: Degrees in psychology*. American Psychological Association. <https://www.apa.org/workforce/data-tools/degrees-psychology>
- Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The Experience of Shame Scale. *British Journal of Clinical Psychology*, 41(1), 29–42. <https://doi.org/10.1348/014466502163778>
- Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives*, 1(2), 68–73. <https://doi.org/10.1111/j.1750-8606.2007.00016.x>
- Auerbach, J. S., & Blatt, S. J. (1996). Self-representation in severe psychopathology: The role of reflexive self-awareness. *Psychoanalytic Psychology*, 13(3), 297–341. <https://doi.org/10.1037/h0079659>
- Badour, C. L., Dutton, C. E., Wright, J. J., Jones, A. C., & Feldner, M. T. (2020). Shame proneness, negative cognitions, and posttraumatic stress among women with a history of sexual trauma. *Journal of Aggression, Maltreatment & Trauma*, 29(6), 699–713. <https://doi.org/10.1080/10926771.2020.1725211>
- Barsigian, L. L., Hammack, P. L., Morrow, Q. J., Wilson, B. D., & Russell, S. T. (2020). Narratives of gender, sexuality, and community in three generations of genderqueer sexual minorities. *Psychology of Sexual Orientation and Gender Diversity*, 7(3), 276–292. <https://doi.org/10.1037/sgd0000384>

Bayne, T., & Montague, M. (Eds.). (2014). *Cognitive phenomenology*. Oxford University Press.

Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: A systematic review and meta-analysis. *The Lancet Public Health*, 4(10). [https://doi.org/10.1016/s2468-2667\(19\)30145-8](https://doi.org/10.1016/s2468-2667(19)30145-8)

Bennett, D. S., Hersh, J., Herres, J., & Foster, J. (2016). HIV-related stigma, shame, and avoidant coping: Risk factors for internalizing symptoms among youth living with HIV? *Child Psychiatry & Human Development*, 47(4), 657–664. <https://doi.org/10.1007/s10578-015-0599-y>

Bennett, D. S., Sullivan, M. W., & Lewis, M. (2010). Neglected children, shame-proneness, and depressive symptoms. *Child Maltreatment*, 15(4), 305–314. <https://doi.org/10.1177/1077559510379634>

Berger, B. E., Ferrans, C. E., & Lashley, F. R. (2001). Measuring stigma in people with HIV: Psychometric assessment of the HIV Stigma Scale. *Research in Nursing & Health*, 24(6), 518–529. <https://doi.org/10.1002/nur.10011>

Bishop, A., Younan, R., Low, J., & Pilkington, P. D. (2021). Early maladaptive schemas and depression in adulthood: A systematic review and meta-analysis. *Clinical Psychology & Psychotherapy*, 29(1), 111–130. <https://doi.org/10.1002/cpp.2630>

Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quinonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: A primer. *Frontiers in Public Health*, 6. <https://doi.org/10.3389/fpubh.2018.00149>

Bomysoad, R. N., & Francis, L. A. (2020). Adverse childhood experiences and mental health conditions among adolescents. *Journal of Adolescent Health*, 67(6), 868–870. <https://doi.org/10.1016/j.jadohealth.2020.04.013>

- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Buss, A. H., & Perry, M. (1992). The Aggression Questionnaire. *Journal of Personality and Social Psychology*, 63(3), 452–459. <https://doi.org/10.1037/0022-3514.63.3.452>
- Campbell, M., Katikireddi, S. V., Sowden, A., & Thomson, H. (2019). Lack of transparency in reporting narrative synthesis of quantitative data: A methodological assessment of systematic reviews. *Journal of Clinical Epidemiology*, 105, 1–9. <https://doi.org/10.1016/j.jclinepi.2018.08.019>
- Carr, A. (2016). *The handbook of child and adolescent clinical psychology: A contextual approach*. Routledge.
- Casselmann, R. B., & Rosenbaum, A. (2014). Fathers, sons, and aggression: A path model. *Journal of Aggression, Maltreatment & Trauma*, 23(5), 513–531. <https://doi.org/10.1080/10926771.2014.904464>
- Castro, J., Toro, J., Van der Ende, J., & Arrindell, W. A. (1993). Exploring the feasibility of assessing perceived parental rearing styles in Spanish children with the EMBU. *International Journal of Social Psychiatry*, 39(1), 47–57. <https://doi.org/10.1177/002076409303900105>
- Cicchetti, D. (2010). Resilience under conditions of extreme stress: A multilevel perspective. *World Psychiatry*, 9(3), 145–154. <https://doi.org/10.1002/j.2051-5545.2010.tb00297.x>
- Clarke, A. M., & Jack, B. (1998). The benefits of using qualitative research. *Professional Nurse*, 13(12), 845–847.
- Cohen, T. R., Wolf, S. T., Panter, A. T., & Insko, C. A. (2011). Introducing the GASP scale: A new measure of guilt and shame proneness. *Journal of Personality and Social Psychology*, 100(5), 947–966. <https://doi.org/10.1037/a0022641>

- Crittenden, P. M., & Heller, M. B. (2017). The roots of chronic posttraumatic stress disorder: Childhood trauma, information processing, and self-protective strategies. *Chronic Stress, 1*. <https://doi.org/10.1177/2470547016682965>
- Cruz, D., Lichten, M., Berg, K., & George, P. (2022). Developmental trauma: Conceptual framework, associated risks and comorbidities, and evaluation and treatment. *Frontiers in Psychiatry, 13*. <https://doi.org/10.3389/fpsy.2022.800687>
- Cunningham, K. C., Davis, J. L., Wilson, S. M., & Resick, P. A. (2017). A relative weights comparison of trauma-related shame and guilt as predictors of DSM-5 posttraumatic stress disorder symptom severity among US veterans and military members. *British Journal of Clinical Psychology, 57*(2), 163–176. <https://doi.org/10.1111/bjc.12163>
- Davis, T. S., Saltzburg, S., & Locke, C. R. (2009). Supporting the emotional and psychological well-being of sexual minority youth: Youth ideas for action. *Children and Youth Services Review, 31*(9), 1030–1041. <https://doi.org/10.1016/j.childyouth.2009.05.003>
- Debowska, A., Willmott, D., Boduszek, D., & Jones, A. D. (2017). What do we know about child abuse and neglect patterns of co-occurrence? A systematic review of profiling studies and recommendations for future research. *Child Abuse & Neglect, 70*, 100–111. <https://doi.org/10.1016/j.chiabu.2017.06.014>
- Duvivier, R. J., & Wiley, E. (2015). WHO and the health of LGBT individuals. *The Lancet, 385*(9973), 1070–1071. [https://doi.org/10.1016/s0140-6736\(15\)60595-5](https://doi.org/10.1016/s0140-6736(15)60595-5)
- Elison, J., Lennon, R., & Pulos, S. (2006). Investigating the compass of shame: The development of the Compass of Shame Scale. *Social Behavior and Personality, 34*(3), 221–238. <https://doi.org/10.2224/sbp.2006.34.3.221>
- Erikson, E. H. (1994). *Identity and the life cycle*. Norton.
- Favaretto, T. C., Both, L. M., da Cruz Benetti, S. P., & Freitas, L. H. (2022). Understanding the psychodynamic functioning of patients with PTSD and CPTSD: Qualitative analysis from

the OPD 2 interview. *Psicologia: Reflexão e Crítica*, 35(1).
<https://doi.org/10.1186/s41155-022-00211-5>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258.
[https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31(1), 7–26.
<https://doi.org/10.1016/j.chiabu.2006.06.008>

Ferenczi, S. (1988). *The clinical diary of Sándor Ferenczi* (M. Balint & N. Z. Jackson, Trans., J. Dupont, Ed.). Harvard University Press. (Original work published in 1932)

Foa, E. B., Johnson, K. M., Feeny, N. C., & Treadwell, K. R. (2001). The Child PTSD Symptom Scale: A preliminary examination of its psychometric properties. *Journal of Clinical Child & Adolescent Psychology*, 30(3), 376–384. https://doi.org/10.1207/S15374424JCCP3003_9

Fox, N. A., & Leavitt, L. A. (1996). *The Violence Exposure Scale for Children-Revised (VEX-R)*. College Park, MD: Institute for Child Study, University of Maryland.

Goldblatt, M. J. (2013). Shame in psychodynamic psychotherapy of post-traumatic states. *The Scandinavian Psychoanalytic Review*, 36(2), 104–111.
<https://doi.org/10.1080/01062301.2013.852877>

Hadar, B. (2008). The body of shame in the circle of the group. *Group Analysis*, 41(2), 163–179.
<https://doi.org/10.1177/0533316408089881>

Haahr-Pedersen, I., Ershadi, A. E., Hyland, P., Hansen, M., Perera, C., Sheaf, G., Bramsen, R. H., Spitz, P., & Vallières, F. (2020). Polyvictimization and psychopathology among children and adolescents: A systematic review of studies using the Juvenile Victimization

Questionnaire. *Child Abuse & Neglect*, 107, 104589.

<https://doi.org/10.1016/j.chiabu.2020.104589>

Han, S.Y., & Kim, Y.H. (2012). Interpersonal rejection experiences and shame as predictors of susceptibility to peer pressure among Korean children. *Social Behavior and Personality: An International Journal*, 40(7), 1213–1231. <https://doi.org/10.2224/sbp.2012.40.7.1213>

Hinton, J., de la Piedad Garcia, X., Kaufmann, L., Koc, Y., & Anderson, J. (2021). A systematic and meta-analytic review of identity centrality among LGBTQ groups: An assessment of psychosocial correlates. *The Journal of Sex Research*, 59(5), 568–586.

<https://doi.org/10.1080/00224499.2021.1967849>

Hyland, P., Murphy, J., Shevlin, M., Vallières, F., McElroy, E., Elklit, A., Christoffersen, M., & Cloitre, M. (2017). Variation in post-traumatic response: The role of trauma type in predicting ICD-11 PTSD and CPTSD symptoms. *Social Psychiatry and Psychiatric Epidemiology*, 52(6), 727–736. <https://doi.org/10.1007/s00127-017-1350-8>

Irwin, L. G., Hertzman, C., & Siddiqi, A. (2007). Early child development: A powerful equalizer: Final report for the World Health Organization's commission on social determinants of health. *World Health Organization*.

https://www.who.int/social_determinants/resources/ecd_kn_report_07_2007.pdf.

Irwin, A., Li, J., Craig, W., & Hollenstein, T. (2019). The role of shame in the relation between peer victimization and mental health outcomes. *Journal of Interpersonal Violence*, 34(1), 156–181. <https://doi.org/10.1177/0886260516672937>

Jowett, S., Karatzias, T., Shevlin, M., & Hyland, P. (2022). Psychological trauma at different developmental stages and ICD-11 CPTSD: The role of Dissociation. *Journal of Trauma & Dissociation*, 23(1), 52–67. <https://doi.org/10.1080/15299732.2021.1934936>

Kealy, D., Treeby, M. S., Rice, S. M., & Spidel, A. (2020). Shame and guilt as mediators between dispositional optimism and symptom severity among mental health outpatients.

Psychology, Health & Medicine, 27(6), 1245–1254.

<https://doi.org/10.1080/13548506.2020.1861313>

Keene, A. C., & Epps, J. (2016). Childhood physical abuse and aggression: Shame and narcissistic vulnerability. *Child Abuse & Neglect*, 51, 276–283.

<https://doi.org/10.1016/j.chiabu.2015.09.012>

Kelleher, I., Harley, M., Lynch, F., Arseneault, L., Fitzpatrick, C., & Cannon, M. (2008). Associations between childhood trauma, bullying and psychotic symptoms among a school-based adolescent sample. *British Journal of Psychiatry*, 193(5), 378–382.

<https://doi.org/10.1192/bjp.bp.108.049536>

Kip, A., Diele, J., Holling, H., & Morina, N. (2022). The relationship of trauma-related guilt with PTSD symptoms in adult trauma survivors: A meta-analysis. *Psychological Medicine*,

52(12), 2201–2211. <https://doi.org/10.1017/s0033291722001866>

Kriegel, U., & Williford, K. (Eds.). (2006). *Self-representational approaches to consciousness*. MIT Press.

Kubany, E. S., & Manke, F. P. (1995). Cognitive therapy for trauma-related guilt: Conceptual bases and treatment outlines. *Cognitive and Behavioral Practice*, 2(1), 27–61.

[https://doi.org/10.1016/s1077-7229\(05\)80004-5](https://doi.org/10.1016/s1077-7229(05)80004-5)

Lacerenza, C. N., Joseph, D. L., & Cassisi, J. E. (2019). Are we assessing guilt correctly? An investigation of the psychometric properties of a prominent guilt measure. *Motivation and Emotion*, 44(4), 567–582. <https://doi.org/10.1007/s11031-019-09810-9>

Ladis, I., Abrams, D., & Calkins, C. (2023). Differential associations between guilt and shame proneness and religious coping styles in a diverse sample of young adults. *Journal of Interpersonal Violence*, 38(1–2), 670–697. <https://doi.org/10.1177/08862605221081931>

Laving, M., Foroni, F., Ferrari, M., Turner, C., & Yap, K. (2022). The association between OCD and shame: A systematic review and meta-analysis. *British Journal of Clinical Psychology*, 62(1), 28–52. <https://doi.org/10.1111/bjc.12392>

- Layous, K., Chancellor, J., & Lyubomirsky, S. (2014). Positive activities as protective factors against mental health conditions. *Journal of Abnormal Psychology, 123*(1), 3–12. <https://doi.org/10.1037/a0034709>
- Leskela, J., Dieperink, M., & Thuras, P. (2005). Shame and posttraumatic stress disorder. *Journal of Traumatic Stress, 15*(3), 223–226. <https://doi.org/10.1023/a:1015255311837>
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. International Universities Press.
- Lewis, M. (1995). *Shame: The exposed self*. The Free Press.
- Liming, K. W., & Grube, W. A. (2019). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. *Child and Adolescent Social Work Journal, 35*(4), 317–335. <https://doi.org/10.1007/s10560-018-0532-x>
- Mahtani, S., Hasking, P., & Melvin, G. A. (2018). Shame and non-suicidal self-injury: Conceptualization and preliminary test of a novel developmental model among emerging adults. *Journal of Youth and Adolescence, 48*(4), 753–770. <https://doi.org/10.1007/s10964-018-0944-0>
- Marschall, D., Sanftner, J., & Tangney, J. P. (1994). *The State Shame and Guilt Scale*. George Mason University.
- Marshall, H. R., & McCandless, B. R. (1957). A study in prediction of social behavior of preschool children. *Child Development, 28*(2), 149–159. <https://doi.org/d5zwtw3>
- Meesters, C., Muris, P., Dibbets, P., Cima, M., & Lemmens, L. (2017). On the link between perceived parental rearing behaviors and self-conscious emotions in adolescents. *Journal of Child and Family Studies, 26*(6), 1536–1545. <https://doi.org/10.1007/s10826-017-0695-7>
- Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect, 69*, 10–19. <https://doi.org/10.1016/j.chiabu.2017.03.016>

- Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011–2014 Behavioral Risk Factor Surveillance System in 23 states. *JAMA Pediatrics*, *172*(11), 1038–1044.
<https://doi.org/10.1001/jamapediatrics.2018.2537>
- Merten, A. (2022). *Multiple adverse childhood experiences (ACEs) and experience of shame in adults: A systematic review of the relationship between multiple ACEs and shame and an empirical study of the associations between ACEs, shame, and proneness to psychosis* (Unpublished doctoral thesis). The University of Edinburgh.
- Mintz, G., Etengoff, C., & Gryzman, A. (2017). The relation between childhood parenting and emerging adults' experiences of shame and guilt. *Journal of Child and Family Studies*, *26*(10), 2908–2920. <https://doi.org/10.1007/s10826-017-0778-5>
- Mojallal, M., Simons, R. M., & Simons, J. S. (2021). Childhood maltreatment and adulthood proneness to shame and guilt: The mediating role of maladaptive schemas. *Motivation and Emotion*, *45*(2), 197–210. <https://doi.org/10.1007/s11031-021-09866-6>
- Morrison, A. P. (2011). The psychodynamics of shame. In R. L. Dearing & J. P. Tangney (Eds.), *Shame in the therapy hour* (pp. 22–43). American Psychological Association.
<https://doi.org/10.1037/12326-001>
- Mountford, V., Corstorphine, E., Tomlinson, S., & Waller, G. (2007). Development of a measure to assess invalidating childhood environments in the eating disorders. *Eating Behaviors*, *8*(1), 48–58. <https://doi.org/10.1016/j.eatbeh.2006.01.003>
- Mowder, B. A., & Sanders, M. (2008). Parent Behavior Importance and Parent Behavior Frequency Questionnaires: Psychometric characteristics. *Journal of Child and Family Studies*, *17*(5), 675–688. <https://doi.org/10.1007/s10826-007-9181-y>
- Mumford, E. A., Potter, S., Taylor, B. G., & Stapleton, J. (2020). Sexual Harassment and Sexual Assault in Early Adulthood: National Estimates for College and Non-College

Students. *Public Health Reports*, 135(5), 555–559.

<https://doi.org/10.1177/0033354920946014>

Muris, P. (2014). Guilt, shame, and psychopathology in children and adolescents. *Child Psychiatry & Human Development*, 46(2), 177–179. <https://doi.org/10.1007/s10578-014-0488-9>

National Center for Education Statistics. (2024). *Condition of Education*. College Enrollment Rates. U.S. Department of Education, Institute of Education Sciences. <https://nces.ed.gov/programs/coe/indicator/cpb/college-enrollment-rate>

Nilsson, D., Gustafsson, P. E., Larsson, J. L., & Svedin, C. G. (2010). Evaluation of the Linköping Youth Life Experience Scale. *The Journal of Nervous and Mental Disease*, 198(10), 768–774. <https://doi.org/10.1097/NMD.0b013e3181f4acb6>

NICE. (2012). *Appendix G Quality Appraisal Checklist – Quantitative Studies reporting correlations and associations: Methods for the development of NICE Public Health Guidance (third edition)*. NICE. <https://www.nice.org.uk/process/pmg4/chapter/appendix-g-quality-appraisal-checklist-quantitative-studies-reporting-correlations-and>

Okwori, G. (2022). Role of individual, family, and community resilience in moderating effects of adverse childhood experiences on mental health among children. *Journal of Developmental & Behavioral Pediatrics*, 43(7). <https://doi.org/10.1097/dbp.0000000000001076>

Olweus, D. (1989). *Questionnaire for students (junior and senior versions)*. Unpublished manuscript.

Orth, U., Robins, R. W., & Soto, C. J. (2010). Tracking the trajectory of shame, guilt, and pride across the life span. *Journal of personality and social psychology*, 99(6), 1061–1071. <https://doi.org/10.1037/a0021342>

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E.,

- McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, *372*(17), 1–9. <https://doi.org/10.1136/bmj.n71>
- Park, Y. (1995). *The relationships among parenting behaviors, sibling relationships, and self-esteem in childhood* (Unpublished doctoral dissertation). Korea University, Seoul, Republic of Korea.
- Pearlman, L. A., & Courtois, C. A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal of Traumatic Stress*, *18*(5), 449–459. <https://doi.org/10.1002/jts.20052>
- Pennebaker, J. W., & Susman, J. R. (1988). Disclosure of traumas and psychosomatic processes. *Social Science & Medicine*, *26*(3), 327–332. [https://doi.org/10.1016/0277-9536\(88\)90397-8](https://doi.org/10.1016/0277-9536(88)90397-8)
- Poole, J. C., Dobson, K. S., & Pusch, D. (2018). Do adverse childhood experiences predict adult interpersonal difficulties? The role of emotion dysregulation. *Child Abuse & Neglect*, *80*, 123–133. <https://doi.org/10.1016/j.chiabu.2018.03.006>
- Popay J., Roberts H., Sowden A., Petticrew M., Arai L., Rodgers M., Britten, N., Roen, K., Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme*. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=ed8b23836338f6fdea0c55e161b0fc5805f9e27>
- Prock, L. A. (2021). *Childhood adversity and developmental effects: An international, cross-disciplinary approach*. Apple Academic Press.
- Pugh, L. R., Taylor, P. J., & Berry, K. (2015). The role of guilt in the development of post-traumatic stress disorder: A systematic review. *Journal of Affective Disorders*, *182*, 138–150. <https://doi.org/10.1016/j.jad.2015.04.026>
- Rohner, R. P., & Khaleque, A. (2005). *Handbook for the study of parental acceptance and rejection*. Storrs, CT: Rohner Research Publications.

- Roberts, B. W., Wood, D., & Caspi, A. (2008). The development of personality traits in adulthood. In O. P. John, R. W. Robins & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (pp. 375-398). New York: Guilford.
- Sahle, B. W., Reavley, N. J., Li, W., Morgan, A. J., Yap, M. B., Reupert, A., & Jorm, A. F. (2021). The association between adverse childhood experiences and common mental disorders and suicidality: An umbrella review of systematic reviews and meta-analyses. *European Child & Adolescent Psychiatry, 31*(10), 1489–1499.
<https://doi.org/10.1007/s00787-021-01745-2>
- Sanders, B., & Becker-Lausen, E. (1995). The measurement of psychological maltreatment: Early data on the Child Abuse and Trauma Scale. *Child Abuse & Neglect, 19*(3), 315–323.
[https://doi.org/10.1016/S0145-2134\(94\)00131-6](https://doi.org/10.1016/S0145-2134(94)00131-6)
- Schilling, E. A., Aseltine, R. H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: A longitudinal survey. *BMC Public Health, 7*(1).
<https://doi.org/10.1186/1471-2458-7-30>
- Schnurr, P. P., Vieilhauer, M. J., Weathers, F., & Flinger, M. (1999). *The Brief Trauma Questionnaire*. White River Junction, VT: National Center for PTSD.
- Scully, C., McLaughlin, J., & Fitzgerald, A. (2019). The relationship between adverse childhood experiences, family functioning, and mental health problems among children and adolescents: A systematic review. *Journal of Family Therapy, 42*(2), 291–316.
<https://doi.org/10.1111/1467-6427.12263>
- Segal, Z. V. (1988). Appraisal of the self-schema construct in cognitive models of depression. *Psychological Bulletin, 103*(2), 147–162. <https://doi.org/10.1037/0033-2909.103.2.147>
- Sheffler, J. L., Stanley, I., & Sachs-Ericsson, N. (2020). ACEs and mental health outcomes. *Adverse Childhood Experiences, 47–69*. <https://doi.org/10.1016/b978-0-12-816065-7.00004-5>

- Shi, C., Ren, Z., Zhao, C., Zhang, T., & Chan, S. H.-W. (2021). Shame, guilt, and posttraumatic stress symptoms: A three-level meta-analysis. *Journal of Anxiety Disorders, 82*, 102443. <https://doi.org/10.1016/j.janxdis.2021.102443>
- Shorey, R. C., Sherman, A. E., Kivisto, A. J., Elkins, S. R., Rhatigan, D. L., & Moore, T. M. (2011). Gender differences in depression and anxiety among victims of intimate partner violence: The moderating effect of shame proneness. *Journal of Interpersonal Violence, 26*(9), 1834–1850. <https://doi.org/10.1177/0886260510372949>
- Silberg, J. L. (2022). *The child survivor: Healing developmental trauma and dissociation*. Routledge/Taylor & Francis Group.
- Snyder, K. S., Luchner, A. F., & Tantleff-Dunn, S. (2024). Adverse childhood experiences and insecure attachment: The indirect effects of dissociation and emotion regulation difficulties. *Psychological Trauma: Theory, Research, Practice, and Policy, 16*(1). <https://doi.org/10.1037/tra0001532>
- Steinhausen, H.C., & Metzke, C. W. (2001). Risk, compensatory, vulnerability, and protective factors influencing mental health in adolescence. *Journal of Youth and Adolescence, 30*(3), 259–280. <https://doi.org/10.1023/a:1010471210790>
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283–316. <https://doi.org/10.1177/019251396017003001>
- Stegge, H., & Ferguson, T. J. (1994). *Self-Conscious Emotions Maladaptive and Adaptive Scales (SCEMAS)*. Amsterdam: Free University of Amsterdam and Logan: Utah State University.
- Subramaniam, M., Abdin, E., Seow, E., Vaingankar, J. A., Shafie, S., Shahwan, S., Lim, M., Fung, D., James, L., Verma, S., & Chong, S. A. (2020). Prevalence, socio-demographic correlates and associations of adverse childhood experiences with mental illnesses: Results from the Singapore Mental Health Study. *Child Abuse & Neglect, 103*, 104447. <https://doi.org/10.1016/j.chiabu.2020.104447>

- Szentágotai-Táatar, A., & Miu, A. C. (2016). Individual differences in emotion regulation, childhood trauma and proneness to shame and guilt in adolescence. *PLOS ONE*, *11*(11).
<https://doi.org/10.1371/journal.pone.0167299>
- Tangney, J. P. (1989). *The Test of Self-Conscious Affect: TOSCA*. George Mason University.
- Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. Guilford Press.
- Tangney, J. P., Wagner, P. E., Burggraf, S. A., Gramzow, R., & Fletcher, C. (1990). *The Test of Self-Conscious Affect for Children (TOSCA-C)*. Fairfax, VA: George Mason University.
- Tangney, J. P., Wagner, P. E., Gramzow, R., & Fletcher, C. (1991). *The Test of Self-Conscious Affect for Adolescents (TOSCA-A)*. Fairfax, VA: George Mason University.
- Tangney, J. P., Wagner, P., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology*, *101*(3), 469–478.
<https://doi.org/10.1037/0021-843x.101.3.469>
- Tangney, J. P., Dearing, R. L., Wagner, P. E., & Gramzow, R. (2000). Test of Self-Conscious Affect–3. *PsycTESTS Dataset*. <https://doi.org/10.1037/t06464-000>
- Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology*, *58*(1), 345–372.
<https://doi.org/10.1146/annurev.psych.56.091103.070145>
- van der Kolk, B. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401–408.
<https://doi.org/10.3928/00485713-20050501-06>
- van der Kolk, B., Ford, J. D., & Spinazzola, J. (2019). Comorbidity of Developmental Trauma Disorder (DTD) and post-traumatic stress disorder: Findings from the DTD field trial. *European Journal of Psychotraumatology*, *10*(1).
<https://doi.org/10.1080/20008198.2018.1562841>

van't Riet, A., Berg, M., Hiddema, F., & Sol, K. (2001). Meeting patients' needs with patient information systems: Potential benefits of qualitative research methods. *International Journal of Medical Informatics*, *64*(1), 1–14. [https://doi.org/10.1016/s1386-5056\(01\)00185-x](https://doi.org/10.1016/s1386-5056(01)00185-x)

Wetterlöv, J., Andersson, G., Proczkowska, M., Cederquist, E., Rahimi, M., & Nilsson, D. (2020). Shame and guilt and its relation to direct and indirect experience of trauma in adolescence, a brief report. *Journal of Family Violence*, *36*(7), 865–870. <https://doi.org/10.1007/s10896-020-00224-7>

Wielgus, M. D., Hammond, L. E., Fox, A. R., Hudson, M. R., & Mezulis, A. H. (2018). Does shame influence nonsuicidal self-injury among college students? an investigation into the role of shame, negative urgency, and brooding. *Journal of College Student Psychotherapy*, *33*(3), 237–256. <https://doi.org/10.1080/87568225.2018.1470480>

Wilson, J. P., & Tang, C. S. (Eds.). (2007). *Cross-cultural assessment of psychological trauma and PTSD*. Springer Science & Business Media. <https://doi.org/10.1007/978-0-387-70990-1>

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psycho-Analysis*, *41*, 585-595.

Wojcik, K. D., Cox, D. W., Kealy, D., Grau, P. P., Wetterneck, C. T., & Zumbo, B. (2021). Maladaptive schemas and posttraumatic stress disorder symptom severity: Investigating the mediating role of posttraumatic negative self-appraisals among patients in a partial hospitalization program. *Journal of Aggression, Maltreatment & Trauma*, *31*(3), 322–338. <https://doi.org/10.1080/10926771.2021.1994496>

World Health Organization. (2021). *International statistical classification of diseases and related health problems* (11th ed.). <https://icd.who.int/en>

World Health Organization. (2024a). *Child maltreatment*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

World Health Organization. (2024b). *Mental health of adolescents*. World Health Organization.
<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*.
New York, NY: Guilford Press.

Zhu, P., Lau, J., & Navalta, C. P. (2020). An ecological approach to understanding pervasive and hidden shame in complex trauma. *Journal of Mental Health Counseling*, 42(2), 155–169.
<https://doi.org/10.17744/mehc.42.2.05>

Øktedalen, T., Hagtvet, K. A., Hoffart, A., Langkaas, T. F., & Smucker, M. (2014). The Trauma Related Shame Inventory: Measuring trauma-related shame among patients with PTSD. *Journal of Psychopathology and Behavioral Assessment*, 36(4), 600–615.
<https://doi.org/10.1007/s10862-014-9422-5>