THE RELATIONSHIP AMONG GUILT AND SHAME, AND RELIGION FOR WOMEN VICTIMS OF DOMESTIC VIOLENCE

by

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Liberty University

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Of the Requirements for the Degree

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ABSTRACT

Domestic violence is an ongoing national issue that has tainted women across centuries and is still an ongoing issue to date. Research has shown the effects that domestic violence can have on women in regard to their mental, physical, and spiritual wellbeing, recognizing how it changes their livelihoods. Shame and guilt play a major role in how women respond to the abuse they have suffered and can dictate whether they receive the proper help needed to overcome abuse or leave an abusive relationship. Religion, as a major component in many people's lives, can also play a major part in how someone responds to domestic violence, as their behaviors may be led by their religious beliefs. The trauma of domestic violence can way heavy on the mental health of sufferers which results in a reduction of functionality. Research is needed to investigate further if feelings of being flawed, embarrassed, or having thoughts of having to meet specific moral compasses based on religious viewpoints have an impact on domestic violence survivors. This research looks at how shame and guilt coincide with religion and how they all affect victims of domestic abuse.

Keywords: shame, guilt, domestic violence, spiritual, religion, mental health, abuse

Acknowledgment

I would like to acknowledge God who provided me with comprehension, strength, patience, and perseverance to complete this research study. I would like to acknowledge my family who has always been supportive of my endeavors throughout life. I am continuously encouraged by my mother and those dear to me to be the best I can be and never settle for less. It is extremely important that I recognize them in this accomplishment as they have helped to keep me sane through my struggles by reminding me of my capabilities and encouraging me even with the smallest of conversations. We will celebrate this accomplishment together.

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CHAPTER ONE

Overview

Domestic violence is a major concern that has continued as a public health and societal concern for centuries. Many organizations throughout the world work to intervene and treat domestic violence, such as legal systems, religious organizations, community and government mental health programs, military organizations, along with social service programs. Domestic violence is a problem requiring continuous recognition through research, funding, and intervention to reduce the occurrences of abuse. Throughout this study, the researcher investigated the relationship between shame, guilt, and religiosity in victimized women, as well as those who have not suffered from domestic violence. The researcher sought to determine if feelings of shame and guilt occurred at higher rates in women who report high religiosity compared to those who have lower religiosity. Throughout this study, the researcher used the words religiosity and religion interchangeably. Feelings of shame and guilt along with someone's religious association and beliefs can cause distinctive behaviors rooted in shame, guilt, or religious connections.

Background

Women suffer from domestic violence at a much higher rate than men. According to statistics from the Centers for Disease Control and Prevention (CDCP), women suffer from domestic violence at a rate of one out of four versus one out of 10 for men. One in five women versus one in seven men experience severe physical violence in their lifetime (CDCP, 2019). Physical injuries for women occurred 41% of the time when in a domestic violent relationship, while men

suffered from physical injuries 14% of the time. Researchers documented how 22.3% of women suffer from intense bodily violence and 14% of men suffer the same fate throughout their lifespan due to being in violent relationships (Breiding, 2014).

The Significance of Domestic Violence

The injuries from the abuse can lead to the death of the victim, which occurs 16% of the time. Current partners and ex-partners committed approximately half of female homicides in the United States (CDCP, 2019; Petrosky et al., 2017). As physical injuries are frequent outcomes of a domestic violent relationship, mental, behavioral, and emotional problems can also result from abuse. In addition to death, the worst outcome, women reported other damaging outcomes such as deleterious mental and physical health issues with the heart, reproductive system, muscles, skeletal frame, and nervous system. Mental health problems, such as post-traumatic stress disorder (PTSD) and depression were likely to develop in domestic violence victims. They also have increased risks caused by engaging in risky behaviors, such as drug use and reckless driving (Crann & Barata, 2016). A systematic review and meta-analysis study completed on 41 previous studies identified women who suffered from depression, PTSD, and anxiety had a higher risk of victimization from their domestic partners than those who were not diagnosed with a mental health disorder (Trevillion et al., 2012). In addition to those issues, domestic violence victims often simultaneously struggle with issues related to money, along with social concerns based on the lack of feeling secure (Arroyo et al., 2017).

Economic Concern

Treatment and intervention for domestic violence is necessary, and whether it is a physical or mental need, the cost of intervening is expensive. Treatment could cost $103,767 per abused female victim over their lifespan (Peterson et al., 2018). The results of research completed on 8,000 women across the United States found women who suffered from domestic abuse, specifically psychological abuse were more likely to have poorer health than non-victims (Lacey et al., 2013). Domestic violence is a critical issue, which increases the need to utilize more health care facilities and clinical services to address the needs of the survivors. The treatment for victims of domestic violence is a huge expense for the government, costing $1.3 trillion for losses, in addition to $2.1 trillion for medical problems, $73 billion for legal activities, and $62 billion in other miscellaneous expenses (Peterson et al., 2018). Many women who are in domestic violence situations do not have monetary funds to escape the abuse. They have limited options and thereby are forced to rely on assistance from non-profit agencies, family, and friends to assist with meeting their basic needs. Many of these sources have limited resources, causing additional stress and suffering.

Who Can Fall Victim?

Researchers found, “among multi-racial women 57%, 48% among American Indian/Alaska Native women, 45% among non-Hispanic Black women, 37% among non-Hispanic White women, 34% among Hispanic women, and 18% among Asian-Pacific Islander women” suffered from domestic violence during their life (Niolon et al., 2017, p. 8). The outcomes underscore the commonality between ethnicities, and

the vulnerability of all women to experience abusive relationships. Domestic violence can happen to any woman regardless of age, race, religious affiliation, title, socioeconomic status, or ethnicity. Researchers also demonstrated how domestic violence could begin during adolescent years, as 7% of women reported being victims under the age of 18 (Exner-Cortens et al., 2017; Fisher et al., 2014; Smith et al., 2017). Deceptive patterns of control and intimidation along with mental and emotional abuse created an environment where women fall prey to harm based on no fault of their own.

Domestic violence typically occurs after a verbal argument between partners (Fenton & Rathus, 2010; Gadd & Corr, 2017). Financial disagreements and arguments over children escalate into violent confrontations (Fenton & Rathus, 2010). The perpetrator utilizes intimidation and power over the victim and dominates the relationship through their influences. They assert their power by stopping the victim from calling others, leaving the home, not talking to the victim, or allowing them to see friends and family. The type of control a perpetrator has on a victim can vary based on religion and culture. Considered an epidemic in some parts of the nation, women from Arab and Islamic cultures often do not make reports despite the growing seriousness of the abuse (Alhabib et al., 2010). They consider it a private issue. These women may feel shame and/or guilt about the abuse they suffer causing them to hide it from others. The reality of silencing women who suffer from domestic violence constrains their ability to receive the support they need to leave violent relationships.

Shame and Guilt

Traumatic experiences contribute to people questioning their instinctual behaviors, thinking, and how they conduct themselves. The trauma of enduring violent relationships can have lasting psychological and physical ramifications for the victims. Psychologically, victims suffer from feeling emotions of shame and guilt because of the abuse. Over time, researchers demonstrated the adverse mental, developmental, and behavioral effects of shame and guilt, using the valuable outcomes to advance the knowledge of the endemic problem (Tangney & Dearing, 2003).

Researchers who wanted to study the feelings associated with shame and guilt as it related to mental health disorders, mainly focused on depression, originated the focus on the relationship between these factors and women survivors of abuse (Lewis, 1971). The definitions and relativeness of shame and guilt have changed since that time. Freud in his earlier work did not distinguish between shame and guilt, viewing the former as a reaction to sexual attention-seeking urges and the latter as disagreements between the id and ego conflicting with the superego (Crockatt, 2006). The topic evolved and expanded from taking a psychoanalytic or Freudian approach to implications of feelings to psychopathology, to currently looking at how shame and guilt affect inter and intrapersonal relationships (Tangney & Dearing, 2003).

Giner- Sorolla and McGee (2017) considered shame an internal issue causing withdrawal as it does not allow someone to repair the situation. Guilt, considered an external or social issue, supports reparation and resolution of a problem. Shame in

women exposed to domestic violence can cause them to experience intrusion of thoughts after the trauma (Beck et al., 2019). The victim may try to elude their thoughts through avoidance behaviors, such as reducing socialization. While the behaviors can signal the onset of PTSD, they can also indicate other problematic issues for the victim. A study of women with PTSD or other mental health concerns who received treatment at a psychological clinic following domestic abuse revealed how control and seclusion elevated levels of shame for women who suffered from domestic abuse. The researchers also found a connection between guilt concern and guilt associated cognitions with PTSD. Emotionally an individual may suffer from feelings of shame and guilt affecting their social interactions as well as their personal feelings. Their feelings may cause them to conduct themselves in ways that do not promote healthy mental and physical health outcomes.

Researchers found guilt and shame positively related to aggression, specifically when placing blame on externalized factors rather than their internal feelings. They become prone to projecting their feelings onto others in an aggressive manner, as they secretly blame them for their feelings of shame and guilt (Stuewig et al., 2010). When associated with aggression, shame as opposed to guilt results in anger. Those having feelings of guilt were less likely to respond defensively or retaliate against another person (Tangney & Dearing, 2003). From a qualitative standpoint, researchers view shame and guilt as different. A quantitative analysis incorporates differences between the two emotions, although recognizing the closeness of the feelings (Leach, 2017). Guilt is associated with empathy while shame is associated with worthlessness or weakness. However, while guilt focuses

on repairing a situation, shame can cause some to attempt evading a difficult situation (Stuewig et al., 2010; Tangney et al., 2007). Guilt is an emotion that one can hold in and hide in privacy without displaying the feeling to the public while shame usually results from an action taken by someone else (Gehm & Scherer, 1988). Researchers recommended future investigations include the theoretical and practical need to demonstrate whether a correlation exists between shame, aggression, PTSD, and domestic violence. This resulted from a study by Lawrence and Taft (2013), which suggested a causal relationship exists between shame and aggression in victims of domestic abuse.

Religion

Abu-Raiya et al. (2017) asserted that religion can have some positive and negative influence on how people address domestic violence. Religion typically acts as a guide for positive principles, ethics, and integrity and upholds safety. However, those same beliefs can be the reason a woman stays in a violent relationship (Simonic et al., 2013). Researchers explored the reasons some women use religion to excuse the violence they endured from their partners but chose to remain involved with the abuser. The victims explained their vulnerability as aligned with the need to forgive, belief in how prayer can change things, deeming divorce as ungodly, and wanting to love and honor husbands (McMullin et al., 2015). Forgiveness, as well as feelings of others judging them, desiring an intimate relationship with God, and wanting religious social interactions as casual reasons for staying with their abuser. These justifications also represented what results when tolerating harmful and

damaging injuries, which discounted discrepancies between a couple leading to abusive outcomes (Katerndahl & Obregon, 2007).

Nason-Clark (2009) described how religious dogma in some way sanctions suffering abuse and uses it as a way for victims to cope with domestic abuse. Changing the language of religion to focus on the respect of the person as an individual versus the relationship can reduce domestic violence and promote self-worth by seeking justice for victims (Westenberg, 2017). Religious commitment, hope, support, and sanctification are variables that affect one's well-being and safeguarded when looking at happiness and struggles. Leaders conferred that when increased, one is happier despite their experiences **(**Abu-raiya et al., 2016). Researchers reported commitment to religion increased life sanctification and decreased depressive symptoms. Positively religion can help a woman cope with the abuse but negatively encourage them to stay in abusive relationships. Abu-raiya et al. (2016) revealed shame and guilt higher in more religious women.

Problem Statement

Domestic violence continues to expand as a worldwide issue causing daily turmoil and grief in the lives of women and families. The percentage of women facing abuse and the consequences that follow it are social, mental, and physical concerns. Statistics from over 40 years of research highlighted domestic abuse as a crucial health problem that produces long-term damaging results, such as substance use, hopelessness, suicidal ideations, PTSD, bodily injuries and pain, anxiety, eating disorders, insomnia, along with digestive issues (NCADV, 2015). Women who suffer from domestic violence were likely to have feelings of shame and guilt as they

live in an environment where they suffer verbal, emotional, and physical abuse while not being able to live without fear or individualistically able to make decisions for themselves (Cândeaa & Szentagotai-Tătab, 2018).

Domestic violence is a form of abuse that puts one in harm of multi-levels of assault. However, some women suffer from abuse for years due to many reasons such as limited financial means, belief in religious practices, ignorance, and lack of supportive formal and informal relationships (Baly, 2010; Pugh et al., 2018). Shame and guilt play a role in the decision to stay in a domestic violent relationship because it may put the victim in a situation where they feel judged by others who become aware of the abuse. Victims deal with the abuse in secrecy to avoid negative perceptions by who they perceive as outsiders (Zabari & Southern, 2018). The degree of victims play a particular role in the cycle of violence requires additional exploration to enhance the understanding of service providers to provide focused interventions (Banowsky McCaskill, 2012). Religion is a major player in individual's lives and is included in holistic views of their identity (Bohecker et al., 2017). Additional research is necessary to establish an understanding of how religion can influence domestic violence within all demographics It can direct their intervention while positioning them to respond to the issues victims confront (La Ferle & Muralidharan, 2019). Clients who value religion and have suffered from abuse can emphasize the nature of the emotional abuse suffered during treatment. It is important for the therapist to address this concept during treatment by being understanding and accepting the victim (Simonic et al., 2013). Future researchers

can focus on religiosity and promote a healthy lifestyle to address positive ways the person can utilize or reject based on their beliefs (Cres et al., 2015).

The researcher was unable to find salient research examining shame, guilt, and religion in relation to domestic violence victims although shame, guilt, and religion are major components in the lives of women. My research did not uncover literature exploring the role of guilt or shame and its influence on religious beliefs in domestic violence victims. Prior researchers examined separate concepts of shame and guilt, along with domestic violence and religion, but the combination of that is potentially detrimental to one's wellbeing and the cause for many psychological and emotional outcomes. Religion has great influences on the choices made in one's life as well as the actions one chooses to take. Examining the trauma experienced from a behavioral health standpoint can reveal how the trauma of domestic violence affects the common feelings of shame and guilt, as well as how they perceive its relationship to their religious concepts. Recent researchers focused on specific aspects of religious coping and how it helped to better understand how religiousness can affect mental health (Weber & Pargament, 2014).

Purpose Statement

The purpose of this study was to add to the literature on shame, guilt, and religion in relation to women who suffered from domestic violence and to fill a gap within domestic violence research. The participants in the research were women over the age of 18 whom were divided into two groups identified as victims and non-victims of domestic violence. Another objective of this research was to identify if there was a difference in shame, guilt, and effects of religion in victims of domestic

violence and non-victims of domestic violence. Lindsay-Hartz (1984) recognized the different feelings and behaviors we have within ourselves that guide our behaviors, thoughts, and emotions and establishing guilt and shame features can be useful when researchers are developing tools to use in the behavioral science field. Therapists who work with victims who reported experiencing distressing emotions can also benefit from insights resulting from this inquiry. The independent variable was domestic violence, and the dependent variables were shame, guilt, and religion. The Duke University Religion Index (DUREL) was administered to measure religiosity. To measure shame and guilt, the participants also provided replies to the test of self-conscious affect (TOSCA). Researching emotions and studying an individual's personal experiences and desires and how the emotion causes changes or differences for the individual and their environment, the situation, and purpose of the emotion, has proven beneficial in the past.

The Significance of the Study

The researcher was unable to locate completed studies using all the variables identified in this study. However, the researcher did locate previous investigations on shame and guilt and domestic violence and religion and domestic violence. This study will link the three dependent variables together as it relates to domestic violence victims and non-victims. There have not been many studies on the topic of shame and individuals making decisions when they are in a situation that puts them at risk of harm, such as domestic violence. This underscored the need to consider how shame correlates with victimization in the field of behavioral science (Bonavia & Brox, 2018). A study conducted on religion and domestic violence identified the

importance of religion in someone's life and how it motivated their actions as well as the need for future research on the behavioral aspect of religiosity rather than the cognitive aspect (La Ferle & Muralidharan, 2019).

The study can benefit women who are victims of domestic violence as well as helping professionals who could use the information to strengthen resources and therapeutic interventions. This research can contribute to broadening the knowledge of clinicians and other resource providers who support women adversely affected by domestic violence by helping them manage emotions and recover from abuse. They can also increase their need to be aware of resources such as shelters, social service programs, and other community agency support. Researchers identified the need for clinicians to ask clients who experienced violence from others about shame and guilt, especially those who experienced abuse multiple times resulting in potentially impairing their mental health (Aakvaag et al., 2016). It is also important to ensure clinicians or other supports assess for religiosity in women to better help them to strengthen and add needed coping skills. The researcher added to the ongoing research of shame, guilt, and religion in relation to domestic violence victims. Many different organizations are working to bring more exposure to domestic violence through advertisements as well as working to give victims a voice (Tran, 2016). Future researchers on how shame and guilt, mainly shame, contribute to mental health can assist in helper's ability to better support victims of domestic violence through integrative and new approaches to treatment (Aakvaag et al., 2016).

Research Questions

RQ1. Is there a relationship between religiosity with shame and guilt for three samples of women: all women, victims only, and non-victims only?

RQ2. Who has more shame and guilt, and religiosity with groups (victims and non-victims)?

Definitions

1. *Domestic Violence***.** Domestic violence is behavior that is assaultive and intimidating behaviors that involve bodily, sexual, or mental assaults including financial oppression against an intimate partner **(**Washington State Supreme Court Gender & Justice Commission, 2016)

2. *Shame.* Shame is an emotion someone feels when they have negative thoughts about themselves, such as they have engaged in a wrongful action or they believe themselves to be debauched (Zabari & Southern, 2018).

3. *Guilt.* Guilt is an individual's emotional state related to potential uncertainties to their activities, lethargy, circumstances, or plans and the individual believes they have done something wrongful (Steenhaut & Kenhove, 2006).

4. *Religiosity.* Religiosity is a multidimensional experience described by various influences, such as "belief, emotional connection to God, spirituality, religious behavior, or institutional affiliation" (Bechert, 2018, p. 138). Revealing the intellectual measurement of religiosity through faith in God, the idea of life after death, and the belief in an intimate relationship with God or a mystical power (Heiser, 2020). The emotional measurement of religiosity includes if someone

describes themselves as being religious, the identified importance of God, and belief. They define the interactive measurement of religiosity by the occurrence of attending religious activities, what is taught to children, and how much someone prays.

Summary

The is a need for additional research on shame, guilt, and religion, specifically as it relates to domestic violence. The issue of domestic violence is critical as five million people are victims of domestic violence yearly, with 85% of the victims being women (Bent- Goodley & Fowler, 2006). Throughout this chapter, The researcher explained the need for research on shame, guilt, and religion as the researcher was unable to find prior research on this topic, but many significant factors were highlighting the study as important to victims and those who treat and support them. Although not the focus of this examination, additional relationships between shame and guilt to those suffering from anxiety disorder and other mental health disorders that lead to dysfunction require further exploration (Cândeaa & Szentagotai-Tătab, 2018). Previous researchers found negative religious coping styles for domestic violence survivors had a positive effect on trauma symptoms and distress resulting in higher levels of mental grief (Ake, 2003). Combining these variables for research to examine how they correlate can provide insight for clinicians on the role of shame, guilt, and religion for domestic violence survivors.

CHAPTER TWO: LITERATURE REVIEW

Overview

The researcher proposed this study to identify the role of shame and guilt in association with religiosity when treating women who have suffered from domestic abuse. The intent was to explore the role of shame, guilt, and religiosity to strengthen the scope of mental health practices for women who have suffered from abusive relationships. Domestic violence is an ongoing issue in the world and identifying shame and guilt and the connection to religion could target specific feelings and behaviors while also contributing to improving current treatment approaches. The researcher will use the information presented in this literature review to identify whether there is a need for domestic violence programs and religious organizations to work together to treat women who are in dire need of their services. Shame and guilt are feelings with a long history of research and added to the DSM under symptoms of PTSD. The American Psychiatric Association (APA) found these sentiments to be significant to one's emotional state (Taylor, 2015). Religion is not always considered when looking at the mental or emotional state of clients. However, it should be a factor as it can be the driving force behind someone's decisions, morals, and actions (Ferguson & Kameniar, 2014). A study conducted by Scott et al. (2016) found clinicians identify the importance of religion in individual's lives but are hesitant to incorporate it in intervention due to fearing violating ethics or the idea that religion is off-limits in the therapeutic setting. The concept of shame, guilt, and religion in domestic violence victims needs further

exploration as the emotional toll resulting from the abuse can have lasting effects on a victim.

The researcher discusses domestic violence and its effects on mental health in this chapter, as well as previous research, and the history of domestic violence. Throughout this literature review, the researcher also deliberates shame and guilt together and independently, as associations exist, requiring intersectional measurements (Giner- Sorolla & McGee, 2017). Also, the researcher reviewed religion and its effects on women who have suffered from domestic violence The researcher examined the literature presented in this review by analyzing prior research on domestic violence, religion, shame, and guilt found in the psychology database (Pro Quest), APA PsycNet, Google Scholar, and psychology and behavioral sciences collection (EBSCO).

Domestic Violence

Previous researchers focused distinctly on shame and guilt as they occur in victims of domestic violence, as well as some religious aspects of domestic violence. However, the researcher was unable to find research addressing the effects of all three variables in a single study. This topic is important as both feelings of shame and guilt and religion drive emotions and behaviors, which in turn can be ineffective when someone desires to move past the abuse, improve their lives, and reach their personal goals. There is evidence of minimal progress towards their indented outcomes if interrelated manifestations remain unidentified and not given proper consideration. Domestic violence against women is a continuous issue and remains a detriment for 35% of women worldwide (World Health Organization, 2013). Salient

research can help improve treatment approaches and resources necessary to manage and improve the mental health and wellbeing of female survivors of domestic abuse.

All women no matter their race, socioeconomic status, culture, occupation, or finances can and have suffered from domestic abuse. Azziz-Baumgartner et al. (2011) shared that although there is no specific criterion for victims of domestic violence, researchers conveyed that higher murder rates for minority women when compared to other races (Demonstratively, African American women die at a rate of 16.2%, Native American at 8.7%, Caucasian at 4.7%, and Asian women at 2.5 %. Hispanic women are killed at 15.4% and non- Hispanic women at 5.3%. Domestic violence homicide disproportionally affects minority women as African American and Hispanic women are at a higher risk of death from domestic abuse. Numerous factors contribute to how women react to domestic abuse, including specific characteristics that place them in more danger. Risk factors for domestic violence in women include unplanned pregnancies, having parents who did not graduate from high school, or not graduating high school themselves (Fedina et al., 2019; Spencer & Stith, 2020). Also, being apart from the abuser, addiction to drugs or alcohol, and having children from a former relationship further endangers them. A study done on police officers in the United States and the United Kingdom found risk factors for continuous abuse and lethality by perpetrators were the use or threats of utilizing a weapon, asphyxiation, and bodily injury (Robinson et al., 2018).

Cultural, social, and the status of the couple cause women to respond differently to domestic abuse. Women who come from divergent backgrounds also use different coping strategies in response to stress. Researchers underscore the

importance of identifying what types of emotions, feelings, and individuals experience that create a greater need for targeted interventions to increase awareness and receptiveness to seeking help. As we investigate shame, guilt, and religion, it is important to identify the intersectionality with race and culture.

Research Gap

Researchers analyzed the correlation between guilt, shame, violence, and sexual abuse with higher levels of shame and guilt for those who have experienced more violence than others (Aakvaag et al., 2016). This points to the assumption that victims with long histories of domestic violence will experience increased feelings of guilt and shame. While their findings document the effects of religion on domestic violence victims, the researcher was unable to find studies combining them with emotions, thereby leaving a gap in the research. Victims of domestic violence depend on guidance from religious sources as they seek protection, justice, and full recovery from abuse (Nason- Clark, 2009). Because of this pursuit of remedial assistance, it is important for the clinician or helper to display sensitivity and understanding of both domestic violence and religion. Although there is a need for this literature in the behavioral health field, the researcher was not able to locate a combined study of religion and feelings of shame and guilt. The outcomes of this study will help fill this gap in research by analyzing guilt and shame and levels of religiosity in female victims of domestic violence and women who have not been victims. The importance rests in the provision of additional insights into the feelings and thoughts of victims. The resulting analysis can inform the development of interventions to better serve those who suffer from domestic violence. It can also

help victims identify their feelings and thoughts to be more in tune with their whole self. Clinicians use theory-based research to intervene and address the major effects of shame and guilt felt by injured women. Coupled with their religious beliefs, this research can prove valuable for helpers of victims.

Conceptual or Theoretical Framework

Those who have suffered from domestic violence consider it a major life stressor, because of the traumatic experiences they endured. During and after the time of the abuse, physical and mental manifestations affected the victims with the likelihood of causing a continual decline in life functioning. Abused women showed an increase in deprivation, depression, aggression, and destruction compared to women who have not experienced domestic violence. Avdibegovic et al. (2017) reported increased incidences of feeling unhappy, hopeless, nervous, and socially isolated. Over the last three decades, more women have been utilizing the health system. More often they present having confronted potentially lethal outcomes and other adverse effects caused by the trauma. Experiencing domestic violence may lead to emotional and behavioral issues, such as ignoring abuse, avoiding their feelings, becoming reckless, demonstrating hostility, and feeling powerlessness. Other resulting emotions include rage, worry, insomnia, problems eating, substance use, and suicidal ideation. However, they lacked the ability to cope and function with these deficits reoccurring frequently in their daily lives.

Pargament's Theory

Pargament's theory of religious coping is an established and empirically supported theory, used to provide support to those who use Judaea-Christian religion

to assist them with coping with their trauma (Canda & Furman, 2010). Pargament's theory distinguishes between positive and negative religious coping skills individuals use when in distress. Ake (2003) viewed demonic reappraisal and asking for intercession as negative religious coping skills while asserting purification and forgiveness as positive coping skills. As domestic violence victims relied more on positive skills; those who used negative skills were more distressed. Some other examples of positive religious coping are, "religious direction/conversion, religious helping, seeking support from clergy/ members, collaborative religious coping, religious focus, active religious surrender, benevolent religious reappraisal, spiritual connection, and marking religious boundaries" (Pargament et al., 2000). Examples of negative religious coping include, "spiritual discontent, passive religious deferral, interpersonal religious discontent, reappraisal of God's powers, and punishing God reappraisal." Researchers discussed how people who used positive coping skills to deal with life stressors versus negative coping skills demonstrated fewer mental health issues, higher quality of life, lesser insensitivity towards others, and increased spiritual growth when dealing with life stressors.

Pargament's theory of religious coping can expand client's views and improve clinician's practices by distinguishing the differences between healthy and unhealthy religious coping practices (Xu, 2016). Distorted thoughts about religion can lead to one having damaging views, attitudes, and actions that can lead to shame, guilt, hopelessness, biases, and cruelty to others (Canda & Furman, 2010). Religious organizations may reject those who do not hold similar beliefs. Pargament's theory works to develop a framework where a clinician can work to help an individual

recognize their higher selves as the clinician practices interventions that are, “attuned to the highest goals, deepest meanings, and the most practical requirements of clients” (Canda & Furman, 2010, p. 5). The clinician works to develop the client’s full potential through connections based on integrity, compassion, knowledge, and competency in understanding their client’s spiritual viewpoints, to what degree their beliefs reflect their religious orientation.

The outcomes of the study can help clinicians or other service providers to focus on domestic violence victims' progress, how they process their feelings, and what support they need to maintain good health and wellbeing. My intention in conducting this study was to discern emotions domestic violence victims may experience while analyzing the association between shame, guilt, and religion. Xu (2016) suggested shame and guilt may halt progress or challenge one’s choice to leave or stay in a violent relationship. They found high religiosity leads to a higher rate of guilt and shame in victims. assist in promoting interventions, such as positive religious coping skills. Pargament’s theory can effectively form interventions when working with victims of domestic violence.

In conducting this study, the researcher explored the need for religious and cognitive-behavioral interventions to promote positive change in domestic violence victims exist. The researcher also examined how shame, guilt, and religion play a role in domestic violence. Identifying specific elements such as feelings and recognizing the power of religion when it comes to feelings to integrate and address in treatment can be beneficial for clinicians and clients. This study can help with identifying those feelings to better incorporate positive coping skills and look at the

importance of religion in one's life. In conducting this study, the researcher sought to determine whether there was a relationship between domestic abuse victims and religiosity, shame and guilt and whether there was a difference in guilt and shame and religion between women who have been victims of domestic abuse and those who have not. The researcher also considered if there was a significant difference in shame and guilt based on religion in domestic violence victims and non-victims. This research will add to the advancement of these theories by researching the relationship between shame, guilt, and religion in women who have and have not been victims of domestic violence. The identification of the relationship can be useful in the field of social science, as it illuminates specific areas that require attention to enhance the treatment or support of domestic violence victims.

Related Literature

Domestic Violence

Domestic violence is an international public health and societal issue where identifying feelings, and emotions can lead the course of dismantling violence against women. Statistics show that globally one in three women will suffer from physical and sexual violence from an intimate partner (World Health Organization, 2013). Numerous researchers investigated the topic of abuse against women by their partners from multiple perspectives. However, the plight of women continues to grow as a worldwide issue. Women's partner's murder at a rate of 38% and 42% of women physically and sexually abused by their partners experience bodily injuries. Domestic violence has increased over the last three decades, with more women utilizing the health system present with mortal wounds and other adverse effects

from abuse. Domestic violence changes the way someone functions structurally and psychologically, affecting their relationships with others, their mental state, and self-identity (Both et al., 2019). Researchers suggested the effects of domestic abuse can differ based on race, type of abuse, and socio-demographic considerations (Lacey et al. 2013). For example, investigators documented a relationship between all abuse types and substance use for Caucasian women but did not explore the correlation between African American women and substance abuse for stalking and physical abuse. This highlighted the many dynamics of domestic violence and why it is important to continue studying this topic to assure it incorporates all women, no matter their specific demography.

Women who are victims of domestic violence experience many challenges throughout their lives because of sustained abuse. The victims suffer psychologically and physically leading to many complications throughout their lives. A study of 260 women who sought intervention through domestic violence and abuse services had significant exposure to abusive situations. There was also a higher incidence of mental illness reported as exposure to abuse increased (Ferrari et al., 2016). This further substantiates how abuse is likely to lead to disabling psychological conditions. Psychological damage includes impairments to emotions, behaviors, cognitive, and spiritual components in a client's life. Avdibegovic et al. (2017) found women who suffered from domestic violence developed negative and undesirable behaviors, along with feelings and emotions that can become risk factors for mental health disorders. The authors reported a propensity to experience re-victimization by ignoring abuse and avoiding feelings. Other maladaptive coping

strategies include becoming reckless, hostile, feeling powerless, rage, and worry. Insomnia, problems eating, substance use, and suicidal ideation also frequently occur.

Statistics indicate women sufferers of domestic violence are two times more prone to having depression compared to women who have not suffered from abuse (World Health Organization, 2013). Depression being a significant mental health diagnosis entails many symptoms that can cause one to deteriorate and not function productively. Researchers asserted that women who do not receive help from domestic violence and abuse services have increased levels of abuse, depression, anxiousness, and particularly PTSD. They present with the need for trauma-informed care to address their mental health (Ferrari et al., 2016; Mahapatro, 2016). Depression, anxiety, and PTSD are common mental health symptoms of women who have suffered from domestic violence.

Women who suffer from domestic violence also have increased health risks that require intervention and support (Mahapatro, 2016). Researchers reported that abused women have more mental and physical issues causing them to seek medical care at higher percentages compared to women who have not experienced abuse (World Health Organization, 2013). This further validates the need to continually research topics related to domestic violence. Emotional issues resulting from domestic violence take extensive healing time when compared to physical wounds (Metheson et al., 2015). Physical damage heals in a much quicker time frame than emotional damage, which could last throughout their life without proper intervention. Women seek treatment for bodily injuries, such as broken bones or

bruises but avoid or ignore the emotional and psychological damage they accrue from abuse. The treatment of emotional issues requires identity reconstruction as the woman has to rebuild her self-worth, mental state, confidence, and self-individuality. The process is time-consuming and dependent on the amount of inflicted harm they sustained.

Both et al. (2019) found women made drastic changes in their lifestyle resulting from the trauma of abuse. The researchers noted how domestic violence victims may have difficulties forming healthy relationships. They might leave one relationship to get involved in another abusive relationship. Some women are more prone to abusive relationships than others as there can be a repeated cycle of abuse depending on their personal history. Emotions and personality attributes can play a major factor when assessing the victimization of women who experienced abuse and how they cope or respond to the abuse.

Re-victimization of women who survive domestic violence is common as women develop low self-esteem and tainted relationship views (Avdibegovic et al., 2017). The outcome of abuse and a woman's physical and mental health can be affected by social and demographic influences when they have suffered from domestic violence. Some communities have insufficient resources, and the victims may lack personal support within their intimate circle (Lacey et al. 2013).

Women remain in domestic violent relationships for many reasons ranging from financial need to emotional want. Some other explanations for women remaining in an abusive relationship are social demands, personality traits, feelings, and inadequate coping skills (Avdibegovic et al., 2017). Women may come from

environments where domestic violence was prevalent in the home, and some women marry because they feel a moral set of values they must fulfill based on their religion. This set of moral values and beliefs incorporate tradition, culture, and participation in a religious organization with a conviction by God or a higher power. Their beliefs could be a hindrance or support for women in the case of domestic violence (Ameri et al., 2017). Determining the reason, a woman stays in a domestic violent relationship is important to determine the plan of treatment for her. Women may be fearful of losing financial support, which could lead to the lack of other important necessities such as food, shelter, health insurance, or transportation. Women who suffer from domestic violence can also experience housing issues after leaving the relationship, putting their security and livelihood at risk. A study of 110 women who experienced domestic violence chronicled 38 % reported homelessness, 25 % forced out of their home due to financial issues or stalking within the first year of leaving the relationship (Baker, 2002). The percentage of women forced into homelessness is exceptionally high and can act as a motivator for women to stay in violent relationships, especially if there are children in the home.

Children and Parental Domestic Violence

Domestic violence in the home where there are children can harm the family as well as the children living in the home. Domestic violence affects them deliriously as exposure to the abuse and/or recognizing the possibility of being used as a tool to maintain control and power, and their role as the target of the abuse becomes clear (Washington State Supreme Court Gender & Justice Commission, 2016). Fenton and Rathus (2010) found precipitants of domestic violence are frequent disputes over

children or pets, jealousy, alcoholism, overpowering emotions, and partner aggression. There are several behaviors that an abuser may use to torment children in the home and the victim. For example, they may attempt to intimidate them through threats of bodily or sexual harm to children, making the child partake in the abuse against the victim, exploiting children to control the victim, undermining the victim, or rejecting court orders or using the legal system against the victim (Washington State Supreme Court Gender & Justice Commission, 2016). Researchers suggested the victim will more readily accept abuse if they believe they are protecting their children from harm or danger. Pregnant women also endure abuse while carrying a child. Although researchers have not identified the occurrence of domestic violence against women who are pregnant, they can report that pregnant women being murdered by their spouse or partner is the primary cause of fatalities for expecting women (Cheng & Horon, 2010). The World Health Organization (2013) affirmed that women who suffer from domestic abuse from their intimate partners have a 16 % increase in the likelihood of having a baby born with low birth weight and are two times more prone to have an induced abortion.

Domestic Violence Support

There are some services in place to assist women, such as domestic violence hotlines, shelters, community organizations, and churches, along with the criminal justice system, and social services. However, the dearth of resources to prevent negative outcomes may lead to women returning to an abusive relationship or struggling without enough resources. Women are more prone to seeking services and help when they feel accepted and as though the provider can meet their needs.

Researchers posited how homelessness of domestic violence victims decreases by 30 % if they receive a positive response from police officers when called to the scene (Baker, 2002). Some predictors of homelessness for women who experienced victimization are the severity of the abuse, accessing fewer informational supports from informal networks, less interaction with formal systems, and bad experiences with the welfare system. Women who survived domestic abuse have many hindrances resulting from different feelings and positions in life that may cause them not to seek help or engage in a therapeutic process (Avdibegovic et al., 2017). for those who do seek help resulting in a reduction of progress. Continuous violence and the recurrence of traumatic indents change the way someone functions both fundamentally and spiritually. It also affects their connections with others, destabilizes their emotional state, and alters previous personality traits (Both et al., 2019). Ultimately it creates a need for mental health resources.

There is a need for increased community services where victims feel comfortable seeking help without fear of judgment or worry about retaliation from the perpetrator. Victims of domestic violence fail to utilize available services as providers fail to provide proper intervention due to timing, lack of training, and concern about losing control (Mahapatro, 2016). Helping professionals working with victims of domestic violence should show compassion and extend services, which address their physical and psychological needs, as well as necessities, to everyone they encounter. The physical and emotional abuse women suffer from causes an increased need for intimate support, as well as other services, such as medical

treatment, police, therapist, hotlines, peer support groups, emergency response, and domestic violence shelters available in their community.

Family, friends, and religious support for those who have suffered through domestic violence vary depending on the personal circumstances of the victim. The victim can choose whether to seek support from family, friends, or their religious organizations, and it is important to note that each of them provides a different type of support. Family, friends, and church provide emotional support to victims of abuse rather than informative or physical support (Baker, 2002). If available, they can also offer them housing if needed. Women sought out family and friends to offer support more than the church. However, women who desired to talk to a religious leader did so slightly over 50 % of their time. Others reported experiencing embarrassment, feared directives to go back and work the relationship out, not being heard or assisted, or discomfort discussing the violence. Not having access or a relationship with a faith leader acted as another barrier. Domestic violence and religious organizations, and social marketers can assist with deterring domestic violence by providing information and protocols for others to recognize and intervene when there are signs of domestic violence (La Ferle, & Muralidharan, 2019).

Shame and Guilt

Trauma-related shame and guilt often happen after violent encounters. Aakvaag et al. (2016) found these feelings and emotions increased as the amount of violence increased. Domestic violence victims experience many emotions with shame and guilt being two that affect them psychologically. Guilt and shame can

cause people to change their behaviors and respond in ways that they would not normally if no one was present or if they had not have suffered from a traumatic incident (Han et al., 2014). When talking about shame and guilt, it is important to distinguish the two as the definitions differ, but are typically measured together. The researcher described shame as an emotion where one looks at themselves, identifying inadequacies within themselves, and carries the burden of those feelings. A study of participants who pretended to do something morally impeccable concluded the possibility of someone else devaluing them can trigger feelings of shame (Theresa et al., 2018). Han et al. (2014) determined guilt as someone blaming themselves for something that happened, which caused an undesirable outcome. However, the person views the incident as undesirable but not themselves. Researchers note that guilt and shame are both influential, predictable, and frequent feelings that can lead to psychological distress and affect decision-making. They infer a correlation between guilt, shame, violence, and sexual abuse with higher levels of shame and guilt for those who have experienced more violence (Aakvaag et al., 2016).

Shame

Shame and guilt carry different sentiments. Han et al. (2014) shame is an emotion where one looks at their self as a whole and identifies inadequacies within themselves and carries the burden of those feelings daily in their everyday life Shame has the propensity to cause further issues in someone's life, which affects their wellness and overall health. Shame and related emotions can lead to psychological impairments, such as depression, anxiety, and other mental health

illnesses, as researchers described a strong correlation between shame and depression. Feelings of shame or negative thinking may become more prevalent during times of difficulty. People may struggle with negative thoughts of self, whereby a single failure may be overgeneralized from the perception of worthless or less than (Andrews et al., 2002). Those feelings of insignificance may lead to behaviors or actions that are not favorable or a part of the individual's normal personality. This may result in using maladaptive behaviors because of their inability to regulate their emotions, specifically shame, which leads to problems with understanding, unwanted feelings, and negative behaviors (Schoenleber & Berenbaum, 2012).

Schoenleber and Berenbaum (2012) reported the three most common maladaptive ways to regulate shame are prevention (i.e., dependency, imagination), escape (i.e., isolation, misdirection), and aggression towards others or self, which are used in the order listed, during, and after feelings of shame. The counterproductive coping skills represent actions and behavioral means of managing situations in an unsuccessful manner. There are also other identified ways of withstanding emotional turmoil. Emotionally coping with shame can be broken down into five categories, self, withdrawal, avoidance, adaptive, and attacking other styles (Schalkwijk et al., 2016).

The attack self-style is when an individual internalizes negative thoughts about self while the attack others style is when the individual will blame others and expresses their negative feelings towards them. Schalkwijk et al. (2016) found the withdrawal style is when one will try and hide from an issue while the avoidance

style is when one will try and distance themselves or conceal the shame from others. The adaptive form of shame is when one recognizes shame and is encouraged to work through and reconcile issues causing shame, which has been identified as an appropriate technique to manage feelings of shame. Women who suffer from domestic violence may be experiencing any of the styles of coping when it comes to managing feelings of shame. The style of coping will determine how the women function in the day-to-day life and how they manage feelings while seeking support.

Feelings of shame should not go unattended as they can progress to deeper issues. An individual may start showing symptoms of anxiety, adjustment disorder, suicidal ideation, or depression as a result of shame. A therapeutic setting is the most beneficial setting to address feelings of shame. Shame is not always the focus in therapy. However, many negative outcomes result from the emotion. Confronting feelings of shame can prevent harmful outcomes and further damage to a person's mental state. Taylor (2015) stated the importance of discussing shame because it brings out painful feelings, which can lead to uncontrollable anger, the use of substances, depression, and withdrawal from social interactions. Clinicians and helpers should identify, and process shame stimulates in individuals early on in therapy so they may reduce maladaptive behaviors specifically individuals with PTSD may have an undesirable effect, assessment of things, ways of thinking, and social deficits that interfere with their cognitive functioning (Sippel & Marshall, 2011). Researchers confirmed the correlation between domestic abuse and PTSD. Proper assessment and treatment can reduce symptomology.

Sippel and Marshall, (2011) validated the importance of recognizing how perpetrators of domestic abuse can become aggressive towards their partners due to feeling shameful and having thoughts about risks to self. This may also cause feelings of worry regarding the relationship and their partner. Offenders of domestic violence may abuse their partners due to negative thinking and prejudice processing of shame falling into negative beliefs about rejection, avoidance, and wanting to safeguard their self-image. Domestic violence victims can be affected by shame within their personal feelings that developed as a result of the abuse suffered. Shame may also act as a motivator, encouraging the perpetrator to abuse the victim.

Guilt

There are minimal studies regarding guilt concerning domestic violence in the field of behavioral science. Existing research does not examine it as in-depth as feelings of shame. Studies regarding shame incorporate guilt into the research, which is not described as a separate entity, feeling, or emotion requiring the need for exclusive focus. Tilghman- Osborne et al. (2010) discussed how research on guilt is inconsistent, with contrary opinions. While some investigators asserted the psychopathological aspects, promoting the causation with feelings of depression or maladaptive behaviors. Others reported how it serves as a protective factor, eliciting feelings of remorse, accountability, and the need for restitution. They describe guilt as a feeling that comes when someone does or fails to do a specific activity that may cause them to question their specific behavior, thus showing they are holding themselves accountable and acting morally.

The researcher assumed that individuals' perceptions and levels of guilt change and cultivate as they develop and mature in life. Tilghman- Osborne, Cole and Felton (2012) described how the externalization of guilt distinguishes the feeling from shame. Due to the differing definitions and effects as stated earlier, there are also differences in the research. Researchers put forth both positive and negative associations when looking at guilt and depression, as well as guilt and anxiety, based on the different definitions they accept. Guilt, however, is a symptom of major depressive disorder and along with other symptoms, can lead to someone having the condition if they have excessive and inappropriate guilt daily (APA, 2013).

Shame and Guilt

Beck et al., (2011) conducted a study of 63 women who suffered from intimate partner violence found a significant relationship between shame, guilt, and PTSD. The researchers articulated shame was most associated with psychological abuse while guilt was not. The investigators focused on women who received treatment at a psychological clinic, diagnosed with PTSD, or another mental health concern following domestic abuse. The intention was to show the relevancy of guilt distress and cognition as well as shame to individuals who have suffered from domestic abuse. Researchers highlighted the correlation between guilt, shame, violence, and sexual abuse with higher levels of shame and guilt for those who have experienced more violence (Aakvaag et al., 2016).

Shame as a social factor is relative to mental health as it affects social relationships by leading to feelings of loneliness or not feeling accepted socially (Aakvaag et al., 2016). Exposure to abuse can cause lasting effects on women, which

can be short or long term. Women exposed to domestic violence can experience intrusion of thoughts post-trauma and attempt to avoid those thoughts through avoidance behaviors, such as reducing socialization (Beck et al., 2019). The avoidance is a sign of PTSD or the development of PTSD.

Beck et al. (2019) conducted a quantitative study using 88 college students aged 18-25, with no history of domestic violence, explored the role of experimentally induced shame on women. The participants listened to an audio illustrating domestic violence so researchers could witness whether they displayed negative emotions, such as shame and guilt, and positive emotions, such as pride and positive affect. They found those who had shame before the exposure had an increase in shame and guilt and a lower level of positive emotions following exposure. When looking at women who have and have not been in domestic relationships it is important to note women who have not suffered abuse directly can also have feelings of shame and guilt in response to domestic violence.

Due to shame and guilt being feelings that are significant, likely, and common, they have also been known to lead to issues with making decisions along with causing mental health concerns (Han et al., 2014). Shame and guilt individually relate to anxiety and depression symptoms, and one can have one feeling without the other (Aakvaag et al., 2016). Researchers found domestic violence as potentially contributing to feeling shame and guilt, but different types of trauma may lead to different responses or symptoms depending on the distinctiveness of the victim. The emotion and occurrence of feelings of shame and guilt have a major effect on one's opinions, principles, and behaviors just as the trauma from domestic violence. It is

important to note the differences in the two feelings, although commonly linked together. Considered detrimental to one's mental health, shame is different than guilt, which can be both positive and negative depending on the individual. In the next section, the researcher will review the literature on religion and domestic violence, including describing the effects of shame and guilt and how it relates to domestic violence.

Religion and Domestic Violence

In the United States, 89% of the population reported having a religion and 31% of the population attended religious gatherings at least weekly (Cres et al., 2015). This underscores the importance of religion in the everyday lives of Americans. Religion plays a significant role in the daily lives of those who believe, even though they may not demonstrate it through behaviors, such as prayer, meditation, or moral thoughts. Abu-raiya et al. (2016) defined religion as one's beliefs, practices, values, and relationships that they follow as a guide through life Religion have a set of moral values and beliefs that includes traditions, culture, and participation in a religious organization along with conviction by God or a higher power (Ameri et al., 2017). Religion acts as a resource to deal with difficult life situations. People address difficult issues by using religion as a coping method until they are in a better position to manage distress and re-establish normalcy **(**Abu-raiya et al., 2016).

The research on religion and different aspects of life conferred domestic violence as an important topic requiring on-going examination. Included in the biopsychosocial well-being as a measure of the livelihood of individuals, the

inclusion of religion describes or refers to one's quality of life. Religion is also a factor when determining whether someone has a support system in their life. The World Health Organization (WHO) includes religion as a measurement of quality of life (Cres et al., 2015).

It is important to note that although many people use religion to cope with challenges in life, it can also be used to discourage people. When linked with overcoming pain and struggle, religious beliefs can influence someone's mental health and well-being in negative ways. Religious practices can support, or cause problems connected to depression and unhappiness **(**Abu-raiya et al., 2016). Someone who has experienced a bad interaction with members of the clergy may start to have doubts or feelings about church or religion. Those grieving a death may not understand why God allowed them to lose a loved one. The same feelings can be had for women who are suffering from domestic violence, as they may question why they were or are in a domestic violent relationship or why God or a higher power did not save them from the abuse. Religious battles can lead to substantial emotional agony.

As stated above, domestic violence can lead to serious health problems, causing physical or mental damage. Researchers noted the connection between depression and domestic abuse, revealing religious views and activities frequently used by older adults assisted with coping with medical concerns and managing depression (Berk et al., 2016; Reyes-Ortiz et al., 2019). They recommended mental health providers inquire about religion, as it can help individuals cope while also providing comfort. Researchers posited how spiritual health improves based on

increased religious practices, along with an individual's self-rated health score that measures physical, mental, and social well-being (Reyes- Ortiz et al., 2019). They found a correlation exists between religiosity and positive emotions such as better living gratification, mental health and existential wellness, confidence, hopefulness, and perseverance in life which negates negative perceptions. A study with 18,871 study participants where 67 % reported being religious and 10,580 self-identified as women found older people who are more religious have better self-rated health, evidencing the effects of religion on one's wellbeing in a positive manner. This questions the thought of those who maintain strong religious beliefs contribute to deep-seated feelings of shame and guilt. It also raises the question regarding whether shame and guilt cause individuals to falsify their self-report due to feelings of shame and guilt. A study done with 129 individuals focused on the effectiveness of religious versus secular cognitive-behavioral therapy (CBT) therapy found that faith was unconnected to depressive symptoms (Berk et al., 2016; Reyes-Ortiz et al. 2019). However, there was a significant association between religion and positive emotions, such as hopefulness, appreciativeness, kindness, and determination in life.

Religiosity assessments such as the Duke University Religion Index (DUREL) measure associations between faith and healthiness. The index is a five-item questionnaire used to evaluate the three main components of religiosity, which are organizational religious activity, non-organizational religious activity, and intrinsic religiosity (Koenig & Büssing, 2010). Religiosity is measured by assessing the three factors, which researchers defined as organizational, where one partakes in religious organizations, non-organizational, where one practices religion alone, and

intrinsic, where one's whole life is based around their religion (Cres et al., 2015). The DUREL demonstrated efficacy when using the survey as a multidimensional assessment to measure individual prayer, ceremonial religious presence, religious integration, and intimacy to God through the three factors and a one-dimensional scale to measure religiosity in adult college students (Lace & Handal, 2018). Researchers utilized the DUREL to measure what they felt was the greatest predictor of religiosity, an individual's, "perceived strength of faith tied to their identity" when looking at church attendance, prayer, empathy, and volunteering (La Ferle & Muralidharan, 2019, p. 885). Ameri et al. (2017) completed a cross-sectional study using 448 Iranian students at Islamic Izad University using the risk-taking scale, and the DUREL. They found people with increased interest in non-organized, organized, and fundamental religious activities were less likely to partake in risky behaviors, thus reducing the chances of becoming involved or remaining in a violent relationship (Ameri et al., 2017). It is important to recognize what role religion plays in the decision-making process. This measure is important when looking at the role religion plays in other aspects of life, as well. Specific to this study, it can act as an additional data point for assessing shame, guilt, and domestic violence. The DUREL can measure the religiosity of the women in the study to compare with shame and guilt outcomes of victims and non-victims of domestic violence.

When looking at how victims of domestic violence experience shame and guilt and religion it is also valuable to consider how others in clergy and other religious counterparts respond to them. The import rests in the possibility of hindering someone from using religious resources, as well as other services due to

the guilt and shame they feel. Shame generates when one attributes a bad outcome to their self, rather than the specific act or situation leading to the person's misfortune (Theresa et al., 2018). Guilt results from attaching self-blame to an undesirable action and outcome (Han et al., 2014). The emotion emerges from making negative statements about themselves rather than the incident. Either feelings can cause someone to decline socially or interfere with their relationships with others. This does not preclude the potential of becoming influenced by the actions of others.

An observational study at a faith-based Catholic organization where investigators viewed 12 group sessions revealed the undermining of women, by encouraging them to live by patriarchal views (Beecheno, 2019). They received direction to participate in mediation with their abuser and place importance on the family and the role of women and wives rather than working towards empowering themselves. Patriarchal influences forced on women can also bring on doubts and feelings of shame and guilt. Women may seek to hide the abuse, their suffering, feelings of discomfort when seeking help, or thoughts regarding violating their significant other by going against them. In a study of participants who pretended to do something morally impeccable, the researchers concluded shame was triggered by the possibility of experiencing devaluing assessments of themselves, which is a common feeling for women who endure violent relationships (Theresa et al., 2018). Clergy, clinicians, and other supports who empower and uplift women, assist in them feeling capable of making decisions, including leaving a violent relationship. Empowering women to make change has proven effective as they can begin to access resources, both social and economic, to help reduce or stop abusive conduct

directed towards them by their partners. They can develop the courage and strength to speak against abuse and thereby avoid feelings of shame, guilt, hopelessness, and betrayal (Chaudhuri & Morash, 2019). Woman's empowerment through education, income enhancement through employment, and other supportive services reduce the chances of continued acts of domestic violence against them (Mahapatro, 2016).

It is important to look at how religious interactions can have different outcomes based on the beliefs or characteristics of religious leaders, leading to feelings of increased shame or guilt. A study on Muslim women who suffered from abuse by their husbands conferred how religious leaders often send women back to the abusers requesting that they forgive them if they are married or bring them to mediation to resolve their disputes (Rasool & Suleman, 2016). Their guidance can lead to further victimization, as they become more vulnerable to abuse, or unable to pursue their desire for a divorce. Most married women who have suffered from abuse have already withstood the abuse for many years before they seek a divorce. They may have also attempted to seek help for the abuse with no success. The existing research on religious leaders' response to domestic violence and identified how religious organizations lack the training to address domestic violence appropriately (Ellison & Anderson, 2001). Along with possibly leading to disagreements, their interventions can elevate feelings of shame, guilt, untrustworthiness, and loneliness for victims. On the other hand, religious affiliations can promote social integration, which acts as a protective factor against abuse by deterring violence. The couple does not have privacy but are in contact with others who provide support and reduce stressors, allowing the couple to release

emotions while receiving assistance with coping. The examples show the positive and negative influences religion or religious leaders can have on domestic violence victims.

A quasi-experimental study done on the role of Christianity in encouraging bystanders to intercede when witnessing domestic violence found people with high religiosity more inclined to help those in a domestic situation by calling for help. Displaying their confidence to intervene and positive responses towards domestic violence advertisements contributes to confirming religious organizations as reliable sources for victims of domestic violence (La Ferle & Muralidharan, 2019). This is important to note as women who are victims themselves, and religion may not have the same confidence as bystanders when it comes to responding to other victims of abuse. Women who seek help want to access sources who value and respect them and the choices they make. The feelings of shame and guilt can arrive from women who feel judged or less than, highlighting the imperative to discuss acceptance from those who share similar religious beliefs.

Fowler et al. (2011) conducted a quantitative study of 73 women living in a domestic violence shelter, which illustrated how women with high religiousness were more likely to use faith-based services. Contrarily, women with low religiosity used available domestic violence shelters. As stated above, religious organizations lack the equipment and necessary resources to assist them, which causes them to establish collaborative relationships with other agencies. As religion is a major factor in survivors of abuse lives, it would be beneficial for religious organizations to work with other providers, such as social services, shelters, and community agencies, to

support and encourage progress by sharing scarce resources by avoiding duplication. The outcomes of the study indicated women were more satisfied with domestic violence shelters rather than faith-based shelters as they have proven to meet more practical needs, such as housing, food, and clothing. The trained staff can assist them beyond simply providing counseling and teaching. As religion plays a major role in service utilization, organizations and non-religious programs can develop partnerships to provide full wrap-around services and interventions to victims of domestic abuse including practical and clinical support.

Pargament's theory of religious coping identifies positive and negative religious coping practices useful as interventions when managing difficult situations in life and trying to manage stressors. The positive religion coping (PRC) scale and the negative religion coping scale (NRC) used in the brief RCOPE scale, measures religious coping when dealing with major life stressors. The PRC was notably associated positively with extrinsic personal religious orientation and intrinsic religious orientation while NRC was correlated with anxiety, depression, and aggression (Pargament et al., 2011). Identifying whether someone uses PRC or NRC is important when looking at interventions to ensure women are receiving the most valuable treatment to address their specific symptoms or characteristics (Popescu et al., 2010). Negative coping styles can increase trauma symptoms and lead to self-destruction or hostility. However, they can also lead to resiliency and healing depending on the type of coping the person adapts. A cross-sectional correlation study completed to measure domestic violence with conservative Christians in the Northwest Pacific region of the US surveyed a sample size of 1,823 participants.

Their analysis concluded prayer, at 99%, was the most common reaction to abuse. The outcomes also identified the religious community as informal support, as 57 % confided in other church members and 43% went to the pastor for assistance. The researchers also discussed how people who suffered from childhood abuse were more likely to seek help as adults when faced with domestic abuse. They also brought attention to destructive coping practices for adults regardless of their religious faith. Researchers articulated the many dimensions of religion's role in the lives of people. They highlighted how considering religion from a positive perspective can cause people to overlook negative aspects based on an affected person's life experiences.

Summary

Women victims of domestic violence struggle in the areas of daily living and seeking the right form of support or treatment to effectively cope with the abuse they suffer. It is imperative for clinicians and other helpers to acknowledge the effects of shame, guilt, and religion on the individual, as they attempt to provide the best possible services to the affected population. The researcher explored domestic violence and its effects, Pargament's theory, shame and guilt, and religion to enhance the knowledge of those who provide support to them and develop interventions inclusive of all aspects of their lives. Creating a holistic approach to address domestic violence is increasingly more vital due to the escalating incidences of domestic violence over the past several decades.

The growing instances of domestic violence require continuous research on the topic and related issues. The researcher explored literature related to shame and

guilt, along with the need for clinicians to address those emotions as they lead to detrimental psychological and social outcomes. The effects of shame, guilt, and religion can lead to unwanted behaviors and thoughts, which contribute to developing mental and physical problems. The emotions and religious beliefs of women can determine the outcome for them mentally and physically depending on their ability to employ effective coping skills. Religion can play a major part in how someone can survive, as it provides social interaction and acts as a haven. Others may experience the opposite effect, causing them to self-destruct. In order to get a better grasp on the needs of domestic violence victims more Additional research on the needs of domestic violence victims can assist in enhancing the knowledge and resources required to remediate their suffering. Throughout this chapter, the researcher examined the literature on domestic violence, shame, guilt, and religion to give context and a brief historical overview of the topic and related issues. In the subsequent chapter, the researcher will discuss the method used for this research including the design, variables, validity, research questions, hypotheses, research design, participants, instrumentation, procedure, and data analysis utilized in this research.

CHAPTER THREE: METHODS

Overview

There is a dearth of research on domestic violence victims and minimal attention addressing shame, guilt, and religion in victims of domestic violence. The researcher conducted this study to contribute to filling the identified gap. In completing this research, the researcher hoped to discover if there is a relationship between shame, guilt, and religion experienced by domestic violence victims. In this chapter, the researcher discusses the quantitative design utilized to conduct the research, which includes measuring if shame and guilt are higher in victims of domestic violence and if religion increases shame and guilt. The researcher explains the design used to carry out the study, in addition to the research questions and hypotheses throughout this section. Also, the researcher details the recruitment techniques for participants, requirements, and the selection process. A detailed explanation of the instruments used in the study, along with justification of the usefulness of the assessments the researcher employed. The researcher includes the procedures for conducting the study, describing the step-by-step process of data collection and analysis. Lastly, the researcher also provides the rationale for the analysis and statistical procedures utilized to examine the hypotheses.

Design

The researcher used a correlational and casual comparative design to investigate the collected data. The researcher probed the relationship between the feelings of shame and guilt, and religion for domestic violence victims and compared the outcomes to non-victims of domestic violence **(**Aussems et al., 2011).

By using this design, the researcher intended to uncover whether a relationship exists between the two variables of shame and guilt, and religion by measuring the strength of the relationship, if any, and whether differences between victims and non-victims existed (Jackson, 2006). The use of surveys in this correlational design is appropriate in investigating the relationship amongst variables and examining the effects of variables within a particular population (Heppner et al., 2016). There were two groups categorized, as victims of domestic violence and non-victims of domestic violence. The independent variable was domestic violence, and the dependent variables were shame and guilt, and religiosity.

Independent Variable

The independent variable in this research was domestic violence. Domestic violence was the determining factor for which group participants were assigned to pending their answer to the question of have they been in a domestic violent relationship in the demographic questionnaire. The researcher placed victims of domestic violence in group one and non-victims of domestic violence in group two. The researcher considered group one the experimental group and group two the control group in this research and utilized the two groups to determine if domestic violence has a cause or effect on the dependent variables the researcher discusses in the section below. The experimental group and the control group each had 55 women in the group to compare the results.

Dependent Variables

There were three dependent variables in this research study, shame/guilt, and religion. Using the TOSCA, the researcher measured shame and guilt in each

participant and the DUREL to measure religiosity in participants. The researcher also examined the dependent variables to determine differences between the two identified groups, victims, and non-victims, and reveal the relationship between variables and if one contradicted the other, along with each dependent variable based on the responses received in the two assessments given to the participants.

Internal Validity

The internal validity of this correlational study was low. This occurred due to it measuring the relationships between variables and not manipulating or controlling the results (Jackson, 2006). Although the participants were put into either the domestic violence victim or non-victim group the results may be affected by confounding variables not measured in the study such as mental illness, family history of domestic violence, intelligence, level of support, or level of maturity. Confounding variables are uncontrollable by the research, which presents a threat to validity. Those variables may provide differences between the two groups that could affect the research findings. Controlling the threat of internal validity issues or minimized due to the research not being guided by the researcher or biased when putting participants in groups, as their group assignment was not random, thereby lowering the validity. The researcher controlled internal validity through the method of administering the assessments, as the protocol was the same for all participants.

External Validity

There was minimal external validity of this research, as the random participants created generalizations not specific to a certain area or population. The researcher performed the research in the field, which was in the participant's natural

environment. Selection bias can be a threat to external validity as some participants may be more willing to partake in the research due to different reasons, such as personality or demographics. Situational factors could threaten the external validity of the research if participants are in an environment where they may lack the focus to complete assessments. The researcher reduced this by allowing participants freedom to complete the survey at a convenient or optimal time. The significance of the research is the ability to use the results to improve interventions and increase resources for women suffering or recovering from domestic violence.

Research Questions

RQ1: Is there a relationship between religiosity with shame and guilt for three samples of women: all women, victims only, and non-victims only.

RQ2: Who has more shame and guilt, and religiosity with groups (victims and non-victims)?

Hypotheses

Ha1: Shame and guilt will correlate with religion for all women.

Null 1. None of the correlations will be significant.

Alternative 1. At least one of the correlations will be significant.

Ha2: Shame and guilt will correlate with religion for DV women.

Null 2. None of the correlations will be significant.

Alternative 3. At least one of the correlations will be significant.

Ha3: Shame and guilt will correlate with religion for women who are non-victims of DV.

Null 3. None of the correlations will be significant.

Alternative 3. At least one of the correlations will be significant.

Ha4: Women who are victims of domestic violence will have higher levels of shame and guilt than women who are not victims.

Null 1. There will be no differences between domestic violence survivors and women who are not victims.

Alternative 1. There will be differences between domestic violence survivors and women who are not victims.

Ha5: Women who have higher levels of religiosity and have been victims of domestic violence will have higher levels of shame/guilt, while women who have lower levels of religiosity will have lower levels of shame/guilt.

Null 3. None of the three relationships will be significant.

Alternative 3. At least one of the three relationships will be significant.

Participants and Setting

Participants of this study included women who have suffered from domestic violence and those who did not suffer from domestic violence. The participants reflected the inclusion of any women, over the age of 18, who wanted to partake in the study. The researcher recruited candidates by accessing various social media platforms, word of mouth, and postings in the community and determined the criterion for participation using screening questions that asked if the individual was 18 or over and if the individual was a female. All participants voluntarily accepted. The researcher allowed them to complete the study by memorializing a consent form

attached to the surveys. Participants who consented to participate in the study moved on to access the surveys on Qualtrics for completion. The setting of the study was in the community. In order to receive optimal outcomes, the survey could be completed online in any setting, as participants had electronic access to the survey.

To determine the needed sample size for the Pearson correlation and linear regression model, the G*Power 3.1 software program was utilized (Faul et al., 2009). The researcher used Pearson with one predictor based on medium effect size ($f2 = .15$) and an alpha level of $\alpha = .05$. The sample size to achieve sufficient power, (.80), is about 55 per group or about 110 overall. The sample size for the research was satisfactory at 55 for the group or victims and 55 for the group of non-victims.

Instrumentation

Participants received the test of self-conscious affect (TOSCA-3) to measure guilt and shame (Han et al., 2014). They also received the Duke University Religion Index (DUREL) to measure religiosity. The researcher chose these instruments to utilize during this research as the TOSCA measures shame and guilt and the DUREL measures religiosity, which were the identified dependent variables for this research. The total time for completing both assessments was approximately 10-15 minutes. Through data analysis, discussed later in this chapter, the assessments measured the relationship and effect of shame, guilt, and religion between victims and non-victims of domestic violence.

Test of Self-Conscious Effect (TOSCA)

The Tosca-3 measures everyday life decisions people make based on feelings of shame and guilt (Han et al., 2014). The TOSCA is a self-administered scenario-

based measure that utilizes the self-report of people to determine their levels of shame, guilt, pride in self and behavior, detachment/ unconcern, and blame (Broerman, 2018). The TOSCA has a history of the most frequently utilized assessment for measuring shame and guilt throughout published and respected journals (Dempsey, 2017). The TOSCA contains 11 scenarios requiring answers using a 5-point Likert scale ranging from one, being not likely, to five being likely of engaging in specific reactions to the scenarios (Broerman, 2018). Empirically supported, the TOSCA has good internal consistency with a "Cronbach's alpha of .77 for shame (16 items), .78 for guilt (16 items), .75 for externalization (16 items), .72 for detachment (11 items), .48 for alpha pride (5 items), and .51 for beta pride (5 items)" (Broerman, 2018, p. 2). Researchers use the TOSCA regularly in social-personality psychology due to the assessment not actually using the words shame and guilt. The individual distinguishes between the two emotions, as it follows Lewis's theory on shame and guilt, which considers negative aspects of self and behavior. The non-use of the words shame and guilt decreases the chances of individuals giving protective responses (Giner- Sorolla & McGee, 2017). Lewis's theory on shame and guilt records shame as a bad evaluation of self and guilt as a bad evaluation of a particular action someone completed (Tangney et al., 2007).

The researcher utilized the TOSCA-3 in conducting this study, which is an 11-item questionnaire that measures guilt self-talk, shame self-talk, and blame self-talk. Blame self-talk is not a variable in this study and was not included in the results and calculations. Differences exist in the research community regarding whether the TOSCA just measures feelings of guilt and shame, and individual's likeliness to feel

guilt or shame, or whether it measures someone's likeliness to want to make reparations for feelings of guilt and negative self-talk for feelings of shame (Fontaine et al., 2001; Giner- Sorolla et al., 2011). Giner- Sorolla et al. (2011) completed two studies to determine if the TOSCA measured effect as well as emotions. They discovered it measured actions and motivating factors for managing feelings of shame and guilt rather than just the effect. According to ProQuest Psychology Database, researchers employed the TOSCA scale in 101 scholarly journals, 44 dissertations, and theses in the last five years (ProQuest, 2020).

The Duke University Religion Index (DUREL)

The DUREL measures three main components of religiosity using five questions and employed in over 100 studies (Koenig & Büssing, 2010). The DUREL is a self-administered assessment created to measure religion in Islam, Judaism, and Christianity. Adaptation for utilization for other religions, such as Hinduism or Buddhism is possible when the church does not apply but rather temple or mosque describes their sanctuary. The DUREL created by Koenig et al. (1997) incorporated studies completed in North Carolina along with Hoge's intrinsic religiosity scale. The first question on the DUREL asks "how often do you attend church or other religious meetings?", which measures organizational religion with six available responses being "1=never, 2=once a year or less, 3=a few times a year, 4=a few times a month, 5=once a week, and 6=more than once a week" (Koenig et al., 1997, p. 885-886). The second question inquires, "how often do you spend time in private religious activities, such as prayer, meditation or Bible study?" with answers being "1. More than once a day, 2. Daily, 3. Two or more times/ week, 4. Once a week, 5. A few

times a month, or 6. Rarely or never" (Koenig et al., 1997, p. 886). Questions 3-5 measure intrinsic and subjective religion by asking the following questions: "3. In my life, I experience the presence of the Divine," "4. My religious beliefs are what lie behind my whole approach to life," and "5. I try hard to carry my religion over into all other dealings in life." (Koenig et al., 1997, p. 886). Questions 3-5 are rated using five answers ranging 1-5 with one being "definitely true of me, 2. Tends to be true, 3. Unsure, 4. Tends not to be true, 5. Definitely not true" (Koenig et al., 1997, p. 886). Results for the DUREL can range from 5-27 points with higher scores meaning higher religiosity in the areas of the organization, non-organization, and intrinsic religiosity (Young & Clark, 2013). The scale demonstrates the ability to measure religiosity in adult populations, in the communal and clinical settings responsive to one's religious beliefs.

A study completed by 1039 Chinese women ages 18-34 found the DUREL appropriate for measuring religiosity, as it calculates organizational religious activity, non-organizational religious activity, and intrinsic religiosity (Liu & Koenig, 2013). A quantitative cross-sectional study using 206 participants from 2 health fairs completed the DUREL and the FANTASTIC Lifestyle assessment. The researchers reported religiosity associated with lifestyle concerning substance use, diet, culture, and mental health showing the value of the DUREL in measuring wellness (Cres et al., 2015). Numerous researchers tested the DUREL, and the studies proved it to have high reliability and high validity (Koenig et al., 1998; Storch, Roberti, et al., 2004; Storch, Strawser, et al., 2004). A study assessing the characteristics of the scale using two groups of college students proved the

reliability, convergent validity, and construct validity for the DUREL, which also verified the internal consistency as exceptional (Storch, Roberti, et al., 2004). A study conducted on religious participation and health results provided support for the DUREL in that the scale was a valid measure of religiosity with good internal consistency and convergent validity (Sherman et al., 2000). When evaluated with other religious scales, such as the Intrinsic Religious Motivation Scale (IRMS), Age Universal Religious Orientation Scale (AUROS), and some other measures to verify the validity of the scale, researchers determined the DUREL as a reliable measure (Sherman et al., 2000). Proven divergent validity resulted through the comparison of other scales that measure social support, how someone manages stress, worry, defensiveness, and emotional reactions. According to ProQuest Psychology Database, researchers used the DUREL as a scale in 107 scholarly journals and 27 dissertations and theses in the last five years (ProQuest, 2020).

Procedures

The researcher received approval from Liberty University's Institutional Review Board to conduct this study with women in the community and thereafter using Qualtrics to create the survey including screening questions, consent forms, demographics, DUREL, and the TOSCA and recruited participants through social media platforms, community locations, and word of mouth. The social media platforms utilized include Facebook, Instagram, and Snapchat. There were also flyers placed throughout the community for the purpose of recruiting potential candidates. Participants received a consent form to sign electronically showing they agreed to take part in the study. Participation in the research was via the internet

using Qaultrics, where participants received a link to the survey through an electronic source in the form of a link or QR code. The researcher administered the survey administered through a link on social media, via email, or QR code for those who contacted me from the community and word of mouth.

Participants completed the surveys in the setting of their choice. However, the researcher was available to answer any technical questions. They could access the survey using Qualtrics, which included both surveys required to complete data collection. Once participants completed the surveys the results, the software exported their responses into SPSS for data analysis. Qualtrics has the technology to export data collected into SPSS for analysis. Once the data is in SPSS, the researcher ran a Pearson correlation, t-test, and linear regression to analyze the data.

Data Analysis

The researcher analyzed the data using Pearson correlation, t-test, and linear regression. The selection of this method of analysis reflected using ratio and interval measurement to quantify the TOSCA and DUREL data (Heppner et al., 2016). To determine the relationship between shame/guilt, and religion with women victims of domestic violence and non-victims of domestic violence, the researcher specifically focused on increases and decreases in shame and guilt. Utilizing the DUREL and TOSCA determined how each variable affected woman who had and had not been victims of domestic violence and the role religion plays.

Pearson's r is a correlational research design, which can assist in identifying the relationship between two variables and correlating sample populations, made it an appropriate tool to conduct the study (Heppner et al., 2016). Correlational

relationships are measured by whether they exist between -1.00 or +1.00, meaning it is a perfect relationship if it is -1.00 or +1.00, a strong relationship if it is near either -1.00 or +1.00, or no relationship if it is closer to 0 (Heppner et al., 2016). the researcher used Pearson's r to answer the first research question. The first question was: Is there a relationship between religiosity with shame and guilt for three samples of women: all women, victims only, and non-victims only. The results of linear regression and t-test contributed data to answer research question two, which was: Who has more shame and guilt, and religiosity with groups (victims and non-victims)? The linear regression measured the cause and effect of the independent and dependent variables, which was a more in-depth analysis than correlation, by not just measuring the relationship but also predicting or explaining how the independent variables can affect the dependent variable (Hazra & Gogtay, 2016).

Utilizing an independent t-test assisted in determining hypothesis one of question two. The hypothesis was that woman victimized by domestic abusers would have higher levels of shame and guilt than women who were not victims. The t-test supports the researchers' comparisons of differences between 2 independent groups, which for this study were women who have suffered from domestic violence and women who have not suffered from domestic violence (Heppner et al., 2016). Cohen's d is the method used to measure effect size in an independent t-test and the belief is that a small effect size is 1 of at least 0.20, medium effect size is 0.50 at least, and at least 0.80 for a large effect size (Jackson, 2006). Statistical significance for this study using a t-test would be .05 for a medium effect size.

The goal of the study was to reject the null hypothesis and support the research hypothesis. The hypothesis for the study predicted there would be differences between women who have been victims of domestic violence and women who have not been victims of domestic violence regarding shame and guilt, and religion. The hypothesis was one-tailed as the researcher believed shame and guilt increased by religion, shame and guilt correlate with religion, and domestic violence victims were more prone to shame and guilt than women who have not suffered from domestic violence. The one-tailed hypothesis is when the researcher predicts the outcome of the study, which is the case in this research (Jackson, 2006). The study runs the risk of having a type I error rejecting the null hypothesis or a type II error where the null hypothesis is not rejected when it is indeed false despite the predictions of the researcher. This research determined if there was a relationship between the variables and the strength of the relationship if one existed.

Summary

In this section of the research study, the researcher described the methodology used to conduct this study, which examined the relationship between shame, guilt, and religion in domestic violence victims compared to non-victims of domestic violence in detail. the researcher was unable to locate existing research on this topic. Therefore, the intent was to contribute to the gap in salient research on this and related topics. The researcher constructed a correlational design and casual comparative design to identify the relationship between shame, guilt, and religion in domestic violence victims compared to women who have not been victims of domestic violence. The two instruments supported gathering and analyzing data

using the TOSCA, to measure shame and guilt, and the DUREL, to measure religiosity.

The researcher recruited the participants through social media platforms, flyers, and word of mouth. The goal was to gather 110 participants to meet the sample size requirement and assign 55 participants for each of the two groups. Also, the researcher examined the two research questions and hypotheses and described the process used to address the questions posed in the research. Participants received surveys to complete online, described in the procedure section. To conduct the data analysis the researcher used Pearson correlation, t-test, and linear regression to determine the results of the study. The next chapter, the researcher discusses the findings of the study.

CHAPTER FOUR: FINDINGS

Overview

The primary reason for this research was to investigate the relationship between shame, guilt, and religion in domestic violence victims. Throughout this chapter, I explore the research findings to determine if the hypotheses were supported or not supported based on the three analyses ran. I also offer a description of the data in the following descriptive statistics section of the chapter, followed by the results. In explaining the data analysis method used to validate the five hypotheses in this study, the researcher analyzed the results to the two research questions. At the conclusion of this chapter, the researcher provides a summary of the findings.

Data Screening

The Pearson correlation, t-test, and linear regression were employed and the IBM SPSS Statistics Version 26 (2019) to support analyzing the collected data. After recruiting participants through social media, I posted flyers throughout the community on various bulletin boards. To attain sufficient power to have statistical significance, the G*Power 3.1 software program determined I needed approximately 55 participants to compose the two groups I proposed (Faul et al., 2009). Upon screening candidates for participation and eliminating those who did not meet the established criteria, I selected my pool based on different factors required for accurate data analysis. There were two requirements for participation, which included self-identifying as a female and being over the age of 18 years old. I excluded those who did not meet the requirements. Participants, who did not

complete all the questions asked in the survey along with those in excess of the required 55 participants per group, were also excluded.

IRB authorized 55 participants per group, and to stay in compliance, I excluded anyone above that number from the data. There were 189 people who engaged in the survey, although all of them did not complete the survey entirely. Fifty-nine people did not complete the survey in its entirety, three people declined to participate in the study, and one person stated they were not a female resulting in them being omitted from the data. Once I excluded those individuals, there were 56 victims, and 74 non-victims, which I then reduced to 55 per group based on a first-come, first-served basis. I included those who completed the survey first as participants. More non-victims of domestic violence completed the survey at a higher rate than victims. However, I closed the survey when I reached the approved number of participants for both groups, which took a total of seven days.

Descriptive Statistics

Of the 110 women who participated, 55 women reported experiencing domestic violence, while 55 women reported they had never experienced domestic violence in their lifetime. All participants in this study are self-identified as a woman between the ages of 21 to 73. On average, the age of the women who participated in the study was 40.17 years old (SD = 10.15). In relation to the TOSCA, all the women in the study reported low levels of shame (M=26.21, SD=8.45) and guilt (M=42.33, SD=8.65), as shown by the Pearson analysis. The analysis of the DUREL found the women in the study reported going to church a few times a week (M=3.09, SD=1.51) and attending religious activities two or more times a week (M=3.25,

SD=1.76). Furthermore, 86 women reported having children, while 24 women reported they did not have children. There were differences in race in the study, although most of the women (n=94) identified as African American. Fifteen women identified as Caucasian, two as American Indians or Alaska Native, three women as Hispanic, and one woman identified as Other.

Table 1.

Descriptive Analysis of Study Variables

Variable	N	Mean	SD
Age	110	40.16	10.15
Shame	110	26.21	8.45
Guilt	110	42.33	8.65
Church Attendance	110	3.09	1.51
Religious Activities	110	3.25	1.76

Table 2.

Variable	Yes (#)	No
Domestic Violence	55	55
Children	86	24
African American	94	
Caucasian	15	
American Indian or Alaska Native	2	

Native Hawaiian or Other Pacific Islander	0
Asian	0
Hispanic, Latino, or of Spanish Origin	3
Other	1

Data Analysis

RQ1: Is there a relationship between religiosity with shame and guilt for three samples of women: all women, victims only, and non-victims.

Hypothesis

Ha1: Shame and guilt will correlate with religion for all women.

Null 1. None of the correlations will be significant.

Alternative 1. At least one of the correlations will be significant.

Table 3.

Correlations of Study Variables for All Women

	Religiosity	Shame Self-Talk	Guilt Self-Talk
Religiosity	1	0	0
Shame Self Talk	-0.04	1	0
Guilt Self-Talk	-0.08	0.16*	1

*p < .05

I employed bivariate correlations to examine the associations between shame, guilt, and religiosity with all 110 women participants, including both women victims and non-victims of domestic violence using Pearson Correlation. In the resulting

analysis, I found no significant associations between religiosity and shame and guilt. The limited sample size of participants for this study may have influenced the outcomes. However, shame and guilt did associate with each other ($r = .16$, $p < .05$), which suggested that as participants reported higher levels of shame, they also reported higher levels of guilt.

Ha2: Shame and guilt will correlate with religion for domestic violence women.

Null 2. None of the correlations will be significant.

Alternative 3. At least one of the correlations will be significant.

Table 4.

Correlations of Study Variables for Domestic Violence Women

	Religiosity	Shame Self-Talk	Guilt Self-Talk
Religiosity	1	0	0
Shame Self-Talk	0.17	1	0
Guilt Self-Talk	-0.04	0.23*	1

*p <.05

To examine the associations between shame, guilt, and religiosity for women who have experienced domestic violence, I used bivariate correlations. There was a sample size of 55 women who had experienced domestic violence. Analysis of the data did not reveal significant associations between religiosity and shame and guilt in victims of domestic violence. This may also be due to the limited sample size

utilized for the study. However, shame and guilt were associated with each other ($r = .23$, $p < .05$), which evidences that as participants who experienced domestic violence report higher levels of shame, they also report higher levels of guilt, similar to the results for all women in the above analysis.

Ha3: Shame and guilt will correlate with religion for women who are non-victims of domestic violence.

Null 3. None of the correlations will be significant.

Alternative 3. At least one of the correlations will be significant.

Table 5.

Correlations of Study Variables for Non-Domestic Violence Women

	Religiosity	Shame Self-Talk	Guilt Self-Talk
Religiosity	1	0	0
Shame Self-Talk	-.21*	1	0
Guilt Self-Talk	-0.14	.12	1

*p <.05

I utilized bivariate correlations to examine the associations between shame, guilt, and religiosity for women who had not experienced domestic violence. Fifty-five women have not been victims of domestic violence in this study. Shame had a significant and negative association with religiosity ($r = -.25$, $p < .05$), which suggests women who have not experienced domestic violence report higher levels of religiosity and lower levels of shame. Guilt was not associated with religiosity for women who had not experienced domestic violence.

RQ2: Who has more shame and guilt, and religiosity with groups (victims and non-victims)?

Ha4: Women who are victims of domestic violence will have higher levels of shame and guilt than women who are not victims.

Null 1. There will be no differences among domestic violence survivors and women who are not victims.

Alternative 1. There will be differences among domestic violence survivors and women who are not victims.

Table 6.

Independent Sample T-Test Examining Levels of Shame, Guilt, And Religiosity Among Women Who Experienced Domestic Violence and Those Who Had Not

					Levene's Test		t-test						
									Sig. (1-	Mean	Std. Error	95% CI	
Variables		N	Mean	SD	F	Sig.	t	df	tailed)	Difference	Difference	Lower	Upper
Shame Self-Talk	DOMESTIC VIOLENCE	55	25.74	8.48	0.02	0.89	-0.59	108.00	0.56	-0.95	1.62	-4.15	2.26
	No DOMESTIC VIOLENCE	55	26.69	8.46									
Guilt Self-Talk	DOMESTIC VIOLENCE	55	43.12	7.94	1.46	0.23	0.96	108.00	0.34	1.58	1.65	-1.69	4.85
	No	55	41.54	9.30									

	DOMESTIC VIOLENCE												
Intrinsic Religion	DOMESTIC VIOLENCE	55	13.38	2.04	0.01	0.95	1.00	108.00	0.32	0.38	0.38	-0.38	1.14
	No DOMESTIC VIOLENCE	55	13.00	1.96									

To examine differences in the amount of shame, guilt, and religiosity among women who experienced domestic violence and those who have not experienced domestic violence in their lives, I used an independent sample-test. Each group consisted of 55 participants to compare results and data. The data indicated no significant differences between the groups on levels of shame, guilt, and religiosity. Although these results were not significant, women who experienced domestic violence reported, on average, higher levels of guilt and religiosity compared to non-victims of domestic violence. Based upon the data analysis, women who experienced domestic violence reported lower levels of shame, on average, compared to those women who did not experience domestic violence.

Ha5: Women who have higher levels of religiosity and have been victims of domestic violence will have higher levels of shame/guilt, while women who have lower levels of religiosity will have lower levels of shame/guilt.

Null 3. None of the three relationships will be significant.

Alternative 3. At least one of the three relationships will be significant.

Table 7.

Regression Analysis Predicting Shame Among Women Who Experienced Domestic Violence

	Unstandardized Coefficients		Standardized Coefficients				95.0% Confidence Interval for B	
Model	B	Std. Error	Beta	t	Sig.	R^2	Lower Bound	Upper Bound
(Constant)	16.208	7.614		2.129	0.038		0.936	31.480
Religiosity	0.713	0.563	0.171	1.267	0.211	0.010	-0.416	1.841

Table 8.

Regression Analysis Predicting Guilt Among Women Who Experienced Domestic Violence

	Unstandardized Coefficients		Standardized Coefficients				95.0% Confidence Interval for B	
Model	B	Std. Error	Beta	t	Sig.	R^2	Lower Bound	Upper Bound
(Constant)	45.428	7.233		6.281	0.000		30.921	59.934
Religiosity	-0.172	0.534	-0.044	-0.322	0.749	-.02	-1.244	0.900

I used linear regression models to predict the levels of shame, guilt, and religiosity among women who had experienced domestic violence. I selected those women who experienced domestic violence, and this produced an N of 55, to

determine their levels of shame, guilt, and religiosity. Then, I used the linear regression to predict that women who had higher levels of religiosity and had been victims of domestic violence would report higher levels of shame and guilt. The analysis rendered no significant associations between shame and guilt and religiosity among women who had experienced domestic violence. The data did not show victims of domestic violence have higher levels of shame and guilt. These results may be due to the limited sample size.

Summary

The purpose of this study was to add to the research on domestic violence to improve and modify interventions for those who require support as victims. Domestic violence as an ongoing issue requires acknowledgment and effort as it continues to cause problems in the lives of women and families. I conducted research to assess the relationship of shame, guilt, and religiosity on women who have suffered from domestic violence and the strength of the relationship, if any, from a quantitative perspective. To answer the research questions and determine the hypothesis, I ran a Pearson correlation, t-test, and linear regression. The null hypothesis for each of the hypotheses was not rejected, showing no significant relationships or associations for each hypothesis. In Chapter 5, I will further delve into the findings of this research, providing discussion, implications, limitations, and recommendations for further research.

CHAPTER FIVE: CONCLUSIONS

In conducting this study, the researcher sought to investigate the role shame, guilt, and religiosity have in woman domestic violence survivors and compares those roles to women who have not experienced victimization from domestic violence. the researcher alleged women victims of domestic violence who have higher religiosity also have higher levels of shame and guilt. Also, the researcher hypothesized there would be some correlation between shame, guilt, and religion, with the two groups analyzed, domestic violence victims and non-victims. This chapter includes a discussion of the findings and significance of this research presented in Chapter 4 results section and reviews each research question and the results in the discussion section of this chapter. In addition, the researcher comments on unexpected findings, along with conclusions formulated through literature and findings of the study. Additionally, the researcher presents methods and action suggestions to meet the needs of victims of domestic violence. In conclusion, the researcher discusses how this research study can contribute to the community care and counseling field from a secular and Christian worldview. A final summary, including recommendations for future research completes this study.

Discussion

The purpose of this research was to add to the literature on shame, guilt, and religion in relation to women who have suffered from domestic violence and to fill a gap within domestic violence research. The researcher accomplished this by having adult female participants fill out the TOSCA and the DUREL to measure their level

of shame, guilt, and religiosity and composed two research questions to explore data and analyze the findings.

RQ1: Is there a relationship between religiosity and shame and guilt for three samples of women: all women, victims only, and non-victims only?

RQ2: Who has more shame, guilt, and religiosity between the two groups of victims and non-victims?

Results from research question one indicated no significant differences between shame, guilt, and religion when looking at the two samples of women, victims of domestic violence, and non-victims of domestic violence. The researcher ran each of the samples using a Pearson Correlation to see if a relationship existed between shame, guilt, and religiosity, resulting in no meaningful associations for each sample of women. The hypothesis questioned whether shame and guilt would associate with religion in each of the samples of women because of the effects and significance of shame, guilt, and religion on an individual's livelihood. The data did not show significance between the samples of women, conferring there was no connection between shame, guilt, and religion in the sample of women participants. It is also important to note the women reported both low levels of shame and guilt within each sample.

The analysis did, however, uncover some factors that align with previous research showing the association of guilt and shame finding those who reported higher levels of shame also reported higher levels of guilt (Miceli & Castelfranchi, 2018; Sheikh & Janoff-Bulman, 2010). Although Dempsey (2017) found an association between shame and guilt, the researcher used different descriptions. The

conclusions validated how both shame and guilt individually influenced the behaviors, thoughts, and feelings of individuals. They can lead to unwanted maladies and negatively affect them. Coping with concerns regarding mental illness, socialization, or intrapersonal and interpersonal discord requires evaluation and self-reflection (Behrendt & Ben-Ari, 2012). Most researchers believe guilt and shame, as described in Chapter 2, have differences in meaning, with guilt determined as more of an ethical problem than shame. Researchers suggested guilt leads to individuals making moral choices rather than undesirable decisions (Nelissen et al., 2013; Sheikh & Janoff-Bulman, 2010). Various studies document how guilt should increase in individuals while shame decreases. Applying this to a person's ethics, morals, and mental state, Dempsy (2017) suggested someone who feels guilty likely makes better decisions when compared to those who experience shame. Sheikh and Janoff-Bulman (2010) associated shame with someone having damaging results and trying to escape things through avoidance. They linked guilt to positive results and approaching issues or tasks head-on. One study revealed how guilt and shame held variations when feelings appear from activities rather than from inactive conditions. This differs from other research that distinctively describes the two. However, it could mean women who do nothing about the abuse they suffered have similar behaviors relative to both feelings of shame and guilt. Those who actively address their abuse can identify the differences between the feelings of shame and guilt and try to change for the better (Han et al., 2014).

Despite the results of this study, previous researchers pointed to women in the United States using religion for power and comfort to cope with domestic

violence. They also discussed women who they determined, used religion to cope, had a reduction in abuse and psychological relief (Zakar et al., 2012). Zakar et al. also revealed how some women expressed religious activity as requiring too much emotional, physical, and financial energy. Participation in religious activities requires travel and socialization, which could be stressful. In addition to existing pressors the women experience, religious engagement would add to their suffering. The differences between the two opinions demonstrate how religion can have different effects on women depending on factors, such as their background, personality, or current living situation. This underscores how religion can act as a positive coping skill for some and a negative coping skill for others. The level of religiosity someone has can also affect their behavior, thoughts, and feelings, affecting them in positive or negative manners. Christian beliefs could contribute to domestic violence. When taught to practice submission to their spouses, religious convictions become potentially damaging for women, instead of a helpful outlet (McMullin et al., 2015).

Researchers documented how domestic violence also determines a woman's actions, self-assurance, and ability to manage life (Mahapatro, 2016). The traumatizing experiences can lead to further life complications. As victims of domestic violence, reactions such as shame and guilt may also cause them to experience fear, which can hamper them and deter them from making different choices about their lives (Margherita & Troisi, 2014). Religion, shame, and guilt each play important roles in the lives of people and can determine one's movements and beliefs. Stressors and feelings of inadequacy, especially when combined with

domestic violence, constrain their ability to solve problems. Interpersonal issues develop from domestic violence, exemplified by more than 70% of people who report experiencing trauma, which influences their relationships with others. Dollahite (2020) reported how participating in religious activities could have a positive effect on troubled relationships and other aspects of their lives. A woman who suffers from shame, guilt, depression, anxiety, PTSD, or other mental health concerns may find it hard to interact with others or engage in religious activities. This can affect personal and social lives as well. It is important to identify the personal and relational problems resulting from domestic violence when deciding interventions, as a holistic approach attends to bettering the victim's life.

Responses to research question two revealed how women victims of domestic violence experienced more guilt and had higher religiosity than women who were not sufferers of domestic violence. The researcher also found no impact on shame and guilt with women who were victims of domestic violence and who had high religiosity. In this quantitative research study, the researcher proposed shame, guilt, and religiosity related to women domestic violence victims would be higher than non-victims of domestic violence. An individual's thoughts and feelings towards themselves and others are essential factors influencing feelings of shame, guilt, and religiosity (Van Hook et al., 2016). When relating this to women domestic violence victims, displaying their feelings, thoughts, and behaviors internally and externally, can lead to mental health, socialization issues, relationship, and intrapersonal issues discussed throughout this research and identified the damaging outcomes of domestic violence on women (Michaels-Igbokwe et al., 2016; Van

Hook et al., 2016). Unexpectedly, women who suffered from domestic violence did not report higher levels of shame than women who had not been domestic violence victims. The researcher hypothesized that women victims of domestic violence would report increased levels of shame and guilt compared to non-victims. The data did not support this outcome.

Beck et al. (2011) related how emotional reactions of shame and guilt develop in response to ill-treatment, mistakes, and other undesirable events that may occur in someone's life. However, this study did not confirm the outcomes. Researchers considered domestic violence an event that is undesirable and considered ill-treatment due to the traumatic nature and consequences of the abuse. Despite the results of this study, other researchers found an increase in shame and guilt in domestic violence victims leading to someone becoming passive, angry, along with having low self-esteem, and other undesirable feelings (Beck et al., 2011; Troisi, 2018). A quantitative study using 88 college students, ages 18-25 years old, with no history of domestic violence, explored the role of experimentally induced shame on women when subjected to harmful situations (Beck et al., 2019). They presented an audio to the female participants illustrating domestic violence to investigate negative emotions, such as shame and guilt, and positive emotions, such as pride. Those who had shame before the exposure to the audio had an increase in shame and guilt and a lower level of positive emotions following listening to the audio. The researchers concluded shame and guilt increase following exposure to negative events.

Other shame and guilt studies pointed to the associated emotions typically occurring simultaneously (Lickel et al., 2014; Tagney et al., 2014). However, this research contradicted the conclusions by showing that victims of domestic violence had higher levels of guilt and religion and lower levels of shame compared to non-victims of domestic violence. Shame and guilt are both emotions that can develop due to failure or other transgressions but distinctively, they have two different meanings (Han et al., 2014). Prior theorists defined shame as when someone focuses on self, while guilt results when a person focuses on a specific action they decided to take (Tagney et al., 2014). This contradiction could be due to the sample size or many other reasons. For example, domestic violence victims may not blame themselves for their abuse but feel guilt for remaining in an abusive relationship. Troisi (2018) described shame in domestic violence as one feeling hopeless and unprotected because they feel they are at the mercy of the abuser. The author reported victims often mask guilt as they accept blame for their abuse. Attempts to repair the abuse or forgive the abuser underscores how victims could have higher feelings of guilt rather than shame. Disguising feelings of shame with guilt can also explain why victims keep quiet about their abuse. They might attempt to try to find a resolution or deal with feelings of regret alone due to the fear of others judging them. An association exists between guilt and PTSD (Pugh et al., 2015). Negative effects result based on the role a person plays in a situation that may violate their standards or morals, such as tolerating abusive conduct from their partner (Pugh et al., 2015). Trauma-specific guilt can manifest in an individual who has suffered from domestic abuse and has a diagnosis of PTSD. Guilty thoughts could continue after the abusive

relationship ends (Kessler et al., 2017). Trauma-specific guilt can cause women to develop reactivity or a nervous response as the abuse causes complex trauma due to the repetitive and continued nature of the violence (Pugh et al., 2015).

The levels of shame and guilt reported from women who have been abused differ based on several variables such as the amount of support they received from personal or professional individuals, available resources, or individual resiliency. Some victims move past the abuse and forgive themselves as well as the abuser resulting in low levels of shame. If this is the case, supporters and helpers of domestic violence victims should not minimize the abuse or act as if the abuse made them stronger (Anderson et al., 2012). Responses should target symptoms to further improve the client's wellbeing. Victims who express self-forgiveness regarding shame and guilt may harbor feelings of inadequacy, rejection, or self-criticism (Leach, 2017). Helping professionals should incorporate these considerations during the assessment to determine a prognosis, or while they evaluate the victim's capability for improvement. Examining the women's current affective state can reveal the symptoms they developed prior to and following the onset of the abuse. The woman's awareness of violence can assist with developing appropriate interventions and acknowledgment of a range of feelings (Troisi, 2018). Coupled with shame and guilt, the existence of the abuse could motivate a victim to make changes to free them from the control the abuser has on their lives (Lickel et al., 2014). Measuring levels of shame throughout the therapeutic process of addressing the abuse may vary or decrease with time due to the method of intervention or a lifestyle change. Following traumatic events feelings of shame along with fear,

although rarely recognized, develops consistent with the significance the victim places on the experience. Their reaction also reflects social and environmental events that follow the incidences of mistreatment (Taylor, 2015). Various factors contribute to the level of shame and guilt a victim internalizes.

Zakar et al. (2012) conducted a study of 21 Pakistani women, which highlighted the emotionally focused ways they cope with domestic violence. They participated in religious activities, pacified their spouses, blamed themselves, or downplayed the abuse to meet social standards. Elevated severity of violence caused the women to seek help outside of the home more frequently. Other factors such as economic status, the severity of abuse, religion, and housing contributed to their decision to request assistance (Flicker et al., 2011). Women who had a source of income were less prone to using shelters than those of higher socioeconomic standing. The latter group does not acknowledge the abuse and associates it with lower-class women (Cattaneo & DeLoveh, 2008; Flicker et al., 2011). This results in them remaining in abusive relationships longer, with no intent to change. Researchers indicated women regaining their livelihoods after suffering from domestic violence, evidence symptoms of PTSD but also have the strength to grow and recover with appropriate community and religious support (Anderson et al., 2012).

Pargament's theory is a significant form of intervention for victims of domestic violence as it is applicable for highly religious women and those who are not. Most of the women in this study reported going to church a few times a week along with attending religious activities two or more times a week. Their

involvement underscores the importance of religion in most women's lives. Researchers posited the importance of religion in coping, especially when people confront stressors in their lives (Pargament, 2011; Pargament et al., 2013). Christians, Muslims, Hindus, Jews, and those who follow other faith systems turn to their respective sources of spirituality during times of trouble (Abu-Raiya & Pargament, 2015). Although they may have different practices or activities, people turn to their religion as it offers a haven. Women who engage in traditional religious practices were 60% less likely to suffer from domestic abuse (Zakaliyat & Sathiya, 2018). When compared to Catholic women, Protestant women were less likely to suffer from abuse. A study by Dollahite et al. (2020) revealed why women keep their suffering of abuse and their participation in religious exercises a secret. Their apprehension and fear stem from concern others will judge them, not understand them, or cause some form of maltreatment to them. Showing negative effects can create a sense of vulnerability for those already suffering from their victimization.

Pargament (2011) documented the positive and negative coping skills related to religious practices. Positive coping skills contributed to hopefulness and life gratification, while negative coping skills led to mental health concerns, such as depression and anxiety. The researcher suggested religion was a coping skill useful throughout any phase of treatment. Its role is determined by accessibility and the belief that it is helpful. Over the last two decades, studies on people's welfare, including bodily and psychological health, and religious coping provided significant outcomes concerning the role religion can play when dealing with life stressors (Cummings & Pargament, 2010; Gall & Guirguis-Younger, 2013; Koenig et al.,

2012). The growing acknowledgment of the importance of religion has fueled an increase of trends in the education of counselors, emphasizing the need to integrate the whole person in treatment modalities (Bohecker et al., 2017; Scott et al., 2016). Those who suffered from domestic violence can benefit from a more holistic approach. Looking at religion and its role in the overall well-being and health of women will be beneficial for those who treat or encounter victims of domestic violence (Lacey et al., 2013).

Implications

As the focus of this study on shame, guilt, and religion in domestic violence victims, it contributes to filling a gap in academic literature. This study adds to the current body of knowledge by identifying whether women victimized by domestic violence had higher levels of shame and guilt and religiosity. The researcher hypothesized that the amount of guilt and shame victims feel could be predictable because those who reported higher levels of shame also had high levels of guilt. Clinicians and other supporters of female domestic violence victims can use this information to provide a more complex, individualized, and effective plan for care and treatment. Whether secular or religious-based, helping professionals can achieve a broader understanding of what victims need to recover from their victimization. The increase in knowledge could contribute to building interventions that utilize the distinctive assets and resourcefulness of women to provide better care to victims while targeting specific areas of need. Researchers discussed how clients of programs who treat domestic violence victims could benefit from trauma assessments and utilizing evidence-based PTSD treatments in combination with

religious interventions to improve their wellbeing (Lawrence & Taft, 2013). Identifying specific characteristics of victims assists with developing targeted interventions and providing a holistic approach to treatment.

Counselors and other helping professionals can benefit from being attentive to cultural, social, and religious norms when working with domestic violence victims. To address issues stemming from domestic abuse, such as feeling shame, guilt, victims might utilize negative religious coping skills professionals can identify if they are knowledgeable about the topic. There may be an increase in depression, anxiety, or isolation due to feelings of guilt and shame. Understanding how the three variables affect domestic violence victims could prove helpful for the women and their counselors. Awareness of their symptoms and behaviors supports counselors in developing targeted interventions while improving their ability to provide specific guidance. For example, White women are more likely to seek mental health treatment than Black women (Flicker et al., 2011). A historical lack of trust in professionals, coupled with not wanting to share information about their family, further exacerbates the absence of culturally skilled service providers. Latinx and European women were more apt to seek help from family. However, White women were less prone to seek assistance from friends, while Latinx and Black women were more prone to asking for assistance from the police and obtaining protective orders. It is important to note different responses based on culture to better understand when treating victims, as they may have certain preferences regarding how they respond to abusive situations. Researchers purported women who have a high religiosity, favor faith-based services over secular services (Fowler et al., 2011). This underscores the

importance of measuring and knowing someone's religious preferences to provide effective and sufficient intervention.

Helping professionals should draw upon the strengths and personal characteristics of the victims to intentionally maximize positive coping skills and improve overall well-being (Hodges & Cabanilla, 2011; Jacinto et al., 2010). This also applies to those currently experiencing domestic violence. While researchers focus on how women work through their involvement in violent relationships, during the abuse, and after the abuse, little is known regarding how they cope and what causes them to ultimately leave their abuser. Empowering victims of domestic violence has been a way to support and help victims recognize their resiliency (Goodman, 2015; Johnson et al., 2011). However, the need for consistent guides and techniques to help victims continues to go unaddressed. A dearth in methods of improving resilience, reducing PTSD symptoms, and lessening the chances of repeated abuse continues to impede the potential progress the affected population can make. There are resources such as, counselors, psychiatrists, associates, and neighbors who represent means available for victims to use for support of their mental and emotional concerns (Ansara & Hindin, 2010). The absence of research focused on the role of religion in respect to filling the needs of victims forestalls the healing process for victims.

Using Pargament's theory assists in considering the positive and negative religious coping skills victims employ to deal with issues, including those related to addressing the violence in their relationship (Drumm et al., 2014). Religion influences the lives of those who are believers and can affect choices an individual

makes ranging from risky sexual activities to the care someone takes of their physical wellbeing (Acevedo, 2010; Hatzenbuehler et al., 2012). Christian women who are domestic violence victims may choose to stay in abusive relationships longer due to having traditional religious beliefs with a patriarchal view (Knickmeyer, 2010). Religious groups can assist victims of domestic violence through preventative measures and practical support by focusing on equality in Christ, which Christian and Protestant church leaders teach (Bodd, 2016; Levitt et al., 2016).

A study conducted by Zakaliyat and Sathiya (2018) at the comprehension and insight of women found those who do not know they have rights have a 3.8% increased chance of victimization than those who understand their rights. Women who do not believe women should have equal rights are 25% more likely to suffer from abuse than those who believe in inequality. Similarly, those who do not know their rights are three times more likely to become victims of abuse, compared to women who believe they have equal rights. This highlights the importance and need of teaching biblical equality in religion.

Counselors should be working from a strengths perspective and ability to identify, acknowledge, and apprehend a client's faith to provide appropriate interventions. The counselors require the necessary skill sets to ascertain information regarding the woman’s religious beliefs or thoughts concerning their decision to remain in an abusive relationship. As noted, before Pargament's theory distinguishes between positive and negative coping skills, which may interfere with women doing what is in their best interest, even if they have distorted beliefs (Popescu et al.,

2010). Religion is influential in the way someone copes with abuse as well as the community's response to the abuse (Knickmeyer, 2010). Christian beliefs value the importance of establishing nourishing community bonds through support, love, disapproval, and happiness from those who are in their community, as described throughout the Bible (Yarhouse & Sells, 2017). Female victims of abuse who have high religiosity and use positive coping skills are less likely to experience shame, guilt, and negative responses from the community when dealing with the aftermath of abuse (Troisi, 2018). They need positive coping skills as women victimized through violence can experience thoughts of being worthless, incompetent, and less than others.

Limitations

The researcher expected to have low internal validity and minimum external validity based on several factors, including assessing the relationship between variables where the researcher did not manipulate or direct participants. The protocol for each of the participants was the same, as they all completed the assessment via Qualtrics in the community setting of their choice. Despite this research being non-experimental, there were some things to take into consideration when looking at restrictions within the study. This study used a correlational analysis, which limits the threats to internal and external validity. Threats to validity fell outside of my control. There were three analysis ran including Pearson Correlation, t-test, and linear regression. The researcher ran the analysis to assess the relationships between variables, the strength of the relationship, and the differences between victims of domestic violence and non-victims of domestic violence.

The researcher randomly selected the participants using social media and community platforms, which provided generalization as there were no limitations on women 18 years or older to complete the survey. Despite generalization, one of the limitations identified in the study was most of participants were African American, showing a lack of diversity in the respondents. The researcher geared the results of the study towards those of the African American culture, which placed a limit on the generalizability of the research. Culture is important when looking at domestic violence, especially for those who work to support victims and raise awareness of their plight (Bent-Goodley, 2013). This highlighted the need to work with community partners, including faith-based organizations, to build relationships and coordinate efforts to reduce the incidences of domestic violence. This study was an effective start to looking at relationships between shame, guilt, religion, and domestic violence. However, more diversity in future research would increase the representation of a broader global community. Previous researchers noted more than 44% of African American women have experienced domestic violence and more than 28% of women worldwide share similar experiences. Although statistics point towards a greater percentage of African American women falls prey to domestic violence, all women carry a level of risk for becoming victims (Black et al., 2011). A study in Massachusetts researched the deaths of women from domestic violence and found African American women are more likely to be killed by their partner than any other race (Azziz- Baumgartner et al., 2011). Additionally, a gun was the most common weapon used to kill women. Despite African American women presenting higher rates of abuse, researching divergent cultures assures results applicable to

multiple populations to better inform those who work to provide care and counseling.

Selection bias might influence the survey results, as some people are more likely to participate in an online survey than others due to domestic violence being a sensitive topic. The likeliness of someone participating in the survey could also depend on how long is has been since the abuse occurred, as some may have experienced abuse more recent than others and not want to acknowledge or discuss their abuse. It could also affect the external validity of the research. Selection bias did not, however, affect external validity when looking at how the researcher assigned the participants to groups as this was pre-determined by whether they were victims of domestic violence or not.

Factors out of my control could have affected the results, as participants completed the survey in their domains and different environments. They may have had external distractions such as loud noises, or other issues including not scheduling adequate time to complete the study. I was also unable to measure their ability to focus during the time of completion. Although I offered entry into a gift card drawing for participants who completed the survey, their motivation for wanting to complete the survey and answer the questions could vary between participants. Another consideration was acknowledging some participants may have given answers inconsistent with their authentic beliefs.

The TOSCA results showed low levels of shame and guilt for all women, indicating participants chose socially appropriate responses. This could have influenced the data, because the answers to the TOSCA, specifically, could have

responses based on what they perceived as right versus their actual thoughts and behaviors. The same theory could be true for the responses to the DUREL as the women reported a high level of attending religious activities and going to church a few times each week. Participant's responses may reflect what they felt they should do as a follower of a religion and not their actual activities. The study may have yielded better results if spirituality was used as a measure rather than religion, as many people see themselves as spiritual, although they do not identify as being religious (Canda & Furman, 2010). Addressing the identified limitations in future research on this topic includes using a different means of recruitment, having participants complete surveys in a controlled environment, and addressing the issue of social desirability prior to participants completing the surveys.

Recommendations for Future Research

In conducting the study, the researcher identified issues that could benefit from further research or a more inclusive assessment. While this study included primarily African American women, another study could benefit from querying a more diverse population. The researcher would recommend the inclusion of women from more different races or using a recruitment method to assure equality across racial categories. This would offer broader and more accurate statistics on the full spectrum of the female population. Another consideration in future research efforts is to identify specific religions as a target population. Religious groups tend to be culturally exclusive and hold different beliefs regarding the treatment of women. This can help increase the knowledge for providers, as it would be beneficial to a general concept of how various religious dogmas responds to or manages shame,

guilt, and religiosity for victims of domestic violence. A study by Kumari (2020) found Muslim women at greater risk of suffering from domestic violence than Hindu women. Women who are in a higher caste were more likely to suffer from domestic violence than those in a lower caste. Employment was another factor, as unemployed women were more likely to suffer from domestic violence. Those who reported low religiosity were more apt to suffer at the hands of their partner than those with high religiosity. Examples such as this document the differences that may occur between women of different statuses and religions.

Mirroring this same study in a qualitative or mixed method desgin may provide more insight into how shame, guilt, and religion play a role in domestic violence victims. As women share their own experiences and provide a thorough account of how their feelings and experiences affected them, could contribute to a more thorough understanding of the issues they confront. A quantitative approach does not allow the researcher to explore the findings in-depth, to formulate outcomes based on analyzing numbers and statistics. Another recommendation would be to use a larger sample size to reach a broader number of participants for the purpose of comparison and analysis. Having a larger sample size would increase the validity of the study. An increase in participants can be beneficial for both quantitative and qualitative research studies.

To further enhance the knowledge concerning shame, guilt, and religiosity in the field of behavioral science, the researcher recommends using a different theoretical framework to address individual variations. An alternative conceptual framework would undergird understanding the origin of thoughts, feelings, and

actions, derived from shame, guilt, and religiosity. The transtheoretical model of change would be an appropriate theory to examine the why and how the behaviors and feelings of future participants. The transtheoretical model of change, also called the stages of change, was created by Prochaska and Diclemente (1982) to incorporate and merge a collection of prominent theories into one to describe the process of why people change their behaviors. Numerous theorists explored behavior change, collectively finding similar processes and principles at the core of the topic. Although the processes occurred at different times or phases, they were equivalence when attempting to explain why and how people make behavior changes.

Prochaska developed the transtheoretical theory by conjoining and analyzing other theories, noting similar components to formulate one sound theory (Prochaska & Diclemente, 1982). Initially, the transtheoretical theory looked at "preconditions for therapy, the process of change, content to be changed, and therapeutic relationship," when a client sought therapy to initiate change (Prochaska & Diclemente, 1982, p. 277). The importance of the four components rested in the purpose each contributes to the stages of change. Depending on an individual's mental status, their desire to change or effort to change may differ. The process of behavior change can be longer for others and quicker for some based on their characteristics dictate how quickly a person adapts and makes changes in their behavior. The transtheoretical model can serve to support those seeking change outside of a therapeutic relationship. The six stages of change identified in the transtheoretical model of change are pre-contemplation, contemplation, preparation, action, maintenance, and termination in which service providers can act as a

motivator for change and empower women to recognize resilient tendencies and heal from past abuse and trauma (Popescu et al., 2009). The transtheoretical model focuses on behavior change but is useful when identifying barriers based on religious beliefs and feelings of shame and guilt. The process incorporates the six stages of change that can affect women's decisions and behaviors.

The process of change is important to discuss, as it is the individual actions used by clients to advance through the stages of change. There are 10 identified stages. The stages are "consciousness-raising, self- revaluation, environmental reevaluation, self-liberation, social liberation, counterconditioning, stimulus control, contingency management, and helping relationships" (Prochaska & Velicer, 1997, pp. 39-40). Prochaska and Diclemente (1982) reported the processes of change as similar, and not dependent on working within a therapeutic environment.

Many women who suffer from domestic violence may not seek help from professionals or religious counterparts. It is important to note that change can occur in any setting. The researcher found the transtheoretical model to be viable in promoting health programs to at-risk individuals by developing stages versus action theory. Prochaska and Velicer (1997) supported taking proactive steps and engaging the target population, as opposed to responding reactively. The theory serves to encourage becoming individualized, thereby meeting the needs of the person versus the person meeting the needs of the program. The researchers suggested moving away from clinic-based intervention programs to community-based programs.

Using the transtheoretical model along with Pargament's theory can assist in aligning the process of change for women who have been victims of domestic

violence. This process can change and vary based upon women's morals, feelings, thoughts, behaviors, and desires. Throughout this study, the researcher reviewed shame and guilt in relation to religion along with finding all three variables represented determining factors in a woman's change process. The transtheoretical model serves as a guide to positive behaviors, but the actual action or change efforts emerge from the woman putting forth the work and having the desire to change. Using the transtheoretical model, women who have been victims of domestic violence can receive encouragement to change their environments and experiences to enjoy a positive lifestyle absent from experiencing abuse, shame, and guilt (Prochaska & Velicer, 1997).

Women face many challenges while enduring violence in their relationships. They may suffer from shame and guilt and not want to disclose the abuse, take action to provide themselves safety, or leave the relationship. Women may also put themselves at risk when they talk to outside supportive people, such as friends, family, religious associates, or community agents. Reisenhofer and Taft (2013) conducted a study on domestic abuse with intimate partners using the transtheoretical model. They reported when attempting to support the victim's process of change, weighing pros and cons (decisional balance), or communicating the positives for change outweigh the detriments they experience (turning points) are effective ways to intervene. This type of intervention for women victims of domestic violence promotes self-efficacy and safety.

Brown (1997) found the transtheoretical model useful with women who experienced domestic violence, as it assisted with assessing and supporting women’s

preparedness and capability to change. Health and nursing fields utilized the transtheoretical model in their prevention efforts, to effectively guide women to safety (Burke et al., 2004; Burke et al., 2009).

Summary

The purpose of this quantitative study was to add to the literature and research of shame, guilt, and religion in women who have suffered from domestic violence. This topic is important as domestic violence is an ongoing issue globally, and many women do not recognize their need to seek help or fail to seek support or treatment due to personal feelings, shame, guilt, and religious beliefs. The researcher conducted the study to identify if shame, guilt, and religiosity increased in women who suffered from domestic violence. The outcomes can also inform helpers of victims as they work through the aftermath of the abuse. The goal was to recognize key factors required to readdress with women victims of domestic violence in the secular counseling field as well as those who seek help through religious organizations. The intent was also to ensure treatment or support service providers met the needs of clients from a holistic perspective. It is important for clients to be able to address their entire well-being, including their spiritual, physical, and mental, when recovering from domestic violence. Women who suffer from abuse resist problem-focused coping strategies, such as shelters or police, due to fear of divorce or further confrontation with their partner. The outcomes highlighted the importance of non-intrusive services, such as counseling in helping to provide support for victims of domestic violence (Zakar et al., 2012).

The researcher focused the research on shame, guilt, and religiosity and compared the results obtained through the TOSCA and DUREL between women victims of domestic violence and non-victims of domestic violence. The results of the study indicated no significant associations existed in response to research questions one and two. The researcher did identify that women who are victims of domestic violence had higher levels of guilt and religiosity, and an association existed between shame and guilt. This additional information can be helpful to professionals in the community and care counseling field as it contributes to helping with assessing and intervening with women victims to devise optimal service plans. The limitation of the study included the lack of diversity in the participant pool, participants giving socially acceptable answers, and possibly the differences of environments and motivations influencing answers to the survey. Replication of this study could include a larger sample size and additional cultural variations to validate future findings. The results underscored the need for future research on this topic, as it would be valuable for domestic violence victims and the professionals who help them by identifying issues to address during the intervention process. Further research would increase the knowledge of professionals and their competence in providing services on the topics of shame, guilt, and religion and how they affect a female victim's wellbeing.

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Appendix

IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

November 5, 2020

Tiera Williams

Stacey Lilley

Re: IRB Exemption - IRB-FY20-21-247 THE RELATIONSHIP AMONG GUILT AND SHAME, AND RELIGION FOR WOMEN VICTIMS OF DOMESTIC VIOLENCE

Dear Tiera Williams, Stacey Lilley:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46: 101(b):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording). The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information

electronically, the contents of the attached consent document should be made available without alteration. Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office