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Introduction

- Traumatic events have been implicated as risk factors for social anxiety and social anxiety disorder (SAD; Chartier et al., 2001; Rapee & Spence, 2004).
- Some studies indicate that traumatic events show little specificity and are not associated with specific disorders (Kessler et al., 1997); however, other studies demonstrate that particular types of trauma (e.g., sexual assault) are associated with SAD (Magee, 1999).
- Patients with SAD have been found to report more traumatic childhood experiences, including sexual abuse and family violence, than healthy controls (Bandelow et al., 2004; Chartier et al., 2001).
- Patients with SAD also report higher rates of exposure to traumatic events relative to patients with obsessive-compulsive disorder (Fontanelle et al., 2007), and are more likely to have a history of sexual and/or physical abuse relative to patients with panic disorder (David et al., 1995; Magee, 1999).
- The purpose of this study was to further investigate the relationship between different traumatic events (i.e., assaultive, nonassaultive) and social anxiety. Relative to those who experienced a nonassaultive trauma, participants reporting an assaultive trauma were expected to report higher levels of social fears, due to the interpersonal nature of their trauma.

Method

- Participants included 344 University of Regina undergraduate students:
 - 77.2% women; ages 17-45; $M_{age}=20.3$; $SD=3.3$
- Demographics were supplemented with:
 - Social Phobia Inventory (SPIN; Connor et al., 2000)
 - Social Anxiety and Distress Scale, Likert Scale (SADS; Watson & Friend, 1969)
 - The aggregate short form of the Social Interaction Anxiety Scale and Social Phobia Scale (SIPS; Carleton et al., in press)
 - 3 subscales: social interaction anxiety, fear of overt evaluation, and fear of attracting attention
 - A questionnaire regarding traumatic life experiences
- Participants reporting a traumatic event ($n=259$; 75.5%) were dichotomized based on whether they had experienced an assaultive trauma ($n=128$; 76.6% women, $M_{age}=20.6$, $SD=3.8$) or a nonassaultive trauma ($n=131$; 77.1% women, $M_{age}=20.1$, $SD=2.9$)
 - Participants who experienced both types of trauma were grouped with participants who only experienced an assaultive trauma
- An analysis of variance (ANOVA) was performed with the SPIN, SADS, and SIPS as dependent variables and the traumatic event grouping as the independent variable

Results

- There was no difference in the proportion of men and women between the assaultive trauma group and the nonassaultive trauma group, $\chi^2(1)=.00$, $p>.10$, $V=.01$.
- There were no significant differences between men and women on the SPIN, SADS, and SIPS (total score and subscale scores; all $ps > .10$).
- There were no statistically significant differences in the SPIN, SADS, and SIPS total and subscale scores between the assaultive trauma and nonassaultive trauma groups (all $ps >.10$; see Table 3)
 - SPIN, $F(1,257)=3.00$, $p>.05$
 - SADS, $F(1,257)=2.56$, $p>.10$
 - SIPS total score, $F(1,257)=.72$, $p>.10$
 - SIPS social interaction anxiety, $F(1,257)=1.15$, $p>.10$
 - SIPS fear of overt evaluation, $F(1,257)=.09$, $p>.10$
 - SIPS fear of attracting attention, $F(1,257)=1.16$, $p>.10$

Discussion

- The present study demonstrated that participants reporting an assaultive trauma did not report greater social anxiety symptoms (i.e., SPIN, SADS, and SIPS total scores and the SIPS subscale scores) when compared to participants reporting a nonassaultive trauma. The results suggest the type of trauma experienced – assaultive or nonassaultive – does not impact social anxiety symptom levels.
- Accordingly, these data are inconsistent with previous research reports where associations were found between assaultive trauma and SAD (e.g., Magee, 1999) and contrast studies reporting higher frequencies of traumatic experiences in people with SAD relative to healthy controls (e.g., Bandelow et al., 2004; Chartier et al., 2001).
- The trauma groupings followed a conceptualization of assaultive and nonassaultive trauma used in previous research (Stein et al., 2002); however, additional research on how best to conceptualize assaultive and nonassaultive trauma may be warranted. Specifically, the interpersonal nature of assaultive trauma may be a key differentiating aspect for subsequent social anxiety; however, the same interpersonal nature can be present to varying degrees in nonassaultive traumas (e.g., motor vehicle accidents, typically considered nonassaultive, involve a variety of interpersonal components).
- In addition, research using larger and more representative samples of the community may provide more robust results.

Table 1. Frequency of traumatic events – Assaultive trauma group

	Prevalence (%)
Natural disaster	20.3
Motor vehicle accident	81.3
Fire	32.8
Seeing someone being seriously injured	43.0
Sexual assault	26.6
Physical assault	91.4
Military combat or peacekeeping in a war zone	.8
Civilian (non-military) living in a war zone	.8
Terrorist attack	3.9
Torture	9.4
Unexpected death of a loved one	55.5
Armed robbery	6.3
Serious illness	54.7

Table 2. Frequency of traumatic events – Nonassaultive trauma group

	Prevalence (%)
Natural disaster	16.8
Motor vehicle accident	74.0
Fire	21.4
Seeing someone being seriously injured	17.6
Sexual assault	-
Physical assault	-
Military combat or peacekeeping in a war zone	-
Civilian (non-military) living in a war zone	.8
Terrorist attack	.8
Torture	-
Unexpected death of a loved one	46.6
Armed robbery	-
Serious illness	41.2

Table 3. Descriptive statistics for scores in assaultive and nonassaultive trauma groups

	SPIN		SADS		SIPS		SIPS-SIA		SIPS-FOE		SIPS-FAA	
	ASLT	NSLT	ASLT	NSLT	ASLT	NSLT	ASLT	NSLT	ASLT	NSLT	ASLT	NSLT
<i>n</i>	128	131	128	131	128	131	128	131	128	131	128	131
<i>M</i>	16.45	19.34	39.77	43.71	12.71	13.86	5.66	6.30	5.10	5.28	1.95	2.28
<i>SD</i>	12.24	14.45	20.35	19.34	10.51	11.11	4.54	4.84	4.91	5.09	2.44	2.60

SIPS-SIA: social interaction anxiety; SIPS-FOE: fear of overt evaluation; SIPS-FAA: fear of attracting attention; ASLT: assaultive trauma; NSLT: nonassaultive trauma