IDENTIFYING 'SHAME' IN CHILD PROTECTION PRACTICE

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2 BEHAVIOUR……WHAT IS THE CAUSE?

You cannot work with a behaviour unless you **know the cause.**

Children (and adults) in the CP system are particularly at risk of having assumptions made about their behaviours.

Some of us hold more information than others about where behaviours may come from...

……..leaving many to put meaning to behaviours based on what we think is morally right or wrong – based on our **own standards and lived experiences.**

3 TRAUMA INFORMED

Being trauma informed can give us alternative ways of viewing and responding to behaviours.

Knowledge about how certain behaviours develop as a result of Trauma hopefully takes us away from the traditional diagnostic pathway: "*this child cannot concentrate or pay attention*" "*This child finds it difficult to regulate their emotions and read social cues*"

Instead of thinking "*what do these behaviours sound most like*" can we say "*why might these behaviours have developed*" ***OR*** "*what might the behaviour be communicating to us*"

4 SHAME IS A BY-PRODUCT OF TRAUMA

- Shame is a by-product of a relational trauma - coping behaviours that develop are also an attempt to solve the problems.
- Develops in the absence of relational comfort, protection and availability.
- Intense feelings, with an inner sense of **feeling unworthy, unlovable, useless**, and **worthless.**
- The development complex shame often have **unpleasant relational experiences at its core**.

5 SHAME AND RELATIONAL SYSTEMS

- Development of shame is naturally linked to **attachment** and hold its roots firmly in primal relational systems: caregiving, mating and social ranking (Herman 2007).
- When shame exists in childhood, the child **learns to adapt emotionally** in order to survive.
- Later, they may develop coping strategies to dampen/minimise the intense feelings of shame but still feel the innate need to survive at any cost.

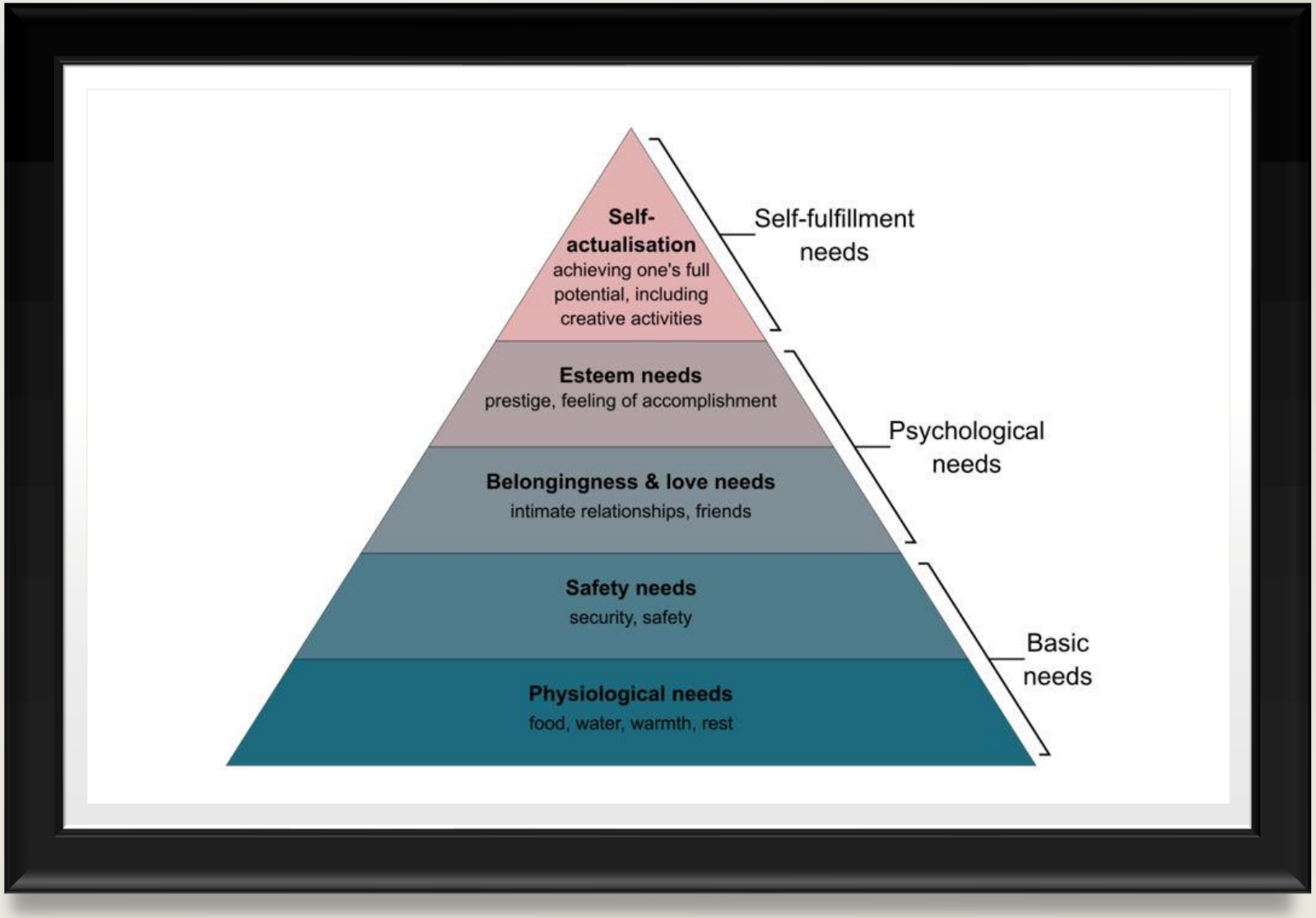
6 RELATIONSHIP BETWEEN THE SELF AND OTHERS

- The relational experiences that a child will have with their caregivers, would be responsible for the development of the following thoughts:

  - *Am I loveable or worthy of love?*
  - *How do people behave in their environments?*
  - *Are people available or interested in me?*
  - *Is there anybody who is going to help/support/protect me?*

(taken from The SecureBase, Model, UEA)

MASLOW'S HIERARCHY OF NEEDS



8 NON-ATTUNED CAREGIVERS

- **Influenced by any ongoing difficulties** which affect their ability to be emotionally available or 'attuned' to the needs of their child (i.e. stress, anxiety, substance misuse, depression, unresolved loss or trauma).
- **Childs internal thoughts:**
  - *I am not worthy of love.*
  - *People behave in ways that are confusing to me and I cannot understand their emotional responses.*
  - *People are not available or interested in me. (Unless I behave in a certain way?)*
  - *I do not know if people are going to be there to help/support/protect me. Sometimes they are and sometimes they are not - (child develops behaviours that ensures survival).*

9 NOTE

- Not every caregiver will be able to attune to the needs of their child on a permanent basis and relational upsets will occur.
- Relational conflict is not always avoidable (nor is it healthy). Conflict is necessary to learn regulation.
- Even the most sensitive and attuned caregivers can misinterpret their child's emotional cues 50% of the time (Fonagy 2001, as cited in Walker, 2011).

10 COPING BEHAVIOURS AND STRATEGIES

- Self harm (including comfort eating and hoarding)
- Aggression and lying
- Promiscuity – as a way to 'feel' comfort from touch
- Compulsive compliance – (does anything to make people happy)
- Denied negative affect (always appearing happy in front of others – positive wrap up).
- Addiction (to anything! Not just drugs and alcohol)

COMPASS OF SHAME

- ***"…..we all develop a different set of coping styles to minimise the painful effects of shame……"*** (Nathanson,1992).
- The **Compass of Shame** is used as a way to **evaluate coping styles.**

SHAME AND SURVIVAL

(*Hanbury, 2021*)

WORKING WITH SHAME……

……And asking questions

14 WORKING WITH SHAME

Think about what the conversation was immediately before, the language you used and ***assess the following:*** Were they telling me a story about a previous relationship? Did I ask them a question about their experience of being parented? What words did I use? Can I relate **anything** that we spoke about to a possible shame state?

Creating opportunities where eye gaze can be naturally averted may make those with shame feel less fearful – (i.e. walking, sitting sit by side, using rows of single seats in coffee shops can create less shame-inducing experiences).

Hanbury (2021) Guide to Shame and recognising how it may present in children/adults in the Child Protection system.

15 CONTINUED

Create a supportive network around individuals who may feel disconnected, isolated, angry or worthless.

PART technique, (Siegel, 2010). **P** is for **Presence**, **A** is for **Attunement**, **R** is for **Resonance** (i.e. significance) and **T** is for **Trust**.

You do not have to be a therapist to possess these skills and work with families.

16 REFRAMING BEHAVIOURS

- Start looking at behaviours in a different way.
- Treat the '*cause*' rather than the presenting behaviour.
- Work with **higher levels of empathy and understanding** – stereotypes outdated beliefs (addiction for example).
- When we start to learn more, we can **relate it to our own experiences** as workers.
- How does our own shame and trauma affect the way that we work with children and families? **Are we ready to look at that?**

17 CLOSING NOTE

Shame - intensively complex emotion which can elicit a very confusing set of behavioural presentations.

Talk about presenting behaviours with colleagues and add the context through the history available to us!

We can only do our best and work with its consequences ☺

END

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19 RESOURCES

- **Laura Hanbury – Practice Guides**

  Guide to shame and recognising how it may present in children (and adults) in the child protection system - https://www.ccinform.co.uk/practice-guidance/guide-to-shame-and-recognising-how-it-may-present-in-children-and-adults-in-the-child-protection-system/

  ADHD or trauma: working with the potential for misdiagnosis - https://www.ccinform.co.uk/practice-guidance/adhd-or-trauma-working-with-the-potential-for-misdiagnosis/

SHAME - FURTHER READING

- Brown, B (2006) Shame resilience theory: A grounded theory study on women and shame. Families in Society, 87(1),43-52
- Herman, JL (2007) Shattered shame states and their repair. *The John Bowlby Memorial Lecture*, *7*.
- Levine, P (2021) One Common Mistake Practitioners Make That Can Heighten a Client's Shame. NICABM
- Nathanson, D (1992) Shame and pride: Affect, sex, and the birth of the self, New York: Norton
- Sheehy, K, Noureen, A, Khaliq, A, Dhingra, K, Husain, N, Pontin, EE, Cawley, R and Taylor, PJ, (2019) An examination of the relationship between shame, guilt and self-harm: A systematic review and meta-analysis. Clinical psychology review, 73
- Siegel, DJ (2010) The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration (Norton Series on Interpersonal Neurobiology), WW Norton and Company
- Solomon, M (2003) Treating the effects of attachment trauma on intimate relationships. Healing trauma: Attachment, mind, body, and brain, 322-346
- Spiegel, J, Severino, SK and Morrison, NK (2000). The role of attachment functions in psychotherapy. The journal of psychotherapy practice and research, 9(1), 25
- Tangney, JP and Dearing, R (2003) Shame and Guilt. New York, Guilford
- The Secure Base model, University of East Anglia (2021)