

Shame and guilt in child protection social work

Gibson, Matthew

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Shame and Guilt in Child Protection Social Work: New Interpretations and Opportunities for Practice

Matthew Gibson, University of Birmingham

Institute of Applied Social Studies, University of Birmingham, Edgbaston, Birmingham, B15

2TT. Tel: 0121 4158028. Email: m.j.gibson.1@bham.ac.uk

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Abstract

Shame is an underexplored and misunderstood emotion. It can be described as an acute awareness of one's flawed and unworthy self. It is the primary social emotion and one of our most intimate feelings developed within the context of our family of origin which can have a devastating effect on an individual and their relationships. Social workers are routinely faced with issues of shame as an intrinsic consequence of the matters with which social work deals and also as a result of how both families and workers experience the child protection process. This paper outlines the research on shame and guilt to argue for a re-evaluation of the key challenges faced by child protection social workers. It is argued that shame experienced by parents and carers potentially plays a significant role in these challenges, while it may be argued 'guilt' has had a bad press and may potentially play an important role in the successes. An argument is made for a shame-reducing child protection social work practice with some key themes for practitioners to consider in their attempt to improve the accuracy of assessments and intervention.

Key Words: Shame, Guilt, Child Protection, Social Work

Introduction

"I'm afraid you'll think less of me,
that you'll laugh, and your laugh would kill me.
I'm afraid that deep-down I'm nothing

and that you will see this and reject me

... do not be fooled by what I'm saying.

Please listen carefully and try to hear what I'm not saying

... but what I can't say”

Extract from the poem 'Please Hear What I'm Not Saying' (Finn 2011, p.5)

Shame can have a profound effect on both individuals and their relationships (Tangney & Dearing 2004; Tracy *et al.* 2007). Making mistakes, or violating standards considered to be important, can lead us to look at ourselves and pass judgement on who we are and what we do. The fear of the judgement that we are inferior and inadequate can be so great that it influences every social act (Tracy & Robins 2007), leading some to consider shame as the 'master emotion' (Scheff 1997). The importance of shame has been considered by many fields (e.g. Lansky & Morrison 1997; Scheff 2000; Murphy & Harris 2007; Jones & Crossley 2008), including child protection social work (Walker 2011). However, there has been little consideration of the specific links between the research findings into shame and guilt and the issues social workers face. This paper seeks to provide an understanding of shame and guilt from the extant literature for the social work context focusing specifically on shame experienced by parents and carers. It will look to re-evaluate a number of challenges social workers face in practice from a shame perspective and demonstrate the potential role shame and guilt may play in the issues social workers routinely face. The beginnings of a shame-reducing social work practice are then outlined to assist practitioners in thinking about how to work with these issues in practice. It should be noted from the

outset that while shame may also be relevant for professionals, it is beyond the scope of this paper to explore such issues.

Shame and Guilt: Misconceptions, Complexities and Definitions

Shame and guilt have often been considered to be significant causes of many inter-personal difficulties being used interchangeably by psychologists to refer to the same emotional experience. However, Lewis (1971) proposed a distinction following a qualitative analysis of 170 transcripts of therapy sessions in which she believed a shame and guilt differed on the basis of whether the client's focus was on a negative evaluation of the self or a specific behaviour. From this view, shame is experienced when an individual makes internal, stable, negative attributions about the self i.e. 'I am bad', whereas guilt is experienced from internal, unstable, negative attributions about a specific behaviour i.e. 'I *did* something bad' (Tracy & Robins 2007). This distinction has subsequently been overwhelmingly supported by research evidence from a number of different approaches (for reviews, see Tangney & Dearing 2004 and Tangney *et al.* 2007).

Such a distinction allows a clearer understanding of the different experiences and action tendencies of the two emotions following an individual's moral failures and transgressions. Both shame and guilt require a level of self-awareness to make a judgement about the self's role in the situation. However, shame is a more painful emotion as the individual makes a judgement that they are inherently inadequate. This experience leads to the individual feeling small, worthless and powerless with a desire to hide, escape or strike back. Guilt on the other hand, does not so obviously devalue the self as its concern is for the effect of their behaviour on others. This leads to feelings of tension, remorse and regret and

a desire to confess, apologise or repair (Lindsay-Hartz 1984; Gilbert *et al.* 1994; Neidenthal *et al.* 1994).

Tangney & Dearing's (2004) review of the literature on shame led them to define it from a psychological perspective as "an acute awareness of one's flawed and unworthy self" (p. 20). However, Brown's (2006) grounded theory study of shame, involving 215 individuals, highlights the importance of the context that shame is experienced within. The human need for love and belonging drives us to compete for inclusion in our social world (Greenwald and Harder, 1998) leading shame to be highly relational. Indications that we are not valued or accepted by others remove our sense of safety and can result in an experience of shame (Gilbert 2000). Shame may therefore be more accurately seen as a psychosocial construct which can be defined as "the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (Brown 2006, p. 45).

Being Prone to Shame

While we all have the capacity to experience shame as an emotional state, shame can become particularly damaging when it takes on the features of a disposition or trait (Tangney 1990). Some individuals will consistently respond with shame when faced with negative situations, while others are more likely to experience guilt (Lewis 1971). In the extreme, those individuals who are particularly sensitive to feeling shame may frequently, or even continuously, feel generalised or global shame. This is particularly relevant when considering the experience of the more disadvantaged in society who are at greater risk of rejection, exclusion, and persecution (Frost & Hoggett 2008). Such experiences lay the foundations for social suffering through shame as individuals feel they are unworthy of love and belonging.

The psychological literature on shame and guilt is not without its problems. For example, its evaluations of 'positive' lifestyles are heavily moralised and normative, and along with many other psychological theories it can sometimes seem to claim the capacity to explain all of human experience (John 1990). Nevertheless, and with these caveats, this work seems to point to some important understandings for social work. The empirical research suggests a relationship between shame-proneness and a host of psychological symptoms including addiction (Cook 1991), depression (Meehan *et al.* 1996), anxiety (Gilbert 2000), Borderline Personality Disorder (Rizvi *et al.* 2011), eating disorders (Sanftner *et al.* 1995), subclinical sociopathy (Tangney, Wagner & Gramzow 1992; Harder 1995), low self-esteem (Yelsma *et al.* 2002), substance abuse (O'Connor *et al.* 1994), dysfunctional family environments (Pulakos, 1996), codependent characteristics (Wells *et al.* 1999), suicide and suicidal ideation (Lester 1998; Hastings *et al.* 2000). Tangney & Dearing's (2004) review of the research evidence led them to conclude that "there is no debate regarding the pathogenic nature of shame" (p.120).

However, such correlations are not necessarily an indication of causality as they may also be symptomatic of such personal difficulties. While shame-proneness can be a stable attribute (Tangney & Dearing 2004) it can also be malleable (Stuewig & Tangney 2007) and as one might expect, individuals may become shame-prone as a result of experiencing such difficult personal issues. Importantly for social work, those experiencing poverty and social exclusion may be more susceptible to experiencing shame (Giddens 1991), as the links between mental health morbidity and inequalities in society are considered robust research findings (Frost & Hoggett 2008).

Tangney & Dearing's (2004) longitudinal family study involving 380 children, their parents and grandparents, articulates the impact of shame-proneness across the lifespan. Age appropriate self-report measures were used to assess the children's proneness to shame at age 10 or 11 (Tangney *et al.* 1990) with a follow up in-depth social and clinical history interview 8 years later. Being 'shame-prone' at age 10 predicted later school suspension, drug use, and suicide attempts and these individuals were also less likely to go on to further education or engage in voluntary work. Other studies have found that shame-prone individuals were more likely to get angry, and when angered, were more likely to do unconstructive things with their anger (Tangney, Wagner *et al.* 1996). Such persons were more likely to have spiteful intentions, engage in direct physical or verbal aggression as well as symbolic or indirect aggression e.g. harming something important to the other person. Considering the link between shame-proneness and unproductive ways of managing anger it may not be a surprise that some research has identified a link between shame-proneness and perpetrators of domestic violence (Brown 2004; Loeffler *et al.* 2010). This is in contrast to the research on guilt-proneness, which offers an opposing picture of individuals being able to manage life's challenges, with many studies showing a proneness to 'shame-free' guilt to be largely unrelated to psychological difficulties (Hoblitzelle 1987; Cook 1991; Tangney, Wagner, Fletcher *et al.* 1992; O'Connor *et al.* 1994; Sanftner *et al.* 1995; Tangney *et al.* 1995; Wells *et al.* 1999).

Quality and Controversy in Shame Research

Despite progress in the research into shame and guilt being slow and difficult due to methodological and theoretical problems in the assessment of these emotions (Luyten *et al.* 2002) we can see from the summary above that clear patterns in the data have emerged. Yet, despite these recent advances, a number of theorists continue to argue that shame has

a positive variant (e.g. Bradshaw 1988; Ferguson *et al.* 1991; Sabini & Silver 1997), and others that guilt can have negative consequences (e.g. Dost & Yagmurlu 2008). The controversy in the accuracy of the research findings may stem from the fact that 'shame-free' guilt, or 'guilt-free' shame are rare, as real world situations which induce one will invariably induce the other, albeit to different extents.

In fact, the extant literature fails to support the notion that there is a positive variant of shame (Luyten *et al.* 2002; Tangney *et al.* 2007) and studies which show a correlation between guilt and negative consequences generally use assessment methods which fail adequately to distinguish guilt from shame (Zahn-Waxler *et al.* 1990; Harder *et al.* 1992; Kugler & Jones 1992; Jones & Kugler 1993; Kubany *et al.* 1996; O'Connor *et al.* 1997; Alexander *et al.* 1999; Boye *et al.* 2002; Ghatavi *et al.* 2002; Fedewa *et al.* 2005); e.g. O'Connor *et al.*'s (1997) research included 'self-hate guilt' Research findings for a maladaptive form of guilt when an individual has genuinely transgressed or made a mistake are therefore doubtful and are more likely to be a result of shame (Tangney *et al.* 2007). While such findings may be contrary to commonly held views, the concepts may actually be very familiar to social work as practitioners are often advised to 'challenge the behaviour and not the person' reflecting this self/behaviour distinction.

Shame, Guilt and Empathy

While some postulated that guilt promoted empathy and had a positive influence on the development of moral behaviour (Hoffman 1982; Tangney 1990), subsequent studies have provided a better understanding of the relationship between empathy and anger in relation to shame and guilt (Tangney 1995; Baumeister *et al.* 1994; Leith & Baumeister 1998). Guilt is an 'other-orientated' emotion, and as such, when a mistake is made the

feeling of guilt considers the other's perspective. Guilt is therefore a less debilitating emotion as the focus on the specific behaviour that has hurt another person means the individual can view the self as essentially good but having done a bad deed. Evidence suggests that this leads guilt-prone individuals to learn the skills involved in taking another's perspective (Leith & Baumeister 1998), with guilt being correlated with empathy (Tangney 1991, 1995) and guilt-proneness being linked to enhancing pro-social behaviour and strengthening and maintaining close relationships (Baumeister *et al.* 1994).

Shame on the other hand views the self as bad and wrong where no amount of making amends is going to fix, what the individual feels is a sense of their inherent inadequacies. The only option left to someone experiencing shame is to develop behaviours to try and minimise the subjective distress of shame (Lewis 1971; Tangney *et al.* 2007). The research indicates that the focus on the personal distress of the self leads shame-prone individuals to struggle with taking another's perspective (Tangney 1995; Leith & Baumeister 1998). In contrast to guilt, some research findings identify that shame is negatively correlated with empathy (Tangney 1991, 1995) and shame-proneness is linked to hindering pro-social behaviour and creating distance in close relationships (Leith & Baumeister 1998).

Shame Coping Behaviour

Nathanson (1992) conceptualised the behaviours observed as a result of an individual experiencing shame which has received some empirical support (Elison *et al.* 2006). He suggests that individuals may withdraw from others in an attempt to hide from the sense of exposure, while others may try to avoid the feelings of shame either through thrill-seeking or numbing their feelings by using alcohol or drugs. Furthermore, Nathanson's (1992) theory suggests that shame may lead some individuals to 'attack' themselves by

putting themselves down or harming themselves; while some individuals may 'attack' others in an attempt to distance themselves from the cause of the shame, leading to blame or verbally or physically lashing out (Nathanson 1992; Stuewig *et al.* 2010). However, Hartling *et al.* (2000) and Tracy & Robins (2007) include a further set of behaviours of appeasing and pleasing in an attempt to gain acceptance from others following a perceived negative judgement.

Shame and Child Protection Social Work

Shame is an area that has generally been overlooked from writing on working with emotions in social work (e.g. Morrison 2007; Howe 2008; Ferguson 2011). However, as shame is ultimately a social emotion inherently linked to the breaking of social bonds (Scheff 1997) it may be an inevitability that social workers come into contact with shame, both through the nature of child protection work and the consequences of child abuse and neglect (Walker 2011; Forrester *et al.* 2012). Furthermore, the social context of service users is often one of social exclusion and poverty where shame and stigma are highly prevalent (Featherstone *et al.* 2013). This context needs to be prefaced in child protection work to create a practice sensitive to the wider issues of shame.

Research suggests that children whose parents are negative and rejecting, or use an authoritarian style of parenting, or provide low rates of positive feedback, are more likely to be shame-prone (Alessandri & Lewis 1996; Kelley *et al.* 2000; Mills 2003; Stuewig & McCloskey 2005). Additionally, some research highlights that children who feel ignored by their primary care-givers, or are met by indifference, abandonment or rejection are at

greater risk of being shame-prone (Claesson & Sohlberg 2002). Shame-proneness has also been linked to childhood sexual and physical abuse (Andrews 1995; Feiring *et al.* 1998; Bennett *et al.* 2005; Kim *et al.* 2009) as well as a history of neglect (Bennett *et al.* 2010). And some evidence suggests that shame-proneness in childhood continues into adulthood (Tangney & Dearing 2004; Stolorow 2007) with some research indicating that individuals who experienced their childhood family environment negatively reported greater levels of shame as adults (Pulakos 1996). Given that individuals with a history of childhood abuse or neglect are likely to be shame-prone, which may be compounded by the effects of social inequalities, and taking into account the damaging effect of shame-proneness, it could be argued that child protection social work and shame go hand in hand, working with both children and their families.

The Inevitability of Shame in the Child Protection Process

While there are no universal shame triggers, Brown's (2006) research suggests that there are some topics that more commonly elicit a shame reaction which include motherhood/fatherhood, family, parenting and being stereotyped. Certainly these topics are frequently represented in the research into service users' experience of the child protection process. Buckley *et al.* (2011) interviewed service users who "spoke about the 'shame' and 'stigma' associated with involvement of child protection services" (p. 104). In her personal account of being the focus of a child protection investigation, Davies (2011) stated that "our worth as parents was called into question" (p. 201). Freeman & Hunt (1999) interviewed parents who "felt harshly judged and unduly condemned" (p. 29), while Thorpe & Thompson (2003) identified that "many parents feel judged as totally bad" (p. 3).

Following reviewing the literature on service users' experiences of the child protection system, Dale *et al.* (2005) conclude that parents feel dehumanised by the process.

Arguably child protection social work inevitably induces shame in service users by the very nature of the work. The focus and judgement on whether a person is a 'good enough' parent is an intensely personal experience where the individual is required to disclose highly personal information or risk being considered uncooperative (Woodcock 2003). A person's life experiences are then often viewed through the lens of whether this makes them more or less likely to be a 'good enough' parent. From a shame perspective, this is important because shame is elicited when a person feels unworthy or unwanted, either through their own judgement or that of another (Crozier 1998). So while service users may feel shame from their own negative self-evaluation, there is the additional sense of shame generated from the judgement of professionals (Cameron & Hoy 2003). Such feelings are compounded for those who experience the inequalities of an unequal society, which places value on an individual based on their social position (Featherstone *et al.* 2013). Not only are those of lower social rank more likely to be involved with social workers, but shame is felt more acutely for them too (Gilbert 2000).

Service users' fears of a negative judgement from social workers are a reality for many with a common complaint being that professionals are uncaring and one-sided (Dale 2004). This led Dale *et al.* (2005) to question if professionals are losing their capacity for empathy with parents. However, such professional style may be a result of a wider sociological issue as Freymond (2003) identified that the most common labels in the literature associated with service users were 'untreatable', 'unresponsive', 'inadequate', 'dangerous', 'unwilling' or 'unable' to provide care for their children. Such a vocabulary will

only exacerbate feelings of shame as service users feel treated in a manner inconsistent with who they would like to be.

Shame as a Barrier to Engagement

The potential effect of shame in child protection work may be most acutely observed in service users who social workers find the most difficult to engage (Fauth *et al.* 2010). In their analysis of serious case reviews in England and Wales, Brandon *et al.* (2009) found that almost 75% of parents or carers were seen as uncooperative, displaying hostility and actively avoiding contact with workers. In addition, the, so called, 'toxic trio' of parental substance misuse, violence and mental health problems was identified by Brandon *et al.* (2010) as a significant factor in children being harmed. Links can be made between all of these issues and the shame coping behaviours described by Nathanson (1992). And considering the links between shame and anger, hostility and aggression (Tangney & Dearing 2004), particularly when a person is faced with an 'unwanted identity' (Ferguson *et al.* 2000), it may not be so surprising these are common issues social workers face in practice (Balloch *et al.* 1998).

Shame may also provide some understanding to some of the more concerning and challenging issues social workers face in engaging service users. The shame from the negative judgement of social workers not only results in service users avoiding professionals to escape a negative judgement, but may also result in attempts to change the negative judgement. Creating a positive image of oneself to social workers is understandable, however, this can result in the concerning issues of manipulation and stage management in an attempt to hide abuse (Ferguson 2009). This presents as a wilful act with little regard for the child's needs. However, an individual experiencing shame will be focused on

themselves, inhibiting a focus on the child, resulting in behaviour which seems unconcerned with the child's distress. From their perspective they may be attempting to hide their 'bad' self from the judgement of others, contributing to the avoidance, manipulation or stage management.

Associated with this is the issue of disguised compliance, which has been identified as a significant issue in child protection work (Reder *et al.* 1993). The traditional view of disguised compliance is that it occurs when parents or carers seem to co-operate with social workers when this is actually used as a way to conceal reality to get the case closed. It is characterised by the same uncooperative behaviours of hostility and avoidance but linked with a short period of cooperation, which seeks to draw attention away from the concerns (Brandon *et al.* 2008).

Ferguson (2009) points out that in cases where compliance is disguised there is usually a mother who is overwhelmed by "a sense of inadequacy" (p.476), which is a fundamental element of the experience of shame (Lewis 1971). The period of cooperation in disguised compliance usually follows the worker taking a more controlling stance against the seeming lack of cooperation by the service user (Reder *et al.* 1993). For those prone to shame this more controlling stance may result in further hostility and aggression in some cases and avoidance and withdrawal in others. However, in some cases it may result in appeasing and pleasing behaviours as a way of reducing the psychological distress experienced by having someone point out the failings in their parenting and their inability to do anything about it. Such behaviours are consistent with a shame reaction (Tracey & Robins 2007). Another interpretation of disguised compliance could therefore be that in an attempt to cope with shame, service users comply with the social worker's demands to

disguise their personal sense of inadequacy. However, the focus of motivation is on gaining social acceptance by pleasing the social worker and not meeting the child's needs, leading to a false sense of progress. When professional input decreases, or the case closes, the incentive to comply with the demands decreases and the situation reverts back.

Similar issues to those above are seen in therapy where clients keep secrets and hide information from the therapist in an attempt to avoid the debilitating effects of shame (Farber 2003; Siebold 2008). What tends to promote disclosure is approval from the therapist (Farber *et al.* 2006), which is highly unlikely in the context of child protection work (Dale *et al.* 2002). However, the individuals who cause social workers difficulties consider "practitioners' conveyance of empathy and acceptance as crucial" (Fauth *et al.* 2010, p. 16) in working effectively with them. Parents who feel treated as an individual in their own right, and not solely as an inadequate parent, report higher satisfaction with the service (Skrypek *et al.* 2012), while much of the perceived 'resistance' to social work services may actually be a lack of satisfaction with the service itself (Fauth *et al.* 2010).

Shame and Guilt in Child Protection Successes

The longitudinal research study by Ward *et al.* (2010) into 57 infants suffering, or likely to suffer, significant harm observed that the "parents who succeeded in making the substantial changes necessary to safeguard their children were less likely to have experienced abuse in childhood" (p. 5). Given the proposed link between shame-proneness and a history of child abuse, there is a potential link between those who were less likely to be successful and those who were shame-prone. Considering that a shame response would

be a focus on the self, and how bad and inadequate they feel rather than on the impact of the abuse on the child, the likely result is an inability to engage in the child protection process. In practice, this is often referred to as 'placing their own needs above those of their child'.

It is those who experience a sense of guilt for the child protection concerns who would be predicted to be able to make the necessary changes to be able to prevent further abuse and potential removal of the children by the statutory authorities. An individual can experience guilt and still feel they are worthy of love and belonging, which enables a person to take another's perspective, and own their mistakes without feeling a sense of crisis. This suggests that they would be able to work sufficiently with the required authorities and support agencies to make these changes, which was exactly what Ward *et al.* (2010) found. Parents who managed to make the necessary changes were able to "show some insight into the part played by their own adverse behaviours; and to make use of professional support in overcoming their problems" (p. 5).

Towards a Shame-Reducing Social Work Practice

For the person experiencing shame, they will hold a number of highly negative and ultimately damaging beliefs about the self. By failing to acknowledge these beliefs practitioners can give them legitimacy, as the negative beliefs about the self seem reasonable, and therefore true, to the person experiencing shame (Teyber *et al.* 2011). This collusion with shame allows the practitioner, and therefore the organisation, to become something to fear, not only because parents harbour anxieties that their children will be

removed from their care, but also because the process makes them feel inadequate, incompetent and worthless. The effect of such beliefs can have a devastating impact on the engagement with professionals and their ability to provide 'good-enough' care to their child.

However, while it may be important to identify and address issues of shame, there are indications that doing so poses a challenge to professionals. Retzinger (1989) identified that shame was a significant part of the discussion between a client and therapist, and even though the client tried to talk about shame, the therapist failed to acknowledge it. Similarly, Vuokila-Oikkonen *et al.* (2002) found that shame was the core narrative used by psychiatric care service users about the difficulties they were facing, yet the professionals involved failed to respond or acknowledge it. Both of these studies are consistent with Lewis' (1971) findings that shame was rarely acknowledged by therapists despite it being a significant factor in the reasons why the clients were in therapy. The fact that professionals do not recognise shame, even when it is presented to them as directly as the service users are able to, indicates that there may be a knowledge and skills gap in those who are most directly working with issues related to shame.

Key Points for Better Practice

Tangney & Dearing (2004) suggest professionals should create a shame-reducing, guilt-inducing practice. However, while it may be beneficial for social work to try and reduce feelings of shame, attempting to induce guilt in individuals is more likely to be experienced as shame. The intention should be to enable individuals to understand how their behaviour is affecting their child's development without them feeling worthless. This can be

considered a shame-reducing practice, as it seeks to reduce the debilitating effect of shame while focusing on the specific behaviour necessary for change. However, to practise in such a manner requires a nuanced relationship based practice (Ruch *et al.* 2010), where empathy remains central for any conversation to achieve shame reduction. And while there is a large variety of potential ways to achieve this, there are perhaps a few important elements which could begin to sketch out such a practice. Clearly, social work practice should be considered in the context of the way social work services are organised and delivered, however, it is beyond the scope of this paper to do justice to such a discussion and so will focus on individual practice.

- First, practitioners need to have a good theoretical understanding of shame before they can start to identify and work with it. Understanding how behaviour is organised to cope with the experience of shame is crucial if practitioners are to respond sensitively and appropriately to both parents and children. Without this baseline the style of practice may promote shame in the service user which can result in the behaviours which lead to a lack of progress and potential further abuse. Furthermore, information can be interpreted incorrectly or completely missed.
- Secondly, practitioners need to be aware that service users will most probably lack adequate language to describe accurately how they feel when they do feel shame (Vuokila-Oikkonen *et al.* 2002). Without adequate language for shame, its very existence slips out of our awareness (Kaufman 2004). Therefore, shame is usually spoken of in indirect expressions and practitioners need to look out for both verbal and visual cues of shame (Scheff 1997). Verbal cues relate to feeling alienated, ridiculous, uncomfortable and hurt with an attempt to try and make the situation

appear less severe, potentially through a vagueness, defensiveness, verbal withdrawal or indifference. There may be paralinguistic cues such as disorganisation of thought, hesitation and self-censorship with long pauses and silences. The visual cues relate to hiding behaviours such as covering all or parts of the face, lowered eyes, blushing, trying to exert control such as biting lips or tongue, wrinkled forehead and false smiling (Scheff 1997). Such cues give an indication as to the service user's experience of the situation which provides opportunities to address the experience, which is necessary to alleviate the harmful effects of shame (Brown 2006).

- Thirdly, it is important to acknowledge service users' shame, so as not to give the toxic beliefs that are inherent in shame legitimacy, as unless they are acknowledged these feelings and beliefs can become overwhelming. Building a good helping relationship (De Boer and Coady 2007) with service users who are experiencing shame requires a sense of connection to reduce these feelings of isolation and inadequacy (Brown 2006). The service user therefore needs to feel the social worker understands their experience. Being able to acknowledge the person for who they are outside of the concerns, which includes the multiple roles that they may play in society, and looking for their strengths is an important element of building this connection and reducing shame.
- Fourthly, it is important to be very clear about why statutory social work services are involved in the service users' lives with the concerns described in specific behavioural terms (Turnell & Edwards 1999). However, it is the way the concerns are communicated to parents that is the key to reducing their experience of shame. Crucially, if the parents can understand the concerns about their behaviour, rather

than worrying about a negative evaluation of themselves, this reduces the potential for shame. Such skilful practice requires practitioners to demonstrate empathy based on humility and a consideration of common human frailties, while keeping the child's welfare at the centre of the work.

- Fifthly, it is crucial that the child knows why social workers are involved in their lives and that any involvement has nothing to do with them having done anything wrong (Winter 2010). Meaningful discussions with children have to be set within an on-going relationship where the child experiences a sense of trust and acceptance from the social worker (Ruch *et al.* 2010).
- Finally, creating a supportive network around the family is an important element in promoting a sense of connection (Brown 2006). Individuals feel isolated when they experience shame and shy away from reaching out to people who may be able to offer help for fear of rejection and further shame. Having a committed network of people, who will be there for the family while keeping focused on the behaviour that needs to change should reduce a sense of shame.

We have all experienced personal and social difficulties and struggled with our own personal feelings of shame. Yet it may be common for service users of child protection services to feel looked down upon or even punished for their experiences of shame. As social workers, we need to practise with a sense of humility and modesty and “protect the spaces within which people explore and confront aspects of their humanity that are problematic and may occasion shame, whether to themselves or to others” (Nussbaum 2004, p. 296). If social work is to truly become anti-discriminatory and anti-oppressive, then as a profession it needs to

“play a role in making a society the sort of place that protects human dignity, creating a “facilitating environment” in which citizens can live free from shame” (Nussbaum 2004, p.282).

Conclusion

While it is clear that service users experience shame in the context of child protection social work, the extent to which a service user will feel shame may be highly dependent upon the style of practice of the social worker. This paper has therefore begun to outline a shame-reducing social work practice. We can remain child centred, with an uncompromising focus on child safety, and still work in a manner that validates people while not condoning the concerning behaviour. It may be possible that a safer and more humane child protection service can be created by acknowledging and addressing the shame felt by service users.

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