

# A HAPPY NEW YEAR

## January 2013 E PRESS

### Five Resolutions for Your SV Program



in the New Year



#### Return Phone Calls and Emails within 48 Hours

- Your clients will feel respected.  
Clients who feel ignored are likely to complain to the court or miss appointments.
- You won't miss information that may need a quick response and you will feel less burdened and overwhelmed.



- This is also professional behavior. It is important to be professional when working with other agencies and the courts in order to maintain strong ties.



## Organize Your Records

- Keep employee files up to date. Label files so that they are easy to find and remove the files of employees and volunteers who are no longer with the agency.
  - Keep client files easily accessible. Make sure they are in a safe location for confidentiality reasons.
  - Check that all client files are up to date and have the correct contact information.

## Research and Implement New Tools

- Always be on the lookout for ways to be more efficient and save time.
- Don't just assume that your day-to-day routine is the best way to get things done.
- Take the time to see what else is out there; it can save time in the long run and free you up to achieve more.

## Make a Plan to Get Your Name Out There

Network with other agencies that can provide helpful services to your clients.

Find ways to get positive publicity so that the local community become aware of what you do and therefore can support you.

## Build Up Economic Stability

- Always be thinking about the future of the agency and looking for new sources of funding.
- Stay in contact with the Clearinghouse and be aware of the information that we post about economic stability and potential funding.
- Consider the feasibility of government grants and new projects.
- Keep your eyes out for local sources of funding, like businesses, churches, or individuals.



## Questions from Directors

*I was curious about last month's phone conference. I've made mistakes at my program, too, like the other director. But when should I put something in writing and send it to the judge? I'm unclear about that.*

The answer depends on the error. If you've made a small mistake, like showing up to the courtroom late, you don't need to write anything down – just apologize and don't make the mistake again! On the other hand, if your entire staff has a reputation for showing up late to court, and the judge has reprimanded you publicly, it's a good idea to find out what exactly why you're having that problem, and figure out a way to make sure it doesn't happen again. And you might write a note expressing that you've done that. If a monitor violates a rule, and something bad happens – let's say the monitor allows the parent to videotape the child, and the clip ends up on the internet – you should create written record of your corrective action. For example, the fact that you retrained all employees on program practices is good for the judge to know. This really is a case by case issue – so feel free to call the Clearinghouse to talk it out.

*I received a courtesy order from an out of state judge. The order for visitation states that a security person must be at the visit. However, in the other state, the visits were off-site. There are serious allegations, including domestic violence and sexual abuse of a child. The father says he can't pay for the security costs. The mother insists on security. Can I still have the visit at my program?*

Courtesy cases from out of state can be complex, because you don't have the guidance of the local court system in the court order. I advise you to tread very carefully here. I would not accept the case unless I did have extra security in place – not just you as a monitor. Parties often try to change the rules in these courtesy cases, and that leaves you making lots of decisions without a lot of information. I can't tell from Tallahassee how dangerous this case is, but apparently the out of state court felt it was dangerous enough for a security person. I wouldn't second-guess that judge. Yes, the family is safer at a program than at an off-site visit, but I'd ask the parties to get the court to clarify its order if you're thinking of not hiring security personnel. Please remember, you can't make all things perfect for your clients. You have the discretion to say 'no' when you can't provide a safe visit. Put the burden on the parent to go back to court, because you're not a party. Until then, just say 'no' without added security.

## **Family Engagement**

*The Clearinghouse will be using the January phone conference to talk more about Family Engagement. Here are the basics, designed for a one-hour training for your staff. There's a short quiz at the end. There's also an assignment for all directors!*

### ***Family Engagement Defined***

Family engagement is a family-centered, strengths-based, foundational practice that promotes partnership between service providers and families in making decisions and setting and achieving goals. It emphasizes open communication, honesty, empathy, and culturally relevant services. It respects family dynamics and personal experiences. It promotes safety, permanency, and the well-being of children and their families. It aids the family in achieving reunification.

Managers and supervisors in Florida's child welfare system are focusing efforts on improving its processes to engage and work with families.

## ***Why reunify?***

Child protection professionals reunify children with their families because of a belief in permanency, or the intent of families to stay together. The underlying assumption of child welfare practice is that children benefit from being raised by their natural parents, when that these families are nurturing, interdependent, and have the legal right to be together. Permanency is based on important values, including:

- the importance of family.
- the inherent value of biological families.
- the relevance of attachment between parent and child.

Permanency is the foundation of the Adoption Assistance and Child Welfare Act of 1980. This legislation includes two important caveats:

- every child has the right to live in a safe, nurturing, permanent home
- parents must make “reasonable efforts” to restore a stable, nurturing home before they can be reunified with their child

## ***What leads to successful reunification?***

There are three specific aspects of intervention that are of utmost importance considering family reunification: family engagement, assessment/case planning, and service delivery.

<b><i>CHARACTERISTICS OF EFFECTIVE FAMILY ENGAGEMENT, ASSESSMENT/ CASE PLANNING AND SERVICE DELIVERY</i></b>		
<b>Family Engagement</b>	<b>Assessment/ Case Planning</b>	<b>Service Delivery</b>
Including birth parents in decision-making process, perhaps using family meetings Provision of parent mentor Foster parents support of birth parents Involvement of foster parents Relationship between case worker and parents Supervised Visitation Visitations teach and enhance healthy parent-child interactions	Early assessment to assess best interest of the child Use of standardized tools when possible Identifying and building on strengths of the family Identifying needs Worker acknowledgement of unique needs of family Formulation of individualized plan Including parents and children in planning	Successful interventions address all levels of functioning Availability and coordination of needed services can lead to reunification Enables parents to meet needs of children they were unable to meet before Includes development of parental skills: problem solving, communication, anger management Ranges from concrete services to substance abuse treatment and

Increased frequency of visitation as reunification becomes imminent	Willingness of parents to pursue planning goals Assessment of safety before returning child to home	home-based services Post-reunification provision of services reduce chance of future problems, re-entry to foster care
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***What are Key Elements and Components of Family Engagement?***

- It builds on a family's resources and kinship connections.
- It emphasizes positive, two-way communication.
- It emphasizes responsiveness and flexibility to accommodate parents' work issues, culture, and unique needs.
- It focuses on gathering and using existing knowledge about families over time.
- It is strengths-based.
- It is inclusive of family members during goal setting and problem solving.
- It is respectful of families' cultural backgrounds and practices.



**Role of Case Manager and Child Welfare Professionals in Family Engagement:**

- Celebrate small success.
- Respond to the family's concrete needs quickly.
- Listen to each family member.
- Respect and empathize with family members.
- Engage kinship families.
- Create trust-based relationships with parents and caregivers.
- Assist the family to identify their strengths and needs.
- Engage and involve fathers and paternal family members.



- Help the family develop hope by identifying their own goals and resources, and breaking them into small achievable steps.
- Encourage the family to wholly participate.
- Be consistent, reliable, and honest, especially by keeping promises and commitments.
- Be aware of one's own biases and prejudices.
- Strive to understand the family's past experiences, current situation, concerns, and strengths.
- Identify and address policy development, service design, and evaluation that apply to family.

### **Role of Family Members**

The role of the family is to remain engaged and involved in assessment, planning, and decision-making; these methods lead to success with making the important life changes that will result in improved safety, permanency, and well-being.



### ***A few things to keep in mind when it comes to reunification***

- Reasonable efforts should be made as early as possible to reunify the family, as long as it is in the best interests of the child.
- More intensive services typically lead to better outcomes.
- The services provided should be comprehensive.
- Time spent together should **include opportunities for practicing healthy parenting behaviors**. Connection to the natural family is the *biggest indicator* that a child will be reunified with his/her parents.
- If reunification is to be pursued, the focus should be the *whole* family, not just the child.

- The quality of staff/ case workers contributes to reunification outcomes. Qualified, involved workers help establish open communication and obtainable goals that the family feels good about, leading to positive change.
- Although reunification is usually a positive time for the family, it is also an adjustment that creates stress. Post-reunification services are *essential* to prevent the re-occurrence of abuse or neglect.
- Parental skills not only include parenting behaviors and healthy discipline practice, but stress management, communication, money management, etc. Case planning should address deficits in these important areas- it increases a child's safety after being reunified with parents.

**Case Examples: How family engagement has taken form in other parts of the US.**

- In Contra Costa County, California, parents who have experienced child removal, child welfare services, and reunification are trained as parent advocates who mentor and support other parents new to the child welfare system. Parent Partners help other parents navigate the child welfare system and access services with the goal of moving families toward reunification.
- Recognizing the significance of a father's involvement in the well-being of his children, the Massachusetts Department of Children and Families is working to counteract the tendencies of social workers to overlook fathers in child protection practices.
- Among New Mexico's family engagement efforts is an innovative child welfare practice of using "icebreaker" meetings to bring together foster parents and birth parents. The meetings promote information sharing about a foster child and are intended to encourage easier adjustments for the children in care, as well as for the parents.
- Working toward a more family-centered approach to child welfare, the Texas Department of Family and Protective Services introduced a family group decision-making (FGDM) initiative. Texas' approach, which incorporates family group conferencing, promotes group discussions among CPS, family members, relatives, friends, and others in the community and also provides private family time for case planning.
- Northern Virginia's Bridging the Gap program is a self-driven collaboration of public and private child-placing agencies with a unified vision for child welfare practice. Bridging the Gap refers to the process of building and maintaining relationships and communication between birth and foster families involved in a youth's life. The goal of Bridging the Gap is supporting family reunification or another permanency plan. The bridging process is sometimes extended to other families involved in the child's life, such as extended birth family, relative caregivers, and adoptive parents.



## ***Necessary steps for permanency***

In order to legally reunify a family, many steps are involved to help the family achieve legal status. These include:

- Case manager assessment of parent progress
- Case manager recommendation to court
  - Develops written service agreement for reunification support
  - Prepares birth parents, child, non-custodial parent, and resource provider
- Reunification with development of a visitation schedule
  - Provision of post-reunification support and services
- Terminating of court jurisdiction
  - Terminating supportive services
- Closing the case

Although these steps may seem simple, they can take a great deal of time. These steps should be completed diligently, without regard to any arbitrary timeframes. The best interests and safety of the child should always be priority.

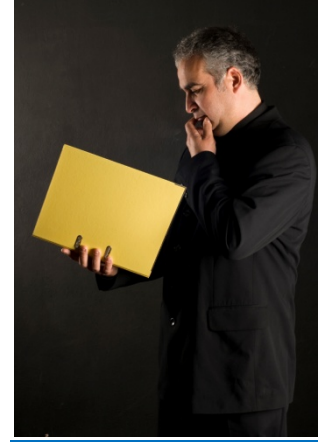


### **Questions for Directors:**

**Think about your dependency cases. Pull a case file. Ask yourself:**

- 1. Am I helping this family work toward reunification?**
- 2. Am I encouraging this family with a family engagement strategy?**
- 3. What can I do to help move this family to success?**
- 4. Am I creating any unfair obstacles for them?**

5. Am I working with the case manager as much as possible in this case?
6. Are there any services that this family needs that it is not getting? Can I identify those and notify the case manager?



## Quiz

Here is a short quiz for your staff:

1. The Family Engagement approach emphasizes the \_\_\_\_\_ of service providers and families.

- a. disengagement
- b. collaboration
- c. separation
- d. division

2. (T/F) According to the Family Engagement approach, families should be included in setting their goals and problem solving.

3. The Family Engagement approach is:

- a. strengths-based
- b. flexible
- c. inclusive
- d. all of the above

4. (T/F) The Family Engagement approach does not emphasize the importance of paternal relationships in the family structure.

5. What is NOT one of the roles of Case Managers and Child Welfare Professionals in Family Engagement?

- a. create trusting relationships
- b. be aware of one's own biases

- c. exclude relatives from decision making.
- d. keep commitments

**Answers:**

**1. b, 2. T, 3. d, 4. F, 5. C**

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# Shame in Trauma-Informed Care

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*Last month we reviewed the basics of trauma-informed care. This month we are going to focus on one effect of trauma: shame. There's a quiz at the end for your staff.*

## Introduction

Child Maltreatment has many detrimental effects on a child. In this section, we will focus specifically on a child's development of **shame** following maltreatment. Shame is a universal, internal belief that the entire self is bad, unworthy, or unlovable that many children experience after the trauma of child abuse or maltreatment. Children are particularly susceptible to shame because their view of self is not fully formed. It is important that shame is understood as a process that leads to maladaptive outcomes, not as a single feeling. Naturally, visitation providers must be able to recognize shame and its inner workings in order to help the children with whom they interact.

## Objectives

After completing this section/training, you should be able to:

1. Define shame and other related concepts.
2. Recognize what shame looks like and how it manifests.
3. Discuss how shame mediates maladaptive behavior.
4. Understand why it is important to address shame in cases of maltreatment.
5. Identify measures that can be taken to reduce shame.

## What is Shame?

As mentioned at the beginning of this section, shame is a belief that oneself is wholly bad, unworthy, diseased, or unlovable. It is important to distinguish between shame and guilt. Although the terms are often used interchangeably- they are quite different. Shame focuses on the entire self; guilt focuses on specific behaviors. Someone who is feeling ashamed will think "I am bad," while someone who feels guilty focuses on "what I did was wrong." While these thoughts do not sound very different, they impact a person in very different ways. Ultimately, shame results in maladaptive outcomes.

Shame

Guilt

<b>global</b>	<b>action-specific</b>
<b>incapacitating (nonproductive/ counterproductive)</b>	<b>can motivates change (may be productive)</b>
<b>persistent</b>	<b>often temporary</b>
<b>damaging</b>	<b>can be protective</b>
<b>involves cognitive/behavioral avoidance</b>	<b>involves cognitive/behavioral attentiveness</b>
<b>unhealthy</b>	<b>sometimes healthy</b>

## What causes shame?

Shame in children is often caused by maltreatment, harsh or punitive parenting, as well as domestic violence. It is also important to remember that some children will experience many of these different factors rather than just one specifically.

Many elements of child maltreatment contribute to shame. These include:

- Being forced into behaviors considered taboo by society
- Stigma - the fear it could make the child or the child's family look bad
- Messages communicated by the perpetrator of the abuse
- Secrecy surrounding abuse
- Fear of discovery
- Discovery process- the process through which others, significant others and professional workers, learn of the abuse; including those person's reactions to the abuse

Often children will not talk about what they have experienced. A child may believe if he or she do not talk about it, he or she doesn't have to think about it. This nondisclosure is an attempt to avoid what has happened. This avoidance intensifies shameful feelings, making the child feel more isolated and putting him or her at risk for behavior problems, cognitive issues, and other obstacles in the future.

Parenting that is harsh or punitive often contributes to shame-proneness, the individual's disposition to be engulfed by shame. Many of these behaviors are reflective of abuse. Punitive parenting behaviors include:

- constant criticism
- neglect
- hostile rejection
- severe punishment

Children with parents who exhibit such behaviors are more likely to feel shame as they enter adolescence. It is likely that these children have received a message that they are unworthy,

unwanted, or unlovable - their entire self is inadequate. This may be an intentional or unintentional. Regardless, it damages a child's self-image.

Additionally, domestic violence can increase feelings of shame in children. Children with mothers who are abused have similarities to those children who are physically abused. Children living in a house with violence may believe they are to blame for the abuse. This contributes to shame.

## Recognizing Shame

Because children often cannot or will not disclose shame through verbal reports, it is important that visitation staff be able to recognize the non-verbal forms in which shame manifests. This includes knowing what shame looks like and feels like, as well as being able to recognize the behaviors that relate to feelings of shame.

Research acknowledges that it is normal for children who have experienced maltreatment to feel shame right after the abuse was discovered, but that shame is expected to decrease over a year's time in normatively functioning children and families. If shame is not decreasing, it is important that someone intervenes on the child's behalf, as children with high levels of shame after more than a year's time face more obstacles in the future.

## What does shame look like?

Shame can be expressed numerous ways, including:

- Verbal reports of shameful feelings
- Facial expressions - characterized by downward gaze/gaze aversion, "sad" or sorrowful frown, and downward eyebrows
- Body posture - displayed by hanging of the head/ hiding of face and shoulders slumping; person seems to be hiding, shrinks body

It is important for visitation monitors to be sensitive to nonverbal displays of shame. Children do not typically verbally communicate shameful feelings until about eight years of age, but shame can be observed in children as young as three years old.



### ***Visualizing Shame/ Building Empathy***

Shame weighs a person down.

1. Think about the last time you had an X-ray done at the doctor or dentist.
2. Close your eyes. Think about what it felt like to have the weighted vest surrounding you.
3. Think about all the activities you do during a typical day. What would it feel like to be wearing a weight, like that vest, all day, every day?

## How Does Shame Manifest?

Children tend to avoid their feelings of shame. They hope that if they do not think about these feelings, they will go away. This, unfortunately, is not the case. Eventually shame manifests in one way or another - either through internalizing or externalizing behaviors. Keep in mind that each individual's symptoms depend on their perception of the shaming interaction, or the event that caused the shame.

### *Internalizing Behaviors*

Internalizing behaviors occur when a person suppresses aversive feelings and directs problematic behaviors at the self, rather than outward. Internalizing behaviors impact a child's self-esteem, emotional coherence, and happiness. It is not uncommon for a child internalizing shameful feelings to develop situational depression. Furthermore, prolonged shame relates to numerous types of psychopathology, including:

- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Psychoticism
- Anxiety
- Depression

Additionally, bodily shame, which occurs when an individual views his/her body as diseased or traitorous in some way, may mediate abuse experiences and problems such as bulimia and low self-esteem.

### *Externalizing Behaviors*

Externalizing behaviors are those behaviors children use to externalize the blame for what has happened to them. These behaviors relate to anger. When anger and shame combine, it is a catalyst for maladaptive behaviors, often characterized by rage, an unfocused, hostile form of anger. Ultimately, a chain reaction occurs:

Maltreatment → Shame → Anger → Behavior Problems  
(externalizing behaviors)

As you can see, the behavior problems result from maltreatment. Shame and anger mediate maltreatment and behavior problems! Anger as a response to maltreatment is a key predictor of behavior problems.

Externalizing behaviors:

- are more likely in male survivors of child abuse.
- are more likely in children who were maltreated prior to age 5.



- correlate to adolescent delinquency.
- affect adjustment.
- are less likely when shame has been expressed.
- may be indicative of shame-fury, when one strikes back in anger to regain some amount control over life.
- predict future behavior problems, particularly in adolescence, but are not linked to anti-social disorders.

## Key Terms Review

Please match each term to its appropriate definition! All terms are related to shame and will further your understanding of the subject.

<i>Terms</i>	<i>Definitions</i>
<i>Shaming Interaction</i>	<i>a. the individual who maltreats the child</i>
<i>Discovery Process</i>	<i>b. directing problematic behaviors at others, at society</i>
<i>Shame Proneness</i>	<i>c. occurs when an individual strikes out in anger in order to regain some form of control over their life</i>
<i>Rage</i>	<i>d. directing problematic behaviors toward oneself</i>
<i>Perpetrator</i>	<i>e. unfocused, hostile anger</i>
<i>Externalizing Behaviors</i>	<i>f. the process through which others, significant others and professional workers, learn of the abuse</i>
<i>Non-offending Caregiver</i>	<i>g. the event that caused the burden of shame</i>
<i>Shame-fury</i>	<i>h. an individual's predisposition, because of environmental factors, to become engulfed in shame</i>
<i>Bodily Shame</i>	<i>i. any caregiver who was not involved in the abuse</i>
<i>Internalizing Behaviors</i>	<i>j. belief or feeling that one's body is diseased or has betrayed them in some way</i>

**Answer Key:**

A: Perpetrator, B: Externalizing Behaviors, C: Shame Fury, D: Internalizing Behaviors, E: Rage, F: Discovery Process, G: Shaming Interaction, H: Shame-Proneness, I: Non-Offending Caregiver, J: Bodily Shame

**What can be done?**

Shame itself serves as a barrier to recovery - it keeps children from exposing their dysfunctional beliefs about themselves and the abuse, thereby inhibiting processing and healing. Children stuck in shame are at risk of persistently processing events through the lens of this shame, which is likely to prolong symptoms of posttraumatic stress. There is much to be done for and with these children so they can recover!

*Impact of the Parent/ Caregiver*

- Evidence shows that interventions including both parent/caregiver and child are more effective than those that only involve the child survivor.
- It is not uncommon for caregivers to accidentally communicate negative messages to children at the time of abuse discovery. For instance, children misinterpret a parent's anger at the perpetrator as anger at them.
- Caregivers who are unsure of how to react to the abuse are often silent because of a hope to provide normalcy or because of feelings of helplessness or failure. This only prolongs shame in children who have experienced abuse.
- Even well-meaning adults can perpetuate shame in a child if they do not have the appropriate supportive and communicative skills.
- One of the most important elements in a child's recovery after maltreatment is the support of a non-offending parent/caregiver.
- Parents are the primary avenue through which children understand the abuse.
- It is not uncommon for a non-offending parent/caregiver to be experiencing shame because of the abuse of their child.
- Both the parent and the child *need* to be offered treatment from a social worker, psychologist, psychiatrist etc.
- Parents need opportunities to work on any parenting deficits. This could include improving coping skills, stress reduction and anger management, as well as problem-solving skills and nonviolent disciplining strategies.

- Parents and caregivers must be encouraged to talk with their children openly about the abuse and questions surrounding it. This is key to the child's and the family's recovery. It may require the visitation worker to help the parent/caregiver practice talking about the abuse in the absence of the child.

### What the Child Survivor Needs

Children who have experienced maltreatment need to confront the shame, fear, and confusion they are experiencing. This should be done by creating a safe space for facilitating cognitive and behavioral processing, as well as by addressing complaints, confusion, and bodily shame openly.

#### *Cognitive and Behavioral Processing*

Children weighed down by shame have been coping by avoiding processing the abusive event, or by ineffective attempts at trying to make sense of what has happened.

- Children need supportive responses from people involved in the investigation of their abuse and the recovery period following before they can begin processing.
- Children need the people working with them to be confident and professional, while exhibiting compassion and sensitivity at the same time. Eye contact and calm, normal tones of voice are integral.
- The most effective way for children to process would be through professional counseling, likely using cognitive behavioral techniques, including:
  - Education
    - correct terminology and psychoeducation
    - diminishes confusion and builds comfort
  - Skill- building
    - coping, relaxation techniques, stress management, assertiveness training
    - increases self-efficacy and empowers
  - Trauma Narrative and Processing
    - gradual, repeated telling of experience
    - diminishes emotional responses and reveals distortions/dysfunctional thoughts, as well as decreasing PTSD symptoms
  - Safety Planning
    - teaching children to recognize dangerous situations
    - reinforces the most important step, *telling someone*, and praises the child for their courage
  - Open Communication with Non-Offending Parent/ Caregiver
    - practice personal safety skills with child and discuss sexuality openly
    - dysfunctional parental beliefs need to be addressed prior to joint work – otherwise, joint work can undermine the child's progress

- statements should empower, rather than warn
- very important for optimal recovery from abuse-related shame
- Disclosure of dysfunctional thoughts should be met with gentle corrective feedback providing cognitive restructuring.
- Children should never be forced to talk about the abusive experience. Any forced sharing can increase feelings of shame.

### *Openly Addressing Complaints, Confusion, and Bodily Shame*

- Sometimes psychological distress manifests physiologically. It is okay to let the child go to the doctor, even if the symptoms are believed to be a result of the abuse.
- Children may be confused about things that happened during the abuse. For instance, survivors of sexual abuse may be confused and humiliated that the sexual touching was pleasurable.
- Because discussing sexuality is taboo in our society (especially concerning children), openly talking about it can reduce feelings of shame in child survivors of sexual abuse.
- Therapeutic medical examinations can be used to address bodily shame. In this context, the child's physical concerns are addressed directly in a thoughtful manner. An examination can disconfirm misguided beliefs about diseased or traitorous body parts (i.e. genitals).
- Children are trying to figure out what they did wrong that caused the abuse. This needs to be addressed honestly and openly, sending the clear message that they are not to blame.

Ultimately, the key to healthy parent-child interactions following abuse is positive, open communication. Children who have survived abuse must be praised for their strength, as well as all of the other great things about them. It is important to help these children regain their self-worth. Reminding children they are worthy helps negate feelings of shame, mediating feelings and behaviors that may lead to non-acceptance by peers and unhealthy friendships and romantic relationships in the future.

### **Case Example**

Freddie has been put in foster care because he was being sexually abused by his mother's boyfriend. Freddie is visiting with non-offending mother and 10 year old sister. His mother is disassociated from the shame of letting her boyfriend hurt her child. His sister is assuming the role of parent, but she was abused herself. Freddie is acting out during supervised visitation - yelling when his mother doesn't do what he wants and hitting his sister.

1. What type of behaviors is Freddie exhibiting? What are the feelings underlying these behaviors?
2. What are the supportive services and experiences Freddie needs?
3. What referrals might the case manager give this family?

## Summary

A child should never be blamed for abuse, nor should he or she feel ashamed because of something he or she could not control. In this section, we have discussed what shame is, what causes shame, how to recognize shame, concepts related to shame, and important aspects of a child recovering from abuse-related shame. Always remember that children are resilient and possess protective factors from developmental level to gender or ethnic background, as well as coping style and family or community support. It is of utmost importance to look at their strengths as well as their challenges!

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