Shame and guilt are common feelings experienced by survivors of abuse and trauma. They are often thought of as the same thing, but in reality they are different in important ways.

**Guilt:** this is about what we feel about what we did, or the actions we did or didn’t take. For example:

- ‘If only I had told someone about the abuse it wouldn’t have kept going’
- ‘If only I hadn’t walked down that street that night I wouldn’t have been attacked and I would feel better about myself now’
- ‘If I had fought back this wouldn’t have happened’

Often we can be very much harder on ourselves than we would be on others. What we expected of ourselves is much more than we would expect of other people, forgetting that we were young or very scared and powerless. Commonly survivors can say, ‘I understand that other women can’t leave violent men, but I should have been able to’ or I caused the sexual abuse in my childhood whilst feeling very sympathetic to other survivors.

We ‘beat ourselves up’ going over the scenarios in our heads, thinking about the better outcomes ‘If only......’ These feeling and thoughts can go on for years and makes us really vulnerable to feeling depressed or anxious.
**Shame:** this is different because it is not just what we did or didn’t do that we beat ourselves us about but we tell ourselves how bad we are just because we see ourselves as basically bad or unworthy or inferior. But often, it is even more than that, it is not just that we are bad and we know we are bad but other people will find out we are bad if they really got to know us.

- ‘This wouldn’t have happened if I wasn’t such a terrible person’
- ‘Bad things happen to bad people, so I must be bad’
- ‘Bad things will keep happening, I deserve that’
- ‘I am not as good as other people’
- ‘I cannot let people get close to me or they will think I am bad too’

**Why do Survivors have such High Levels of Shame and Guilt?**

Developing shame and guilt is particularly linked with critical, abusive or neglectful experiences in childhood.¹ Our view of ourselves is built from what important people in our past have told us about ourselves or how we make sense of bad things that happen.

- ‘You are so useless, a decent girlfriend would have the tea ready/the house tidy/enough money to buy drink/etc.. etc..’
- ‘Why were you ever born...you are nothing but a nuisance’
- ‘You made me do this’

As children we might have tried to make sense of why important people like our parents weren’t protective or were abusive. It can be very difficult for children to see adults might be wrong so they tend to think the problem must be in themselves.

- ‘I must be bad for dad to keep hitting me’
- ‘They all hate me I must be a bad girl/boy’

In the same way as we looked at how our brains could be ‘wired’ for anxiety, it is believed that they also can be ‘wired’ for warmth and kindness, if we were lucky enough to experience repeated experiencing warm and kind interactions in childhood. If we don’t have this system set up in our brain it can be hard to feel calm, safe, connected and content. We may need to practice being kind to ourselves (and others) to improve our ability to feel content and not feel ashamed. This has been called developing self-compassion.

What happens when we feel shame and guilt?

As this compass shows you, it is hard to recover when you are feeling a lot of shame and guilt. It encourages us to avoid the thoughts and memories of what has happened so we don’t have to feel these feelings and they stop us getting help from other people as we fear they will be feel the same way about us.

What can we do about Shame and Guilt?

Recent research shows that reducing shame and guilt is linked with a better recovery from the effects of abuse and trauma. We are hoping that attending this course and learning more about abuse and trauma and how to cope with it has helped to make you feel better about yourself but that is only the start. We hope that as you understand more about abuse and trauma you can be kinder to yourself.

Some myths that often cause guilt and shame include:
**Myth One:**
‘If I didn’t tell someone about the abuse- I must have wanted it’

The truth:
There are many good reasons we don’t talk about the abuse and trauma we experience. For example, we might be terrified of what would happen, we might have been embarrassed, we might think no-one would believe us, we might have been threatened, we might not have really realised it was abuse. These are just a few of complicated reasons people have for not telling. Remember secrecy is actually the normal way of things, that’s what allows abuse to continue. A recent advert by an important child protection charity said ‘Secrecy fixed it for Jim’. This is the truth.

**Myth Two:**
‘If I experienced sexual arousal I must have wanted the sexual abuse’

The Truth:
Basically the future of the human race is based on the fact that if we are touched ‘down there’ we (often) get very nice feelings. Our body can’t tell if it is ourselves, someone we love and cherish or an abusive partner/carer etc.. who is doing the touching. In some situations we might start off liking the feeling and learn to dislike it, in other pain might teach as it isn’t safe, but often we will respond in the way nature intended. Just because you experienced sexual arousal during abuse doesn’t mean the abuse is ok, it just means you are wired up normal. This is a challenge for everyone to get their heads round but men can find this really difficult.

**Myth Three:**
‘I could have stopped it if I wanted to’

Sexual abuse happens to 20% of women and at least 10% of men, if we counted in all the other forms of abuse the rates would be much higher. Domestic abuse happens to 1 in 4 women and the average duration is 7 years. If it was easy to stop it these facts wouldn’t be true. The reality is the abuser is almost always more powerful and will use a lot of different strategies i.e. persuasion, discrediting the victim, violence, threats against the survivor and those they love (family, friends and also pets), brain washing to keep them being able to do what it is they do. Think about the strategies that you experienced. One of the main ways evidence shows we can feel better about
ourselves is to develop more compassion for ourselves (and sometimes also for others).

**What is Compassion?**

Compassion is a complicated idea. It includes being sensitive, able to tolerate your emotions and distress being less judging and condemning. There are 2 aspects of becoming more compassion to yourself and others.

- Reducing your self-attacking
- Increasing your self-soothing (this is what we have been working on over the last few weeks and we have called safe coping).

Compassion is about tuning out the harsh critical ‘voice’ we have in our heads and develop another way of talking to ourselves. The exercise of drawing the picture in this week’s presentation is there to show how easy it is to give ourselves a hard time and how easy it is to then to not always try something new.

**10 Ways to Develop Compassion for Yourself**

1. **Moment of Relaxation:** breathing in warmth, contentment. This is a step on from ordinary relaxation, imagine you are increasing your levels of contentment.
2. **Half Smile:** Try it- somehow it is hard to be as harsh on yourself when you half smile.
3. **Imagining time when someone soothed you/you felt warmth for someone.** Try to recreate that feeling. However, some may have trouble in remembering someone who was kind to them. If so jump to the next one.
4. **Imagine ideal compassionate person/self as ideal compassionate person.** If I was being compassionate to myself just now, what would I do? Even if you don’t feel compassionate, try to pretend you do. What does that feel like?
5. **Empathy for one’s own distress:**
   Try to think to yourself for example “It is understandable to feel disappointed that I didn’t pass my driving test this time – this is hard.”
6. **Compassionate Acceptance:**
   Rather than giving yourself a hard time when you are distressed try to accept that you are upset. For example “I get upset very easily when
someone criticises me. That’s how I have been made. It is neither good, nor bad, but sad really.”

7. **Compassionate Attention:**
   Recall times when successful, or when others have been helpful. Focus on what can do rather than what can’t.

8. **Compassionate Thinking/Reasoning:**
   What would a really good friend say to you right now? (with warmth). If you can’t think of a good friend think what your ideal friend would be like and imagine this.

9. **Compassionate Behaviour:**
   What would a really good friend suggest you do that would help you right now/ in the long-term? (This may require courage).

10. **Social Connectedness:**
    Seeking out others who make you feel warm, safe, happy, accepted, part of group (may require risks to get the gains). But the opposite is also true, try to avoid people who make you feel shameful, unhappy or unacceptable. This can be a very big challenge.

   (Adapted from [www.compassionatemind.co.uk](http://www.compassionatemind.co.uk))

Remember, if you experience a lot of shame, that being compassionate is not a luxury but an essential step in recovery.

**Please complete the exercises in the key points handout.**