Shame Competence for Trauma-Informed Practitioners Training Evaluation Report

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Introduction

In 2022, Professor Luna Dolezal (University of Exeter) developed an innovative and evidence-based 'shame competence' training package, in collaboration with the Devon & Cornwall Police and the Office of the Police and Crime Commissioner (OPCC). The Shame Competence Training provides professionals within the police and other public-facing services a deeper awareness and understanding about shame and its impacts on decision-making, behaviour and engagement with services, along with developing competencies about how to recognise shame, respond to shame and manage shaming and shame dynamics. The initial development of the training was funded by the Office of the Police and Crime Commissioner (OPCC) and Devon & Cornwall Police Serious Violence Prevention Programme, and the Open Innovation Platform Funding, University of Exeter (2022). In November and December 2022, the training was piloted separately with Devon & Cornwall Police and the Trauma Informed Plymouth Network (TIPN). As a result of these pilots two training packages were developed: 1. Shame Competence for Trauma-Informed Practitioners training,[1] 2. Shame Competence for Policing and Violence Reduction training.[2] Subsequent to the development of these trainings, Professor Luna Dolezal co-founded The Shame Lab[3] with Dr Will Bynum (Duke University, USA). The trainings are now part of The Shame Lab training offers.

In 2024, Dolezal and Bynum collaborated with the Trauma Informed Plymouth Network (TIPN) and received an ESRC Impact Accelerator Award through the University of Exeter, for a project "*Delivering a Shame Competent Plymouth in Partnership with the Trauma-Informed Plymouth Network*".[4] The aim of this project was to deliver 18 Shame Competence for Trauma-Informed Practitioner trainings to members of the TIPN and to evaluate the impacts and outcomes of the trainings. All trainings were delivered by Vicky Brooks and Sarah Cox, who are experienced training facilitators and who were trained by Dolezal to deliver the Shame Competence for Trauma-Informed Practitioners training package. This report shares the evaluation findings from pre, post, and follow-up surveys completed by those who participated in the trainings delivered from June 2024 to April 2025.

The Intervention

The aim of the Shame Competence Training is to teach 'shame competence' to equip participants, who may already be working in a trauma-informed way, with knowledge to provide more sensitive, compassionate, and effective care and service delivery. The training explicitly discusses the links between shame and trauma and addresses how a 'shame lens' can enhance the goals of trauma-informed approaches to care and service delivery.

[1] More information about this training can be found here: https://www.shamelab.org/traumaproviders
[2] More information about this training can be found here: https://www.shamelab.org/police
[3] https://www.shamelab.org/
[4] Read more about this project here: https://www.shamelab.org/city

The intervention is a 1-day, in-person training, running from 9.30am to 4.30pm, with a lunch break and two tea breaks. The training includes the delivery of key concepts and theory around why being shame-informed is important, where shame comes from, how it impacts people, and how best to respond to it. Material covers perspectives from individual experiences, interpersonal interactions, and organisational settings. The workshop aims to demonstrate the relevance of shame competence to each group's line of work, and to provide practical applications of the shame lens.

There is direct discussion of trauma, shame and other difficult emotions. Vicky and Sarah, who facilitated this set of trainings, draw on their own lived experiences to help illustrate the material. Participants are invited to do the same, aided by a series of small group discussions and activities. At the training day, each participant was given a Training Workbook to take home with them which Included a summary of the information presented, training activities, further resources, a bibliography and details of where to seek help if distressed by any of the training content.

Methodology

Data collection

Training organisers sent a pre-survey to everyone who signed up for the Shame Competence Training and made the survey available the morning of the training. Following the training, the training facilitators shared a link to the post-survey and it was also emailed to attendees the following day. Training organisers then sent a follow-up survey, by email, two months after the training. The trainings took place on the following dates:

June 2024
Mondays: 10th & 24th
July 2024
Mondays: 8th & 15th
September 2024
Mondays: 16th & 30th
October 2024
Mondays: 14th & 21st
November 2024
Mondays: 4th & 25th

December 2024
Monday the 2nd
January 2025
Mondays: 20th & 27th
February 2025
Monday the 10th
March 2025
Mondays: 3rd, 17th, & 31st
April 2025
Monday the 7th

Sample size

Across the 18 trainings, 284 people attended. The response rates for each survey are as follows: 248/284 = 87% (pre-survey); 165/284 = 58% (post-survey); and 64/284 = 23% (follow-up survey). The number of respondents with matching IDs across surveys was lower than expected. This may be due to the anonymity system used in which respondents were asked to create their own identifier using these instructions: last digit of their phone number, first letter of their street, first letter of their birthplace, and number

of siblings. Because this relies on mental calculations and manual entry, errors are likely, meaning the same person could appear under different identifiers.

Data analysis

Quantitative

Bayesian mixed effects models were used to examine whether participants' responses to questionnaires changed significantly from before training to after training and 2-month follow-up. These models are well-suited for datasets which have multiple responses from the same person over time (accounting for individual differences) and missing data (by making educated estimates rather than throwing away valuable information). The models provide clear estimates of confidence in the findings through credible intervals.

These models allow for determination of whether the training program led to meaningful improvements in participants' confidence and attitudes while properly accounting for the complex structure of the longitudinal data and the reality that not everyone completed every survey at every time point. See Appendix A for a detailed specification of the statistical methods.

Qualitative

Qualitative analysis was a process of an inductive, open coding approach, in which the labels for each code emerge from the data rather than theory or prior research. It was an iterative process whereby responses received a semantic code (i.e., words or short phrases in the respondents' own language), a process code (i.e., words or short phrases which connote observable or conceptual action), or descriptive code (i.e., a word or phrase that summarises the primary topic of the response). The next step was to further refine and categorise the emerging themes into axial codes. The purpose was not to quantify and count each code/theme. Therefore, prevalence of themes, rather than specific numbers and percentages, are reported within this report.

Results

Sample Characteristics

Training participant sectors

The survey asked training attendees to identify the sector they work within. Some individuals selected more than one sector resulting in 286 responses from a sample of 248. Table 1 shows that training participants came mostly from psychological/counsellor, volunteer/community sector, healthcare, social care, and education sectors.

Table 1. Sectors of Training Participants

Sector	Percentage (286 responses)
Psychological/Counsellor	20%
Volunteer/Community Sector	17%
Healthcare	15%
Social Care	14%
Education	13%
Other (self-describe)	8%
Drug and Alcohol Services	3%
Attended out of (personal interest)	3%
Local Council	1%
Youth Services	2%
Housing	1%
Criminal Justice/Policing	2%
Veterans Services	1%

Prior experience with trauma-informed practice

The Shame Competence Training was designed specifically for trauma-informed practitioners. When asked how frequently they work with individuals who have experienced or are experiencing trauma—on a scale from 1 (never) to 6 (all the time)—all but two respondents reported doing so at least 'sometimes'. Table 2 shows the distribution of responses.

Table 2. How often training participants' work with individuals who have experienced—or are experiencing—trauma

Response	Percentage (n=248)
Never	0.4%
Almost never	0.4%
Sometimes	46%
Often	5%
Always	29%
All the time	19%

Consideration of shame

Identification of organisational shaming practices or policies

Respondents were asked how many organisational practices or policies they believe may be shaming—first for employees (Figure 1), then for clients/patients/service users (Figure 2) at two time points (pre-survey and follow-up survey). The sample size for these comparisons is 64. While respondents reported identifying more practices or

policies after the training, these differences were not statistically significant (see Appendix B).

Figure 1. Identification of organisational shaming practices or policies for employees

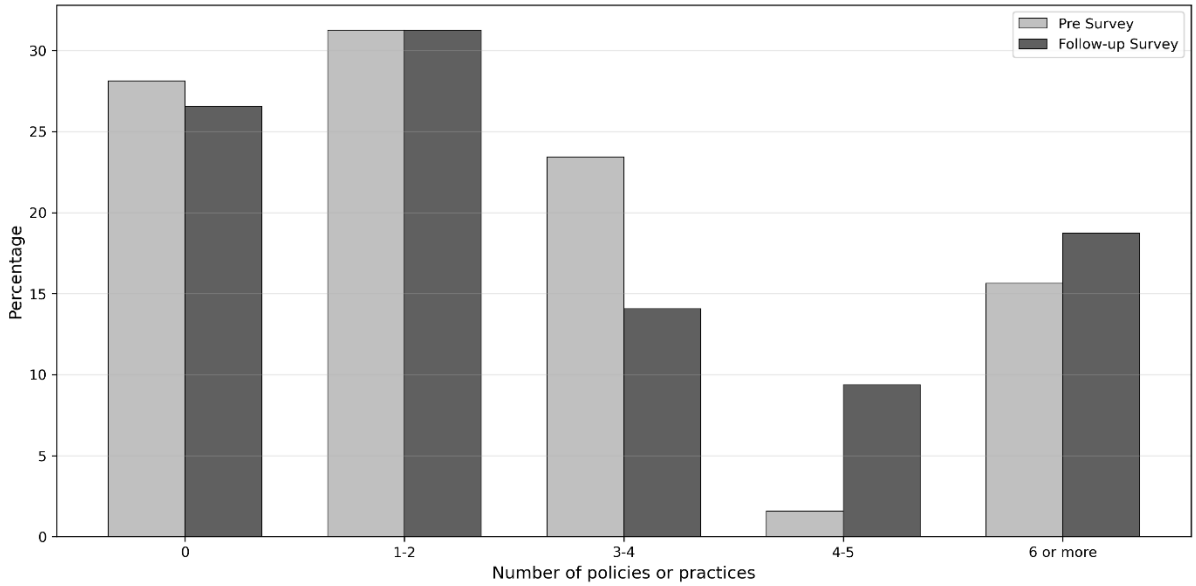
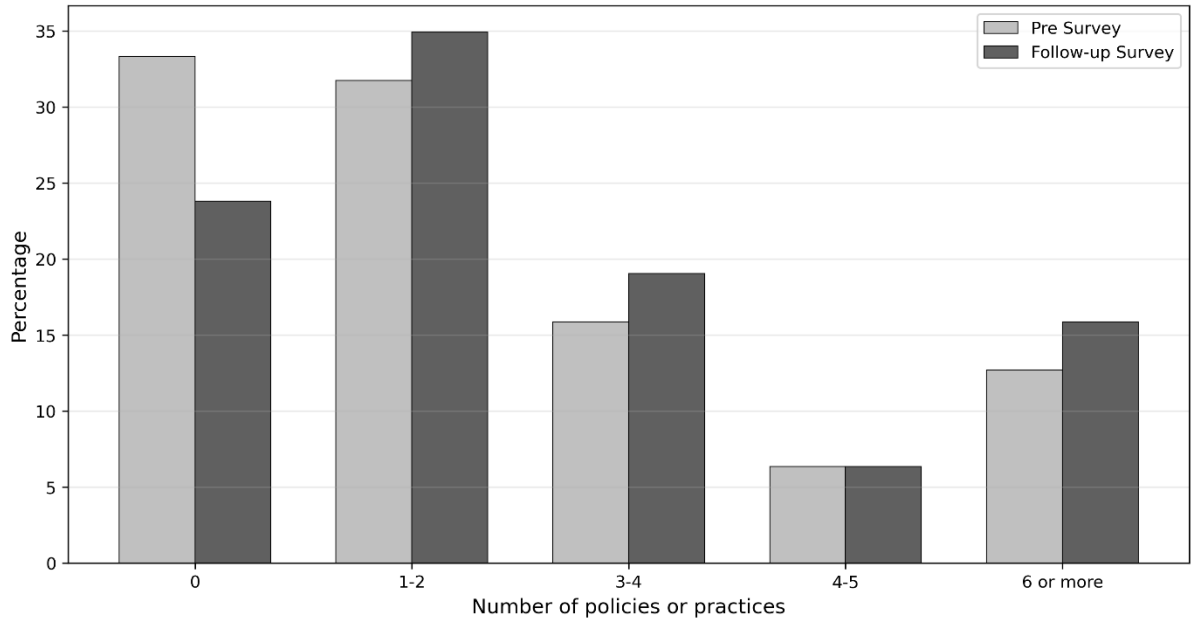


Figure 2. Identification of organisational shaming practices or policies for clients/patients/service users



Demographics

Of the 240 respondents who responded to the question about gender, the majority 84% identify as a woman, while 12% identified as a man. Four people chose to self-describe, three people chose 'prefer not to answer,' two people identified as Genderqueer and two people identified as non-binary.

Of the 220 respondents who provided their age, the minimum age was 21 and the maximum age was 72 with an average age of 46 (SD=10.43).

Quantitative Results

Key take-away: *The Shame Competence Training demonstrated significant and sustained improvements across multiple domains of trauma-informed practice.*

Key take-away: *Confidence levels showed the most substantial gains, with participants reporting marked increases in their ability to handle shame-related issues. All confidence improvements remained significant at follow-up, indicating the training's lasting impact.*

Key take-away: *Respondents reported feeling significantly more effective in supporting trauma survivors and more empowered to advocate for organisational policy changes that reduce shame-inducing practices.*

Key take-away: *While participants initially showed increased recognition of the importance of shame-related capabilities immediately post-training, most of these heightened perceptions did not persist at follow-up (except for addressing organisational shame practices).*

Figures 3-5 on the following pages compare mean responses to key questions about the effectiveness of the training programme. For a more detailed description of the quantitative results and the statistics for the estimated effects see Appendix A.

Analysis of the quantitative survey data show that the Shame Competence Training demonstrated significant and sustained improvements across multiple domains of trauma-informed practice. Respondents answered questions about their confidence in their abilities (Figure 3), the importance of those abilities (Figure 4), and agreement with statements about shame (Figure 5) on each of the three surveys.

Confidence in abilities

The training increased attendees' confidence in their ability to identify feelings of shame in themselves and in others. Survey respondents reported feeling more confident about effectively supporting and engaging individuals with feelings of shame. Furthermore, they reported an increased confidence in advocating for organisational change regarding policies or practices that could cause shame. These increases were all statistically significant between the pre-survey and post-survey and between the post-survey and follow-up survey, indicating the training's lasting impact on confidence.

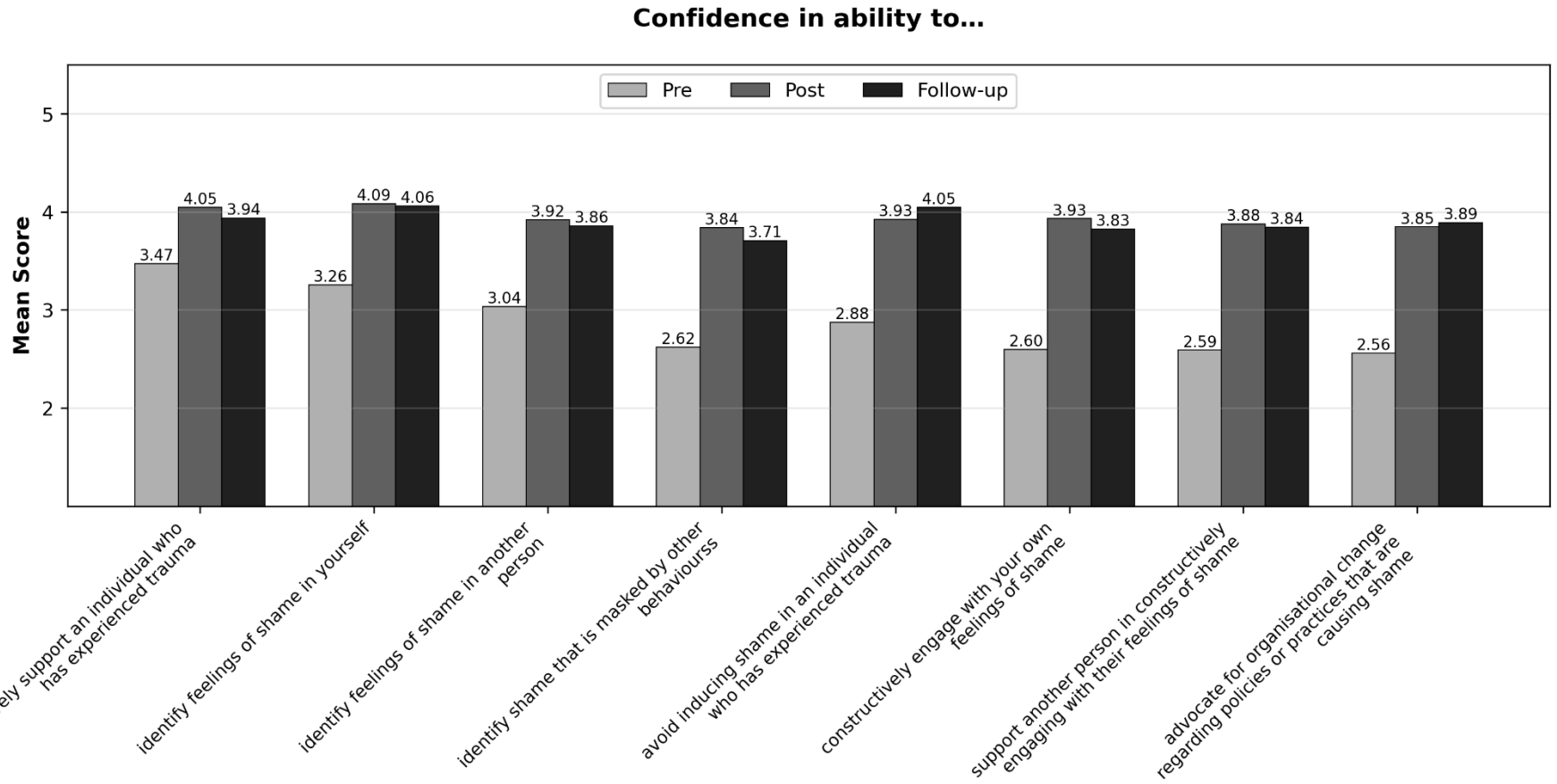
Importance of abilities

Before the training, respondents, on average, rated the importance of being able to manage personal feelings of shame, identify the presence of shame, and address shame at both an individual and organisational level as important. Given the target audience of trauma-informed practitioners this is not entirely surprising. However, the difference in ratings between the pre-survey and post-survey were statistically significant. The statistical significance did not persist at follow-up, except for the importance of addressing organisational shame practices.

Agreement with statement about shame

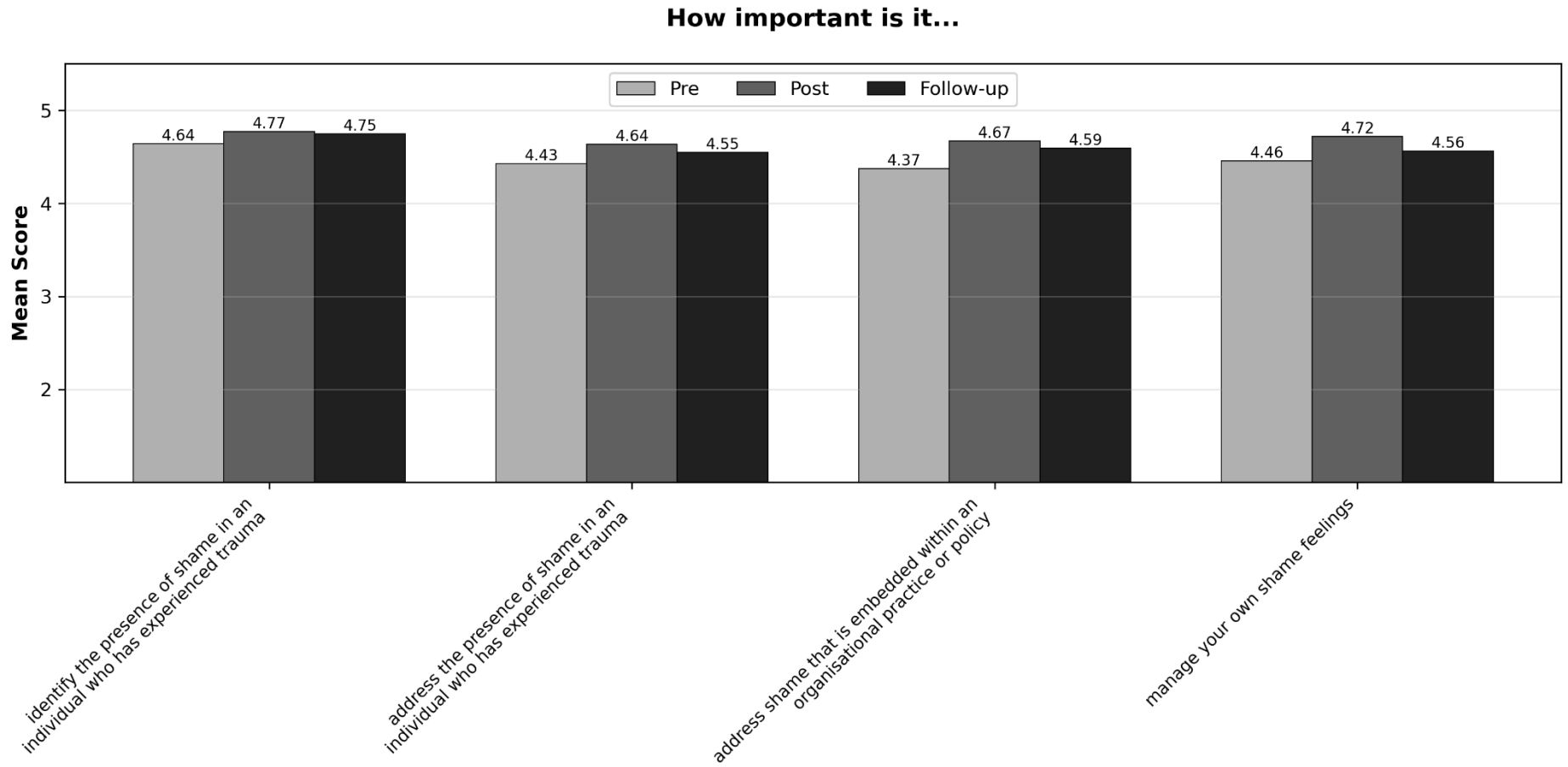
Respondents were given five statements relating to their personal feelings of overwhelm, satisfaction, effectiveness and empowerment. Satisfaction with one's work and role were asked on the pre-survey and follow-up survey, while the other three items were asked on each survey. There was low level agreement to the statement about overwhelm (i.e., 'I find the work of supporting individuals who have experienced trauma to be overwhelming') across surveys and differences were not statistically significant. However, there were statistically significant differences in level of agreement for the other items such that agreement increased after the training in regards to statements about how effective they feel in their work supporting individuals who have experienced trauma, how empowered they feel to advance sensitive approaches to shame within their organisation, and satisfaction both in their work and their professional role.

Figure 3. Comparison of confidence ratings over time



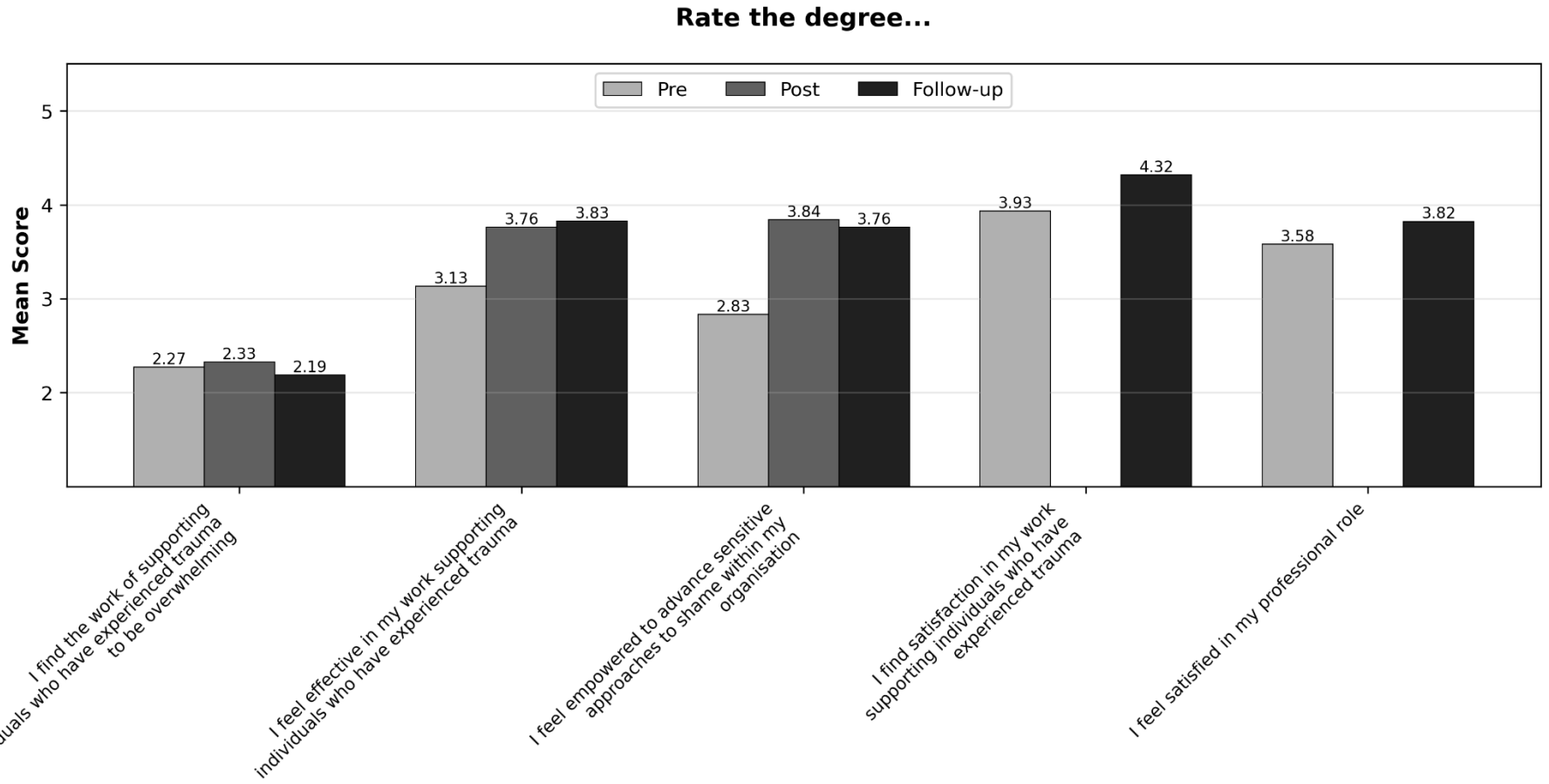
Note: Differences between pre-post and pre-follow-up are statistically significant for all 8 items (see Appendix A).

Figure 4. Comparison of importance ratings over time



Note: Differences between pre-post are statistically significant for all 4 items and pre-follow-up for 1 item (see Appendix A).

Figure 5. Comparison of agreement with statements ratings over time



Note: Differences between pre-post are statistically significant for 2 items and pre-follow-up for 1 item (see Appendix A).

Qualitative Results

Prior to the training

Intention for joining the training

Key take-away: *Survey respondents attended the training to deepen their knowledge & understanding of shame and its impact, with the goal of improving their professional practice.*

On the training pre-survey, 250 individuals responded to a question about what they hoped to gain from participating in the Shame Competence Training. The most common theme across responses was a desire to **better understand shame**, with many specifically using the word "understanding" in their answers.

- *'Further depth to my understanding of shame and trauma.'*
- *'Understanding of the cross over between shame & trauma.'*
- *'Better understanding of how shame reinforces and perpetuates trauma.'*
- *'Insights on how shame affects me and the communities I work with.'*

Within the 'increased understanding' theme, many respondents specifically wanted to better understand how shame affects people and their behaviour.

- *'Deeper understanding of clients experience of shame and how this impacts all aspects of their life. Also the importance of bringing shame into the therapy.'*
- *'A more well rounded understanding of how shame and trauma impacts my clients, and what steps I can take to help them.'*
- *'More understanding of how shame impacts behaviour and ideas to help clients unpick shame responses!'*
- *'A deeper understanding of how Shame can impact what people bring to the space.'*

Many of the individuals who said they wanted to increase their understanding also said they wanted to improve their practice, which made '**to improve my practice**' the next most common type of response.

- *'Better awareness of how shame effects people and how it impacts on their lives. Then using this knowledge to help people overcome that shame in order to help them get more involved in the community.'*
- *'To understand what shame is, where shame comes from and how to work in a positive and constructive way with clients experience shame.'*
- *'Increased understanding and idea about how to make GP less shaming.'*

- *'Further understanding of how shame presents, the impact of it and how to work with shame in a helping relationship.'*
- *'A greater understanding of Shame and how it impact on individuals, with the hope to also evolve our support services, to align with being shame sensitive.'*

However, there were those who mentioned a desire to improve their practice without mention of improved understanding.

- *'To improve my trauma informed practice. I think every practitioner needs to be reminder and redirected so we do not fall into bad habits, which is easily done.'*
- *'To be able to deliver a better service to young people I work with.'*
- *'Practical tools to use with clients.'*

Finally, a desire for **increased knowledge** was also common, with many respondents explicitly using the word "knowledge" in their answers.

- *'Build knowledge on how to work constructively with people around shame, particularly when the support/interventions are to do with something the person feels shame about.'*
- *'Increased knowledge of an area that I know little about. The course comes highly recommended by a colleague'*
- *'to continue to increase my knowledge and build on the previous education I have undertaken around Trauma informed practice.'*
- *'Learning something new.'*
- *'Information to help clients.'*

Fears or reservations about the training

Key take-away: *More survey respondents reported no fears or reservations before attending the Shame Competence Training than those who did.*

Key take-away: *Among those who expressed concerns, common themes included: fear the training would be triggering, worry about having less experience or knowledge than peers, or doubts about the relevance or format of the training.*

When asked about any fears or reservations before the training, over half of respondents (61%) reported none. Among those who did, the most common concern was that the training might be **triggering—either for themselves or others—or overly emotional**. Many, specifically used the word "triggering."

- *'That I will cry a lot! And find it very emotional.'*

- *'Cognitively it appears to be a complex topic for an individual and also a group to experience, maybe that it might bring up the unknown for a person/individual.'*
- *'Content may be triggering.'*
- *'I wonder what might come up for me, how learning about shame and trauma will impact me personally, I both fear it and welcome the undoing of it.'*
- *'That I may face shame myself at some point throughout the day.'*
- *'That it might be triggering or exposing in some way.'*
- *'Shame feels like a heavy topic that might bring up past experiences.'*
- *'I have my own issues with shame so this could trigger some uncomfortable feelings.'*

Following that, others expressed concern about **lacking prior knowledge or experience compared to fellow participants**, or struggling with the complexity of the material.

- *'Do I have enough understanding before accessing the course?'*
- *'I am hoping that if have sufficient prior knowledge to build on and am able to participate fully.'*
- *'I fear that I should have many skills already in this and that I may not.'*
- *'I am worried that I am out of my depth and I do not have enough prior knowledge.'*
- *'Still not being able to understand the shame linked to trauma and/or offending.'*

Some respondents were concerned that the training content might conflict with prior learning, be overwhelming, difficult to apply, or easily forgotten. Others worried the format would not meet their expectations—four specifically feared being asked to participate in role play.

- *'I hope that it won't be too narrow (e.g. formulaic or 'CBT')…'*
- *'that the training will lack depth.'*
- *'…that the training is more about talking about shame than helping to understand and process it in the counselling room.'*
- *'I hope that if the training talks about trauma, it considers broader systemic oppression which can get conflated with trauma, and that the training isn't solely psychological perspective but also embeds sociocultural and political analysis which can contribute to shame and self stigma.'*

Other respondents shared general fears, such as uncertainty about what to expect, speaking in front of others, being in a large group, meeting new people, or getting lost on the way to the training. And still others expressed concerns specific to shame competence training—such as not overcoming their own shame, discovering they may shame others, feeling vulnerable, lacking a safe space to share, being asked to disclose personal experiences, or worries about confidentiality.

Immediately after the training

Most effective and/or impactful part of the training

Key take-away: *Survey respondents tended to either highlight impactful content or features of the training format.*

Key take-away: *Most frequently cited impactful content was the effects of shame, the link between trauma and shame, organisational shame, and the distinction between shame and guilt.*

Key take-away: *Training participants most often valued learning how to: recognise shame and apply a shame lens; break the shame cycle and counter shame; avoid shaming behaviour and language; understand their own shame; and identify shame as a barrier to engagement.*

Key take-away: *The skilled facilitators, real-life examples and opportunities for discussion and reflection were seen as the most impactful elements of the training format.*

Key take-away: *The Shame Compass was the most frequently mentioned impactful resources.*

On the post-survey, participants were asked what part of the training was most effective or impactful and should be continued. Responses were divided between content and format, with slightly more highlighting what they learned than how it was delivered.

Content

Examples of effective and impactful content were grouped into two categories: those involving **factual knowledge** and those reflecting learning that led to new understanding and **practical action**.

In terms of knowledge, respondents most frequently cited topics such as the impact of shame, its connection to trauma, organisational shame, and the distinction between shame and guilt. These were considered particularly valuable elements of the training. Less commonly mentioned topics included the shame cycle, types of shame (e.g., chronic vs. acute), shame and violence, and the roots and behaviours associated with shame.

When describing learning, respondents emphasised gaining practical skills and insights. This included learning how to recognise shame and adopt a shame-informed perspective, how to break the shame cycle and counter shame, how to avoid shaming language and behaviour, how to understand their own experiences of shame, and how shame can function as a barrier to engagement.

Format

The most common feedback on the format was appreciation for the training's use of **real-life examples of shame and shaming practices**.

- *'Broad range of examples relevant to children and adults in multiple contexts.'*
- *'Examples of advertising and performative responses to shame eg government. All the real life examples.'*
- *'Examples of shaming in organisation and society and its detrimental impact and limited benefit.'*

Respondents valued the facilitators sharing their own **personal experiences with shame**. Though there were one or two individuals who did not appreciate the facilitators sharing their own stories or were less comfortable with people sharing personal stories, but that opinion was in the minority.

- *'I found the willingness of the facilitators to be vulnerable and share their experience deeply impactful.'*
- *'I enjoyed the example of how shame impacted the lecturers as it allows you to see shame in a personal example and how it can affect professional people.'*
- *'I thought the personal exercises and the shame experiences shared by the people delivering course was extremely powerful and gave a really good insight into how this learning can be applied to ourselves and our clients. the examples allowed me to understand and apply the learning in vivo.'*
- *'I was blown away by the presenters encounters with their own lived experiences and trauma- very moving!'*

The facilitators were highlighted as a key strength of the training—not just for sharing personal experiences with shame, but for their ability to create a safe space, demonstrate deep knowledge, remain approachable, and deliver the content effectively.

- *'Brilliant delivery and extremely professional management of both the topic and the audience.'*
- *'The design of the day and skill of the facilitation.'*
- *'...the sensitive and appropriate encouragement to share - explore our own shame: role modelling & safe space creating...'*

Survey respondents appreciated that the training offering an **opportunity for sharing and discussion**.

- *'The information and experiences shared and the personal involvement and group sharing was an important aspect for me.'*
- *'Discussions around how to recognise shame in others and how to take this into consideration when working with people.'*
- *'Group discussions and exercises to embed learning.'*

Time for personal reflection, was also mentioned as an effective part of the training.

- *'I particularly valued the personal reflections and opportunity to explore self during the training…'*
- *'Looking at our own shame, however hard it was.'*
- *'…I found the reflection on personal experiences of the group members and facilitators useful, whilst emotional…'*

While mentioned less frequently, respondents appreciated the interactive elements, the balanced structure of the training day, and specific exercises. Notable examples included the opening activity, the post-it note exercise, use of resilience cards, and the self-talk and compassion exercise. The videos used in the training also received positive feedback.

Resources

A portion of respondents mentioned specific resources made available in the training they found effective and/or impactful. Of 57 references to specific resources, the **Shame Compass** was mentioned 41 times (72%), the **workbook** mentioned eight times (14%), **recommended books for further reading** mentioned seven times (12%), and a mention of a 'magic formula' mentioned once (2%).

Least effective and/or impactful part of the training

Key take-away: *Respondents wanted more examples and specifically those that showed how to respond to and address shame in practice.*

Key take-away: *Some respondents struggled with the pacing of the training and desired either less content and/or more time to go through the content. More breaks and activities to allow participant to get up and move around were recommended to break up the day more.*

Key take-away: *Ensure the PowerPoint slides match the workbook and provide a version of the slides following the training.*

Beyond responses relating to training content, format, and resources, 37% (73/195) of survey respondents to the question about the least effective / impactful part of the training, said something which equated to '**no improvement needed**.' Twenty-four respondents recommended that the **venue should be changed**, specifically that the room was too warm and there needed to be more natural light.

Content

A handful of respondents noted the training included too much repetition around the shame and violence cycle. A few people mentioned a desire for less of an emphasis on the shame men feel and the (American) prison system. As one person put it:

- *'The morning session was really productive and engaging. in the Afternoon, it felt very heavy around shame with men and perpetrators and the prison system. However, it would have been nice to explore about the shame women feel, how the Victims would feel shame and how to support them.'*

While four people said they wanted less of a focus on the topic of organisational shame, this topic area was highlighted by many as an effective / impactful part of the training, as shared in the prior section.

Individual respondents also mentioned specific topics they wanted included in the training, such as topics related to mental health care, specifically linking shame to wider relevant psychological theory and psychological mechanisms of shame. A couple people also mentioned a desire to connect shame, not just to cognition, but the nervous system and somatic experience.

Format

The most common recommendations for how to improve the training was to **include more examples of shame sensitive practice**, specifically how to respond to people who experience shame as practitioners. This aligns with responses to the pre-survey about a desire to improve their practice through learning from the training.

- *'More examples of shame sensitive practice would have been helpful rather than just awareness, particularly when thinking about the day-to-day parts of supporting someone.'*
- *'…perhaps more examples or case studies on how shame-aware management and leadership have been established/ what was achieved and how people 'got there.'*
- *'Case studies or case examples of how to support people who experience high levels of shame.'*

Following this, the most common type of recommendation was to **slow the pace of delivery and present less information to avoid rushing**, though a couple people requested more time to fit everything in rather than less content.

- *'Felt rushed at times - a difficult topic to be delivered and digested quickly - emotional space… more time for exercises and sharing within groups… perhaps less material and more integration time.'*
- *'…my brain struggled to absorb the course content at the pace it was presented. There needed to be more gaps and changes of pace. One activity was very hard-hitting but there was very little time afterwards to recover from that before moving on.'*

Additionally, there were recommendations for less PowerPoint and more kinaesthetic activities, as well as more opportunities for group discussion and interactive tasks. A few respondents recommended more breaks / a longer lunch break.

Resources

The most common response relating to resources was to suggest that the workbook and the slides align, as participants felt it was confusing otherwise. People also requested the trainers provide a version of the slides afterwards. There were more specific individual recommendations, such as:

- *'Strong background colour of the slides made them hard to annotate.'*
- *'Maybe a contents page in the booklet to aid navigation.'*
- *'It would be good have some list of other attendees in case there is an opportunity to have a conversation and foster better shame competancy between our organisations.'*
- *'I am dyslexic, I can read ok but struggle with processing information. I would have benefitted from being able to read the abstracts from the books read out as couldnt process them quickly enough to hear and understand them.'*

Post-Survey and Follow-Up Survey Comparison

This section describes the text responses to those who responded to the open-ended questions on the post-survey AND the follow-up survey. This is a sample of 63 individuals, 59 of whom also completed the pre-survey, which makes it possible to identify the sector, gender, and age of those within this sub-sample qualitative analysis.

The average age of the sub-sample is 45 years old (min=24; max=68) and like the larger sample, most of the sub-sample identify as a woman (n=49), with nine identifying as a man and two choosing to self-describe.

Table 3 shows the frequency of each sector represented by the sub-sample. Some individuals provided more than one sector for a total of 69 responses from 59 individuals.

Table 3. Sectors of Training Participants

Sector	Percentage (n=69)
Volunteer/Community Sector	23%
Psychologist/Councillor	20%
Healthcare	16%
Social Care	13%
Education	12%
Self-describe	6%
Local Council	3%
I'm here out of personal interest	3%
Veterans Services	3%
Housing	1%

Influence of training on the personal and professional

Key take-away: *The training led to professional changes, specifically in areas of language use, client engagement, policies, and ways of working with colleagues.*

Key take-away: *Participants reported an increase in awareness and advocacy for shame competence in both professional and personal contexts, because of their increased ability to recognise and manage shame.*

Influence on professional practice

On the post-survey, respondents were asked '*How, if at all, will your participation in the training change your professional practice?*' while on the follow-up survey respondents were asked '*In what specific ways have you implemented what you learned in the Shame Competence Training in your professional work?*' Responses to these questions provide insight into how the intentions respondents voiced at post relate to the change in practice they cited on the follow-up survey two months after completing the training.

Table 4 provides an example of each type of action (far right column) mentioned by four or more respondents within the sub-sample. For each type of action, an individual's response on the post-survey is presented for comparison with their response on the follow-up survey.

Table 4. Examples of types of change

Type of Action (by prevalence)	How will the training change your practice (Post)	→	In what ways did you change your practice (Follow-up)
Use language carefully	*'It will help me to identify shame from a service user, and work towards eliminating the shame around their condition or whatever problem they are coming to help with.'*		*'Not to be judgemental or make any comments which come across as judgemental or belittling what the person is experiencing.'*
Speak about shame with professional colleagues	*'Yes, it will make me more empathetic.'*		*'In our team formulation sessions and reflective practice. I feel that I am raising awareness of shame and we are talking about it just as much as trauma.'*
Speak about shame with clients	*'I am much more aware of how shame impacts peoples lives and will take a more compassionate approach moving forward'*		*'I have been discussing how shame is limiting and toxic with clients, especially those who have struggled with addiction in the past'*
Interpret client behaviour through a shame lens	*'I hope that this training, in conjunction with the TIP [Trauma Informed Practice] will encourage and enable me to consider my own actions/language and perceptions when working with families.'*		*'Continuing to understand that cancelling appointments might be a way that the person is needing to communicate with me. Keeping the channel of communication open for as long as is possible is my new go to approach.'*
Use of the Shame Compass	*'Make me more aware of shame in the counselling room. How to spot it and respond to it.'*		*'I look for the shame in clients stories more I use the shame compass'*
Change procedures and/or policies	*'I feel more shame aware and will consider policies and procedures that could be unintentionally shaming and amend them'*		*'Avoid recording unnecessary shaming details in notes and have passed this feedback to others'*

Influence on personal relationships

On the post-survey, respondents were asked '*How, if at all, will your participation in the training change your personal relationships?*' People noted a series of things related to (from least common to most) reactions, perspective, less judgement, relevance, inform my own therapy, confidence, reflection, usefulness, validation, advocacy, empathy, ability to go deeper, compassion, recognition, communication, interaction with others, awareness, and understanding. Table 5. provides the most common types of intended change mentioned.

Table 5. Examples of intended change

Type of Intended Change to Personal Relationships	**Illustrative Responses**
Understanding	• *'An understanding of unintentional shaming'* • *'Hugely beneficial in understanding how shame has impacted me individually and how that can impact my behaviour and relationships'* • *'I will be more understanding of their behaviours and being 'curious''*
Awareness	• *'I am now so much more aware of the concept of shaming and being shamed and this increased awareness will help me navigate my personal relationships'* • *'Will be more aware of shame behaviours from my loved ones'*
Interactions with others	• *'I will certainly be more mindful of my shame responses with loved ones and with personal relationships'* • *'Will make me more conscious of interactions with colleagues in particular. Will apply to correspondence too'*
Communication	• *'I will be more aware of shame talk and actively try to avoid this'* • *'I have already reflected on this training in one personal relationship and how I can be present in a different way within the relationship, I have noticed a shift to how I am sharing information about myself within my personal relationships as well, being more open when previously I would have kept things hidden'*

On the follow-up survey respondents were asked to '*Reflect on your personal experiences since the training. What about the training has been most impactful and/or*

helpful in your personal life?' Responses tended to focus on the learning from the training and how that has impacted their personal life, more than a specific aspect of the training. Most responses related to how the training had helped them better **recognise their own shame** and **shame in others**.

- *'Recognising my own shame when I'm feeling anger or expressing something negative. Knowing shame is at the centre of it, lesson the emotions surrounding it.'*
- *'I've recognised more and more how shame avoidance drives my own behaviour, and shaped my childhood.'*
- *'I have spent time reflecting on some of my own shame - but more importantly, how some of my behaviours have actually been masking shame which I had not previously identified. Very helpful work.'*
- *'My own understanding of my shame and how understanding of these feeling to my own self growth and therapy. Since acknowledging my shame, I have felt more able to be open and honest with my therapist'*
- *'I have given myself much more compassion and leniency after the training. Not only do I understand my clients better, but I also feel I understand myself and my close relationships better.'*
- *'Made me look at my own life experiences and how I manage and cope with this. How working through my shame I can learn new things about myself and potentially help others with theirs.'*
- *'starting to recognise the role of shame in my own behaviour and that of my husband, and my kids. Being aware of how shame is used as a tool to control behaviour in some settings. Reading more on this topic for personal/professional growth.'*
- *'Recognising the presence of shame in my partner.'*

Discussion & Recommendations

Overall, the evaluation shows an impactful delivery of a one-day, in-person training on the topic of shame in professional practice. The training worked well with its intended audience, practitioners familiar with trauma-informed practice. Attendees largely thought it important to be able to manage personal feelings of shame, identify the presence of shame, and address shame at both an individual and organisational level even *before* they attended the training. However, while they thought the topic was important, they tended to lack confidence in their ability to identify and address shame. The training led to increases in their confidence which was sustained over time.

Those attending the training came with a willingness and interest to increase their knowledge and understanding of shame to improve their professional practice. What many found is that the training also influenced the way they looked at themselves and their personal relationships. Attendees were encouraged to explore their own feelings of shame, something which requires skilled facilitators to manage. The feedback about the trainers was overwhelmingly positive and the facilitators' ability to create a 'safe space', share their own personal experiences with shame, and deliver the content effectively was seen as a key strength of the training. Attendees appreciated the time for sharing and

discussion, as well as time for personal reflection. All of this led attendees, after the training, to see their own feelings and behaviours and those of their friends, family, colleagues, and clients through a shame lens.

It is difficult to understand the complete picture of how the training influenced practice given the relatively low response rate to the follow-up survey. Those who did respond suggested they were able to take their learning from the training and apply it to their professional practice, as well as their personal life. There is likely room within the training to focus more on how to apply what they have learned about shame to their own professional practice to ensure a large proportion of the attendees make meaningful change to their practice. Overall, the feedback about the content and format of the training was positive. Large changes to the content and format of the training should not be made, though some small tweaks have the potential to make the training even stronger.

Training Recommendations

Recommendation 1: Having facilitators who are deeply knowledgeable about the topic, have personal experiences of shame to share, and can create a 'safe space' for training participants to share openly with one another is an important feature of this training. Facilitators are instrumental to the effectiveness of the training and should be selected carefully.

Recommendation 2: Continue providing resources (e.g., Shame Compass, training workbook, recommended books for further reading), as participants found these helpful. Make a strong effort to ensure the workbook aligns with the PowerPoint slides used in the training to avoid confusion.

Recommendation 3: Continue offering opportunities for movement, interactive tasks (e.g., post-it note exercise, use of resilience cards, self-talk and compassion exercises), and group discussions to cater to different learning styles and break up the day's reliance on PowerPoint slides.

Recommendation 4: Increase the number of concrete examples of how to apply learning about shame into practice and share more specific techniques which can be applied when participants return to work.

Recommendation 5: Slow the pace of delivery and present less information to avoid rushing through content. One area participants' thought repetitive was the shame and violence cycle, so time spent on this could be reduced during the day-long training.

Recommendation 6: More than half of respondents reported no fears or reservations before the training, but others mentioned some concerns. Given the sensitivity of the topic, providing as much information as possible about what to expect in advance would be helpful.

Evaluation Recommendations

Recommendation 6: To avoid missing data, do not use an ID system that requires individuals to input the ID themselves.

Recommendation 7: To increase the response rate at follow-up, offer an additional resource to those who complete the follow-up survey as an incentive.

Recommendation 8: Given the focus on increasing knowledge and understanding of shame, include a series of true/false statements about shame in each survey to assess how much information attendees retained. This provides evidence beyond self-report of gains from the training.

Recommendation 9: Continue asking both closed-ended and open-ended questions on surveys to capture quantitative and qualitative data.

Appendix A

1. Statistical methods

The analysis employed a Bayesian mixed effects model to evaluate training effects across three time points (pre-training, post-training, and follow-up). These models are particularly valuable for evaluating the influence of the training programme across time, as they naturally account for the hierarchical structure of the data, where multiple observations are nested within participants, while providing principled uncertainty quantification—i.e., via credible intervals—which make it easier to assess and communicate findings about training effectiveness. Additionally, the Bayesian framework enables a more natural means of incorporating additional uncertainty due to missing data, ensuring that all available information is utilised. This factor is particularly important in the current evaluation, as there is considerable dropout across time: of the 248 participants that completed the pre-survey, 165 completed post-survey (dropout rate ~34%), while only 64 participants also completed the follow-up survey (dropout rate ~74%).

The primary analysis used to compare the effect of the training across time utilises a Bayesian mixed effects model which also handles missing data through Bayesian imputation (see Figure A1 and Tables A.1-A.3). The model specification included fixed effect for the *Post* survey and the *Follow-up* survey, treating the *Pre* survey as the baseline condition. We used weakly informative priors for the Post effects, Follow-up effects, and global intercept (e.g., *Normal(*0, 1) priors), and participant-specific random intercepts with Normal(0, σ_{id}) distribution where σ_{id} followed a *HalfNormal*(0, 2) prior. The residual variance σ_y was assigned a *HalfNormal(*0, 2) prior. For missing observations, the model implemented Bayesian imputation by treating missing values as parameters drawn from *Normal*(μ, σ_y) where μ represents the linear predictor for each missing observation. This approach ensures that uncertainty in missing data is properly propagated through the analysis. The model was fitted using Hamiltonian Monte Carlo sampling with 4 chains, 2000 draws per chain, 1000 tuning iterations, and a target acceptance rate of 0.9. Convergence was assessed using R-hat statistics (target < 1.01) and effective sample sizes (target > 400). Credible intervals (90% and 95%) were computed from posterior samples to quantify uncertainty in effect estimates, providing a principled approach to handling missing data while maintaining statistical rigor in the evaluation of training effectiveness.

Figure A.1 shows the results of a robustness check for impact of training on key capabilities & feelings about role using listwise deletion for dropout across pre, post, and follow-up surveys. The results of this check, show very similar results to the Bayesian mixed effects models analysis which employed imputation. Post training effects (post-pre) were analysed on a sample of 165 (Figure A.1a) and the follow-up effects (follow-up – pre) were analysed on a sample of 64 (Figure A.1b).

Notes on interpreting Figure A.1a and A.1b

Note that each point in Figure A.1 represents the difference in means across the *Post* survey (Figure A.1a) or the *Follow-up* survey (Figure A.1b) while treating the *Pre* survey as the comparison group. The lines surrounding each point represent the 90% (thicker) and 95% (thinner) credible intervals associated with the estimated effect. As these are Bayesian estimates, you can interpret these intervals as the probability that the true effect lies somewhere within the credible interval. Additionally, there is a significant effect when the point estimate is different from zero and the credible interval does not include the (dashed) zero line in Figure A.1.

Figure A.1: Robustness check for impact of training on key capabilities & feelings about role. Results assume listwise deletion for dropout across pre, post, and follow-up surveys.

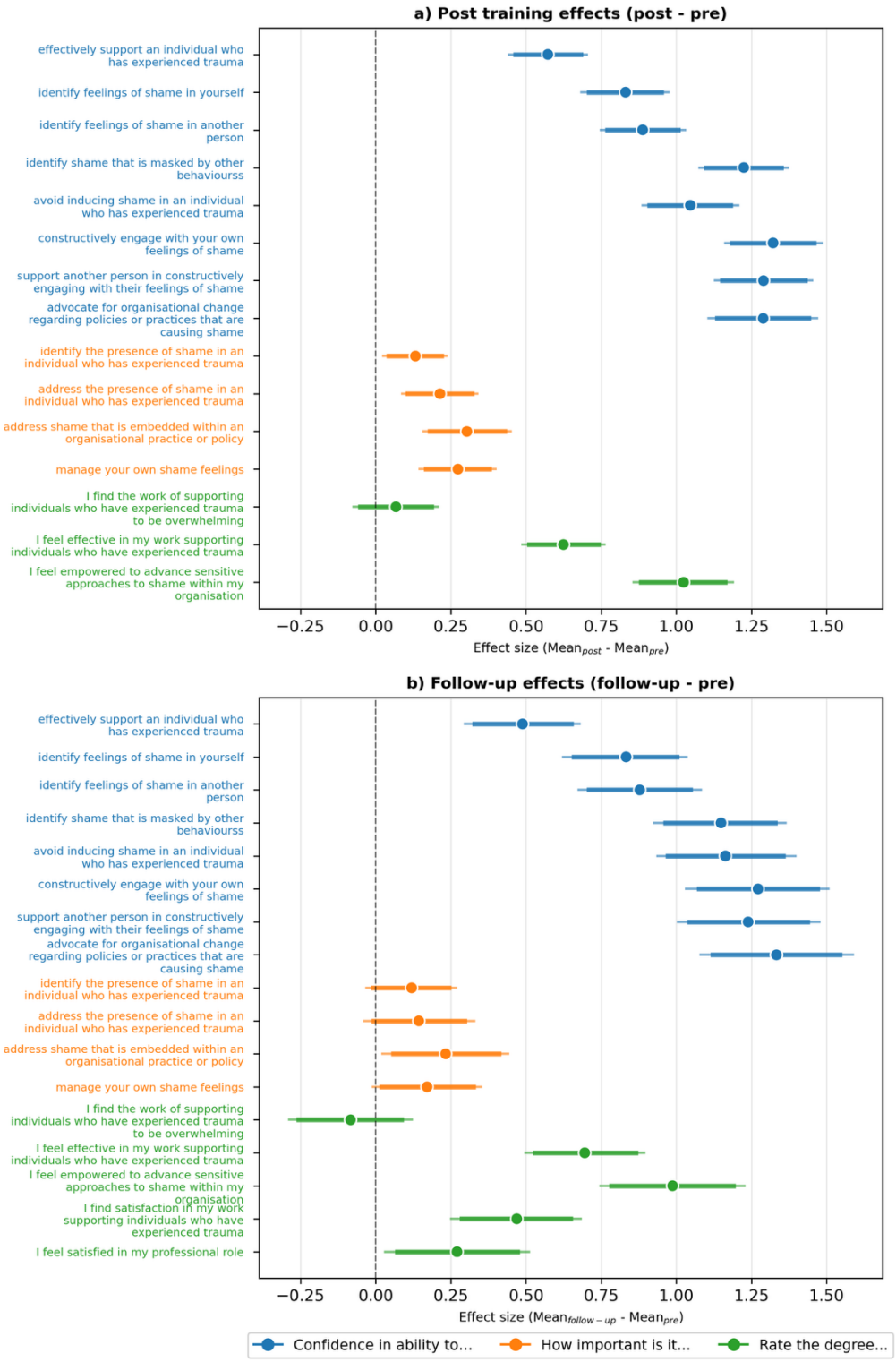


Table A.1: Estimated impact of training on **confidence** in key capabilities

	PRE		POST		FOLLOW		95% CI (POST-PRE)			95% CI (FOLLOW-PRE)		
Confidence in ability to…	**M**	**SD**	**M**	**SD**	**M**	**SD**	**LL**	**UP**	**SIG.**	**LL**	**UP**	**SIG.**
effectively support an individual who has experienced—or is experiencing—trauma	3.472	0.917	4.049	0.655	3.938	0.957	0.443	0.701	✓	0.303	0.683	✓
identify feelings of shame in yourself	3.256	0.936	4.086	0.732	4.062	0.906	0.686	0.972	✓	0.625	1.047	✓
identify feelings of shame in another person	3.036	0.91	3.92	0.65	3.859	0.974	0.749	1.025	✓	0.672	1.080	✓
identify shame that is masked by other behaviours	2.623	1.024	3.84	0.702	3.710	0.857	1.075	1.37	✓	0.926	1.366	✓
avoid inducing shame in an individual who has experienced trauma	2.875	1.000	3.926	0.750	4.047	0.916	0.885	1.207	✓	0.931	1.404	✓
constructively engage with your own feelings of shame	2.597	1.064	3.932	0.835	3.828	1.032	1.155	1.483	✓	1.035	1.504	✓
support another person in constructively engaging with their feelings of shame	2.591	1.051	3.877	0.776	3.844	0.895	1.131	1.445	✓	1.005	1.477	✓
advocate for organisational change regarding policies or practices that are causing shame	2.561	1.186	3.847	0.886	3.891	1.041	1.109	1.462	✓	1.079	1.591	✓

Table A.2: Estimated impact of training on the **importance of key capabilities** in role

Consider your professional role. How important is it to be able to do the following...	PRE		POST		FOLLOW		95% CI (POST-PRE)			95% CI (FOLLOW-PRE)		
	M	SD	M	SD	M	SD	LL	UP	SIG	LL	UP	SIG
identify the presence of shame in an individual who has experienced trauma	4.643	0.654	4.772	0.582	4.75	0.504	0.026	0.235	✓	-0.031	0.269	✗
address the presence of shame in an individual who has experienced trauma	4.426	0.865	4.638	0.659	4.547	0.665	0.085	0.341	✓	-0.039	0.329	✗
address shame that is embedded within an organisational practice or policy	4.373	0.962	4.671	0.64	4.594	0.684	0.158	0.453	✓	0.027	0.447	✓
manage your own shame feelings	4.455	0.823	4.72	0.625	4.562	0.71	0.147	0.398	✓	-0.012	0.354	✗

Table A.3: Estimated impact of training on **feelings about role**

Rate the degree to which you agree with the following statements:	PRE		POST		FOLLOW		95% CI (POST-PRE)			95% CI (FOLLOW-PRE)		
	M	SD	M	SD	M	SD	LL	UP	SIG	LL	UP	SIG
I find the work of supporting individuals who have experienced trauma to be overwhelming	2.27	0.815	2.327	0.978	2.19	0.859	-0.069	0.207	✗	-0.281	0.119	✗
I feel effective in my work supporting individuals who have experienced trauma	3.133	0.865	3.761	0.742	3.825	0.752	0.489	0.758	✓	0.503	0.892	✓
I feel empowered to advance sensitive approaches to shame within my organisation	2.833	1.152	3.838	0.958	3.762	0.946	0.865	1.184	✓	0.749	1.231	✓
I find satisfaction in my work supporting individuals who have experienced trauma	3.933	0.948	--	--	4.317	0.758	--	--	N/A	0.245	0.679	✓
I feel satisfied in my professional role	3.579	1.016	--	--	3.823	1.222	--	--	N/A	0.042	0.495	✓

Appendix B

The following describes the non-significant results of the comparison between pre-survey and follow-up survey on the two questions about identifying shaming practices or policies, either for employees or for clients/patients/service users.

Figure B.1: Identification of organisational shaming practices or policies comparison

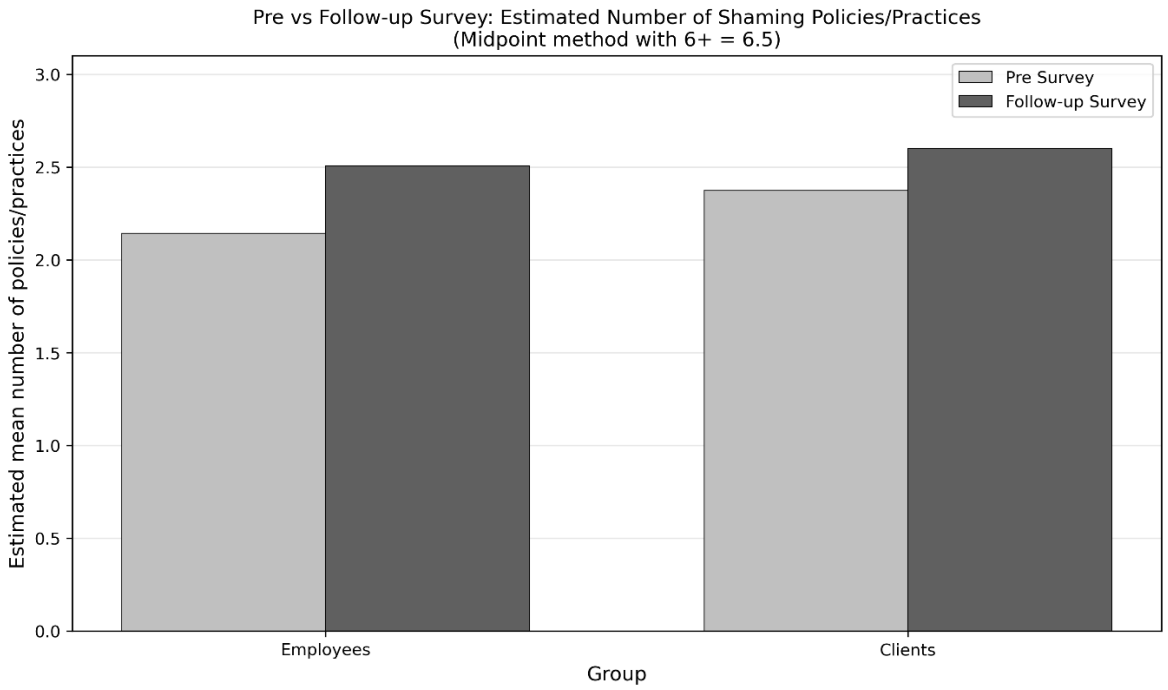


Table B.1: Identifying shaming practices or policies for employees

Statistic	**Value**
N (pairs)	63
Mean Pre-survey	2.14
Mean Follow-up	2.51
Mean Difference	+0.37
95% CI	[-0.13, 0.86]
t-statistic	1.45
p-value (paired t-test)	**0.151**
p-value (Wilcoxon)	**0.130**

Table B.2: Identifying shaming practices or policies for employees

Statistic	**Value**
N (pairs)	64
Mean Pre-survey	2.38
Mean Follow-up	2.60
Mean Difference	+0.23
95% CI	[-0.29, 0.74]
t-statistic	0.86
p-value (paired t-test)	**0.391**
p-value (Wilcoxon)	**0.413**

Appendix C

Author Bio

Dreolin has more than 20 years of experience in programme evaluation and applied research, across the United States and the United Kingdom, working within the areas of education, health, arts and culture, and policing. Her graduate research focused on the topic of evaluation use, which has remained an area of interest throughout her career; specifically, understanding how the process and results of research and evaluation contribute to learning and get used in decision making.

From 2017 through 2022, Dreolin worked as a Research Fellow at the University of Exeter embedded within the Devon & Cornwall Police. During that time, Dreolin conducted a qualitative, realist evaluation of a Behaviour Change Independent Domestic Violence Advisor (BC IDVA) Programme for Non-Statutory Domestic Abuse Perpetrators and contributed to an evaluation of the Law Enforcement and Public Health (LEPH) Link Pilot. These evaluations were completed separate from her embedded role.

Currently, Dreolin is an Engaged Research Manager at the University of Exeter. In this role, she is responsible for providing strategic and operational leadership for all aspects of Public Engagement with Research (PER) across the University.

Dreolin analysed the survey data from the training evaluation to produce this report. She was not involved in the design of the evaluation or the survey instruments.