

Child protection social work and secondary trauma

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Introduction

Although some of the issues discussed below may be relevant to other professionals, the term 'social worker' is used here to describe children and family social workers involved in child protection work.

This chapter focuses on the impact of child abuse on children and their families and how, in undertaking the safeguarding task, social workers can encounter experiences which contribute to compassion fatigue and burn-out. Social workers must probe and analyse the difficulties faced by children and families and communicate these issues to others. This work can involve significant contact with children and families in distress, a requirement to demonstrate empathy and a necessity to communicate the nature of another's pain and suffering in an understandable form; this can be through the written or spoken word, for example, report writing or testimony.

Often there are difficult decisions to be made on the balance between welfare and risk, each of these areas being potentially life changing and possibly life threatening to children. The consequences of making a mistake are part of the daily tasks facing a child protection social worker. Conflict with families, colleagues and wider society is an ongoing feature of safeguarding work, resulting in part from the emotionally charged subject matter of dealing with children at risk. Additional pressures brought by changing systems, individual and organisational responses to stress, scarce resources and lack of competence of others and confidence in oneself can bring further confrontation and stress.

Communications

Children need to be able to participate, wherever possible, in decisions relating to their future. Amongst other tasks, there is an obligation for social workers to establish the wishes and feelings of children, so that their participation is achieved. Communicating with traumatized children can be emotionally demanding, particularly as children adopt methods of coping with trauma that may limit their ability to communicate effectively and appropriately. Where the children are young or have additional or special needs, the task may be even more difficult. Sometimes the way in which children express their emotion can be challenging, for example with children being aggressive, severely distressed or withdrawn. Understanding and interpreting these behaviours and interpreting the underlying communications are key skills in working with children.

Balancing welfare and safety

Children are entitled to participate in decisions about themselves but may be in positions where what they want may compromise their welfare, for example, children may not wish to be parted from an abusive parent, even when no other course of action can protect them. Social workers must often balance children's wishes and feelings with their welfare and safety. In addition to ensuring that wishes and feelings are understood and the child's safety and welfare needs are met, social workers have the task of communicating these matters to others, including courts, professional groups and other family members. This must on occasion be managed in the face of minimization of risks of harm to children and a lack of ability or willingness to do something to improve their circumstances. When this occurs, social workers can feel responsible for the vulnerable child, yet unsupported by the systems that are there to protect children, such as courts, multi-agency groups and, sometimes, their own managers. This can be an isolating and frustrating experience for social workers, which must nevertheless be managed in order to provide the best possible service for a child. It is a core task to ensure that the appropriate response to situations is provided and that it supports the recovery of a child and prevents further harm. Understanding and communicating the child's circumstances to others is essential in securing that response. An example of this is the requirement to provide evidence of children's circumstances, wishes

and feelings when presenting a case to court, to ensure appropriate legal remedy and effective care planning. It is particularly important that social workers feel that they have represented what they consider to be the best possible means of securing a good outcome for a child, as they are very aware of the consequences for a child of getting it wrong. This awareness is heightened on a regular basis through work with children where good outcomes have not been achieved.

Where harm has been experienced or there is a threat to a child, it is the role of the social worker to determine the nature of the harm and the potential or real impact. In understanding the impact, it is necessary for the social worker to understand the pain, upset and hurt caused to a child, and the social worker must engage and develop a trusting relationship with the child and family, including with the adult who presents the risk. Working with these two conflicting sets of needs demonstrates the challenge that social workers face from the outset. Research has shown that better outcomes for children and families in child protection are positively influenced by a good relationship with the social worker (Department of Health, 1995).

Dealing with the trauma

Children and their families can be angry and confused about the abusive incident(s) and also by the invasive process deemed necessary to protect a child. There can be complex issues when those in a responsible or caring position have abused a child, and dealing with the stigma of child abuse situations can be a challenge for service users and social workers. Some children are exposed to horrific levels of physical, sexual and emotional violence and neglect that most members of the public may never have to witness in their lifetimes. For social workers, there is regular contact with the most intimate details of these traumatizing events, and they have the task of translating the effects and taking action to prevent a repetition and to facilitate the recovery of the child. It may be important that social workers do not show certain feelings or responses during interactions, as this can affect children and young people, making them feel a sense of wrongdoing or shame. This can be particularly true when dealing with sexual abuse issues. On many occasions social workers need to suspend their personal feelings, or at least contain them, in order to effectively carry out the social work task, as it would be unhelpful for the child or family member in crisis to be met

with someone unable to manage and deal with the potential for the feelings of disgust, shame and embarrassment that they feel about child abuse. There can be a consequence of hiding true feelings in order to achieve a professional goal (Theodosius, 2006).

Public reactions to child abuse

The understanding that society abhors child abuse and those responsible for it can exacerbate negative feelings. Even where these issues have an impact on other children, societal reaction can be overwhelming. The very tragic circumstances of 2 year-old James Bulger's murder in 1993 led to unprecedented outbursts of public anger against the 10 year-old boys responsible. Scenes of crowds attacking the transport that took the boys to court appeared on the news, with little coverage devoted to the impact upon them of such terrifying events. Following sentencing, petitions were circulated asking for the Home Secretary to intervene and exact more severe penalties. Anger and grief can drive this understandable need for demonstrative punishment and revenge. Our lack of understanding as to what motivates people to commit such terrible acts on the most vulnerable means that we are unlikely to ever find a punishment to fit the crime. This contributes to a level of frustration that in turn has a bearing on the need to find someone to blame. Where there has been social work intervention, which is charged with the protection of children, and this fails, the social worker can become the focus for some of the anger and the necessary means for the seeking of retribution. The call for social workers to lose their jobs and the media 'name and shame' is not unusual in high-profile cases.

The purported representation of the public view through a negatively critical media approach to child protection social workers is unrelenting. Media responses to high-profile cases have been almost overwhelmingly negative and aggressive in condemnation, even where other professions are considered to have missed opportunities to intervene. This has been particularly true when the death of a child may have been prevented by social care intervention. The media releases personal details of staff involved, photographs appear on newspaper front pages and television, and judgements are made on individuals' personal values and professional competence. One newspaper reporting in 2008 on the tragic death of Baby Peter in the UK ran a campaign and established a petition to sack the social workers involved; over half a million people signed the

petition in the biggest ever response to a newspaper campaign (*The Sun*, 2009). The same newspaper advertised for people to tell their stories if they knew any of the social workers involved in the case.

Secondary trauma and the social worker

It is reasonable to assume that those directly involved in the aftermath of a tragic case will suffer some degree of trauma. It is also reasonable to assume that those indirectly involved, for example colleagues working in the same department, will suffer some level of emotional stress. For those not involved but working in the same profession, there is an almost daily reminder of the precipice on which they stand as they make decisions about intervening in the lives of children. The following case study gives an example of those indirectly involved.

A social work team in a local authority had been depleted by long-term sickness. There had been a number of cases made subject to serious case review, which occurs when death or serious injury has been caused to a child and inter-agency working needs to be examined. The more experienced staff in the team were able to take long-term sick leave, but the less experienced social workers had not worked long enough to be entitled to pay on any long-term sickness situation. The team was therefore staffed by the least experienced members. The level of stress and worry of what was to come for the day was so frightening that two of the social workers were vomiting on their way into the office on a regular basis.

The issues affect social workers in different ways and the relevant personal factors and circumstances need to be explored to identify how to assist individual social workers facing difficulties. The consequence of the majority of people's employment mistakes is unlikely to cause serious harm to a child, bringing about public castigation and media witch-hunt. The irony is that if children and families social workers were better supported, both publicly and professionally, they would be less likely to make the mistakes that create the environment in which they work.

Making difficult decisions

One of the most difficult areas of practice is the decision-making process involved in the removal of children from the family home. The benefits for children of staying with their families, and the benefits of their removal for short or longer-term periods must be acknowledged in the face of resistance by families and lack of appropriate resources to ensure good quality substitute care. Most decisions about children's circumstances are made with input from multi-agency professionals; however, frequently it is the social worker who has the responsibility for carrying out the decision.

Making the wrong decision when considering welfare and safety issues for children can have disastrous consequences for the child, the family, the social worker and their colleagues and families. This is a conscious thought for effectively functioning social workers on a daily basis.

A colleague had worked with a family where there had been serious domestic violence issues and a child had been injured. The child was removed from the family home but, after the couple separated, work was done with the mother to return the child to her care. The social worker had been proactive in the support of the mother and on her recommendation the care order was discharged. The social worker continued with family support work but the progress with the family deteriorated, with a number of visits being cancelled or postponed. On her last visit, the social worker attended and got no response from knocking at the door, but on leaving the property saw the child with a person she assumed to be the mother's ex-partner. She spoke to the adult, who stated that he was related to the child but did not identify himself as the ex-partner. The social worker spoke to the child, who she described as hesitant and reticent to talk. The social worker's 'hunch' was that this was the ex-partner, and the child's demeanour caused her concern that the child may be at risk of harm. Action to remove the child needed to be formal and coordinated. The social worker had to return to the office to contact police and other colleagues. It was discovered that the individual was the mother's ex-partner and the child was removed from the individual's care a couple of hours after the original visit. The social

worker described her feelings at this time as being so terrified that something would happen to the child that she experienced physical symptoms of fear, including nausea and anxiety. Her genuine fear was that the ex-partner would harm the child, in part because he had been 'discovered' and the child may have been blamed, as the case history showed that the child had previously been injured as a result of that individual's frustrations and anger.

Managing these feelings during the incident is only part of the issue. The 'what-if?' question remains with social workers long after the event, despite there being little else in reality that could have been done other than follow carefully laid-out procedures, as occurred in this case.

Being too interventionist or not being interventionist enough – both of these behaviours cause a similar public response and add to an overarching perception of incompetence on the part of child protection social workers. It is arguable whether the perception of incompetence creates a self-fulfilling prophecy. Not to recognize the ability of social work staff to perform effectively means that there is no requirement to look for other answers to the problem of why children are not valued highly enough to ensure their safety, despite their general vulnerability. Not having answers to these difficult dilemmas means that the social work profession remains potentially ignorant of issues that could assist the ability to identify and protect the most vulnerable children. Constant criticism of professional behaviour, which is contradictory in its message as to what is expected, means that there is little focus on the reality which sees one or two children die each week in England and Wales as a result of child abuse and neglect (Coleman *et al.*, 2007). Better focus on these issues could assist social workers in managing the difficulties and reducing the incidence of harm to children. Acknowledgement of the issues could possibly lead to increased understanding and therefore better support of child protection social work.

Burn-out and compassion fatigue in social work teams

In addition to the daily issues associated with direct work with families and a negative public perception, there are other factors that

may affect social workers and contribute to burn-out and compassion fatigue. Morrison (1993) recognized the emotional impact of child protection work and described the process of 'professional accommodation syndrome', where social workers are unable to discuss the impact of their work on thinking, feeling and behaving. This denial results in feelings of helplessness and the attempt to appear to cope results in feelings beginning to emerge in irrational and dysfunctional ways. These unresolved issues lead to a perception that social workers are not coping, and denial of the existence of problems in turn compounds the inability to discuss the emotional content. It is arguable, then, that external and internal factors are inevitably connected, and that maintaining a perspective that both allows social workers to work effectively and continues to recognize the seriousness of the harm to children requires a mix of personal resilience and external support.

A dysfunctional reaction can manifest itself in conflict. One area for conflict is within the team environment, either with groups or individual colleagues. Social workers may incite conflict in teams or with colleagues as a result of compassion fatigue and burn-out. Constant and indiscriminate criticism of others' practice, aggressive and confrontational styles and undermining of other individuals should be considered indicators of concern that a social worker may lack empathy, an emotion required for recognizing issues for children and families.

Conflict with service users can occur in an environment where there is little support, sympathy or understanding. This can mean that workers develop individual methods of coping, including engaging in a confrontational manner, in a possible attempt to defend themselves.

A family was called into the local social work office to be told that the result of an assessment would be a recommendation to the court that their children should be removed and placed in the care of the local authority. The parents had a previous history of being aggressive and on one occasion had attempted unsuccessfully to attack the social worker. A colleague, jointly with the allocated social worker, had undertaken the assessment, in part to provide a safer working environment. As the parents were being given the news of the outcome of the assessment, their behaviour became increasingly agitated; they

were shouting and swearing at the social worker and attempted to move towards her in an aggressive manner. They were asked to calm down by the colleague, at which point the father shouted, 'Look at her, look what she's doing'. While her colleague had been telling the parents about the outcome of the assessment, the social worker had been goading the parents by smiling smugly at them throughout the process. The behaviour had been witnessed by another colleague, who was present in the room due to the aggression previously displayed by the parents.

The social worker in this instance had been blatant in her behaviour, but many examples exist of less obvious methods of inciting conflict. Such behaviour leads to additional confrontation, adding further to the fear already perceived and possibly resulting in a cycle of high anxiety that is difficult to break. Working in this manner may be indicative of burn-out and compassion fatigue and can further compound associated difficulties. There is evidence to suggest that those who experience conflict with service users will fear similar violence occurring in the future, and this fear affects burn-out directly (Song, 2006).

Social workers must demonstrate empathy with individuals who, whether adult or child and whatever the circumstances, are people with needs and worries of their own. The depersonalization and objectification of children and their families is a symptom of compassion fatigue and burn-out. The inability to deal with others' emotions, or for those emotions to be masked by the stress of one's own concerns, leads to a lack of acknowledgement of the impact of harm. There is a distinct difference between maintaining a professional stance, demonstrated by the ability to identify and understand the emotions of service users and the impact on oneself, and detachment of all emotion from a fundamentally emotional task. It is arguable that the ability to make informed and positive decisions for children at risk of harm is reliant on the ability to comprehend the impact of harm and the impact of dealing with this on oneself. Social workers who are unable to manage this process can find themselves in a situation where they display uncontrolled emotion inappropriately. Social workers may also over-identify with the pain and grief that belongs to the service user.

In a case where a child had been tortured by the mother's boyfriend, a social worker found he was so unable to detach from the mother's point of view that he became personally abusive to colleagues who challenged his assessment. The strength of his viewpoint was such that he was unable to back down and the disciplinary proceedings that were instigated because of his behaviour resulted in his employment being terminated.

Minimization or over-personalization is not a substitute for management of feelings. Professionals may present as 'ultra-capable' or 'ultra-professional', delivering services in a detached manner and interpreting this as appropriate professional behaviour. Such individuals may be dismissive of the impact of issues of working in child protection, as this can be thought to denote weakness and therefore lack of capability. Dismissing the impact on oneself may indicate an inability to understand the feelings of service users. When this applies to children's situations, it means that the ability for appropriate decision making is compromised, as being unable to understand and express children's wishes and feelings and to articulate this to others is a fundamental part of child welfare service.

Professionals behaving in an emotionally inappropriate way on a regular basis should be considered to be having difficulties with managing the emotional component of child protection work.

Supervision and support

A number of studies point to the importance of effective supervision (Lloyd *et al.*, 2002; Kim, 2008), colleague support (Lloyd *et al.*, 2002; Collins, 2008) and autonomy in practice (Kim and Stoner, 2008; Kim, 2008) in providing social workers with positive working environments. The question that needs to be addressed is, can the social workers experiencing burn-out and compassion fatigue access the above?

Social workers can manage many demands as they experience high job satisfaction, particularly in the area of direct work with service users. Frustrations arise through such issues as organisational demands and lack of recognition (Collins, 2008).

Many teams work under significant resource pressure and, as in all areas of business, there are individuals who are less competent, less motivated and willing to leave the work to others. The social work profession has a strong commitment to equality, and as a consequence its reward strategy tends to be based on length of time served, rather than on performance-related recompense. There are also limited opportunities for progression whilst maintaining direct work with children and families, an area that provides substantial job satisfaction. A lack of explicit recognition of those who perform well contributes to a lack of value for competent and committed staff. It is an added pressure on social workers to deal with incompetent and lazy colleagues when they understand the implications for children of poor quality work.

Systems that have been brought in to assist with management of social work may compound the ability to depersonalize the issues for children and families, in addition to adding time pressure to services with high vacancy rates. Adopting a 'tick-box approach', which concentrates on ensuring that targets are met, does not always allow for the making of decisions in a holistic and individual manner. It could be argued that some systems increase stresses on social workers by adding to increasing workloads, curtailing the ability to understand and plan for individual circumstances, limiting professional autonomy and also supporting burn-out and compassion fatigue through objectifying children and families.

Supporting autonomous practice is important in valuing social workers; allowing for decisions to be based on the needs of children and families and to be made by experienced and competent individuals is a key component of effective outcomes. Measuring the quality of work is difficult, as the very nature of the work requires the success to be a negative. An example of how difficult this can be is the case of a young mother who had learning difficulties.

Her two very young children were removed from her care with a plan to rehabilitate them with significant initial support for the mother. The progress was very slow and a number of other more experienced social workers suggested that adoption at a very early stage would be most effective. The social work manager supported the social worker's view and the plan to rehabilitate. The children returned part-time to the care of the mother within 6 months but full-time unassisted care took a

total of 4 years. Apart from the initial incident, which led to the children being removed, neither child suffered any abuse or neglect in the home; they remained in the care of their mother until adulthood, with no requirement for further intervention.

Calculating the benefits of productive social work is a difficult task. Over how long a period should benefits be calculated? Do we factor in the potential for placement breakdown of children removed from their families? Should we give a monetary value to what we are able to achieve, and if so, how is this to be done? The example above illustrates the reliance on sound practice decisions. Social workers must be supported to undertake their work and not hampered by a lack of understanding about how to evidence effective intervention.

Discussion

It is important to recognize that, of all the factors which have an impact on the stressful nature of child welfare and child abuse cases, the issue that causes most concern to social workers is the possibility of 'getting it wrong' and the effect that this will have on a child. If social workers establish relationships with children and families in order to promote the best interests of children and this is unsuccessful, it is difficult for this not to have a negative effect.

Social workers have to acknowledge the powerful emotive content so that they can work effectively with children and families. In order to acknowledge this, they must first confront the reality that child abuse is manifestly distressing. They should be provided with, and seek themselves, the necessary support to enable better outcomes for themselves and the children with whom they work.

Social work with children and families necessitates entering into other people's lives at a time when they are suffering stress and distress. Whatever the concerns presented, social workers need to engage with children who may be at risk of harm, often from those closest to them, and with those who present such risks. Social workers may be working with children and adults with profound needs and must make informed decisions as to the services required to meet those needs. The task requires skills, knowledge and experience and, most importantly, empathy and understanding of the human condition. The requirement to be open to others' experiences can expose social workers to accounts of violence and its impact on the most

vulnerable members of society. A number of external factors influence this already stressful area of work and compound the difficulties associated with it. Social workers can be victims of secondary trauma, which can result in compassion fatigue and burn-out; this can be expressed through behaviour that may ultimately result in the inability to practice effectively and, in some cases, cause further harm to vulnerable individuals, as well as to the social worker themselves.

It is possible that the impact of emotional labour (employment requiring emotional skill) in such a highly emotive environment may lead to excessive distancing of oneself from the emotions in an attempt to remain unaffected by it.

There are numerous factors impacting on social workers, some of which have been explored in this chapter. As most of the work already involves dealing with significant levels of emotional trauma on the part of others, it is easy to fail to identify the signs and symptoms of compassion fatigue and burn-out on the part of affected social workers or their managers. What should be understood is that burn-out and compassion fatigue result in an inability to make effective decisions based on the best interests of children, and this inability is likely to compound the symptoms of compassion fatigue and burn-out. It is unlikely that those significantly affected will be able to access those traditional external or internal measures necessary to manage the consequences, and it is time to rethink the way in which support is offered to child protection social workers. Providing better support can only lead to benefit for professionals and the children and families with whom they work. There is scant research into the topic of secondary trauma in social work. Child protection is a difficult and demanding task, requiring robust and resilient individuals at all levels. Significant benefit would result from research into what creates and supports such robustness and resilience.

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