

# More Than a Tender Heart

Victims of child abuse  
need more than tears,  
more than sympathy;  
their problems require  
confidence, competence,  
as well as caring.



By JULIA M. NORLIN  
and WAYNE A. CHESS

*I really dread this home visit, though I'm not sure why. My supervisor said to always trust my gut. And my gut feels unsettled. I've never been hurt on the job, although Bobby Carter's dad did threaten me with a gun on my first visit. Maybe I should have called Officer Mitchell and asked him to meet me here . . . Oh, I'm just nervous because the last time I was in this neighborhood, my Willie Nelson tapes were stolen out of Old Blue. . . . And on top of everything else, the weather is absolutely dismal. Well, my feet have been wet for five hours now — what's another hour or two more? . . . I just don't like being "the heavy." All I have to say is "Child Welfare Worker," and everyone assumes I spend my time taking kids away from their parents—and enjoying it. But when the child isn't removed, the neighbors and the newspapers say, "Why not?" I just can't win. . . . And if that weren't enough, Ted wants me to quit — to just walk away from my job and all of its hassles. He thinks the job is getting to me, and now it seems to be getting to him. . . . I'm beginning to wonder if any of this is worthwhile. Am I really helping these kids and their families? In fact, I wonder if anybody cares. . . . God, I hope my telephone and beeper are silent tonight.*

— A Child Welfare Worker

Seldom does a day go by without a new account of suspected child abuse or neglect being reported by the media. Occasionally the gruesome details of these reports remain in our consciousness for a long time. We wonder out loud — what's happening to this world? How can people do such things to their own children?

The problem seems to be getting worse, and we search for the reasons why. We wonder if incidents were previously underreported; if people today are more likely to identify and report such incidents; if community standards for what constitutes abuse/neglect have changed; if public awareness through media events such as "Something About Amelia" may have heightened our sensitivities.

No one really knows why, but nationally as well as in Oklahoma, the reports of child maltreatment are increasing at an alarming rate. For example, since 1972 when a statewide system of reporting was established in Oklahoma, reports have steadily increased from 547 to 16,875 in 1983. On any given day in this state, the Department of Human Services will receive about 50 calls alleging that an Oklahoma child is being abused or neglected. Nationally, child welfare agencies receive about 3,000 such calls per day. This represents more than 1 million calls per year. Each call is answered by a child welfare worker who must make the home visit.

While much has been said and is being written about the victims and perpetrators of child abuse/neglect, little attention has been focused on the person who works with these unwilling clients. Under Oklahoma law every report of child maltreatment must be investigated and a report filed with the local district attorney. It is the child welfare worker who investigates each complaint and makes a judgment as to whether the alleged abuse or neglect actually occurred. In effect, the worker goes up to the house and says, "There has been a report involving the maltreatment of your child. I am a child welfare worker, and I need to see your child." What's it like to be a child welfare worker in this situation? It's tough. Performing such tasks daily takes its toll of the workers and the quality of service they can pro-

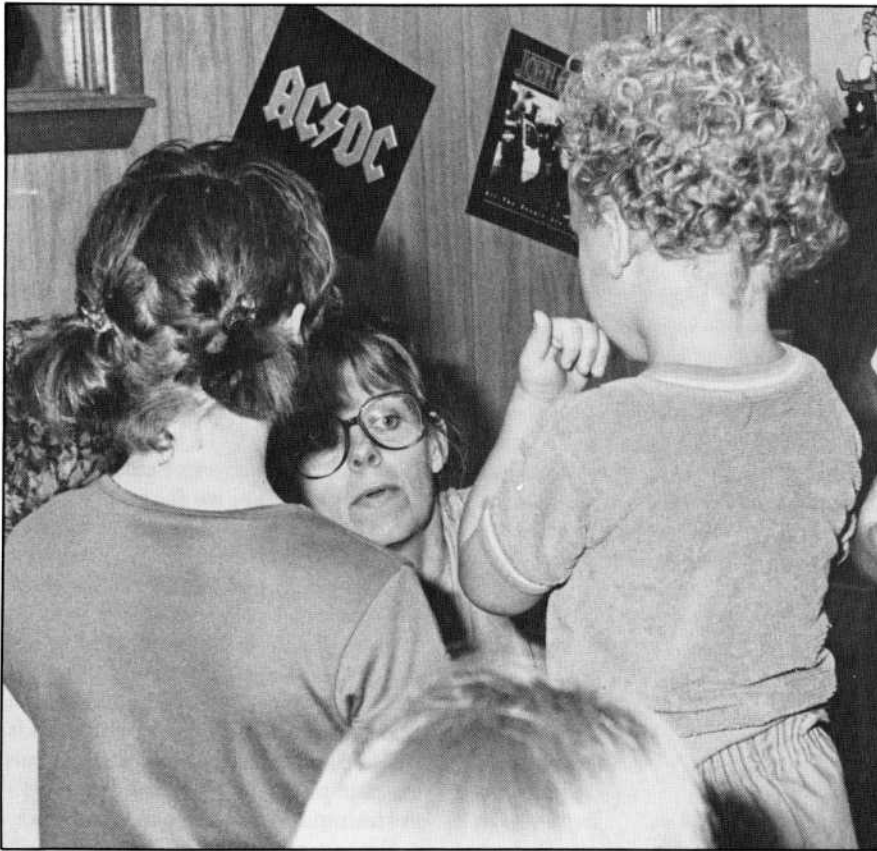
vide over a long period of time.

At the Center for Social Work Research at the University of Oklahoma School of Social Work, we are interested in controlling — and eventually preventing — social problems by improving the quality of social services. Our special interest is in the various forms of job stress and strain, particularly as experienced by child welfare workers. In this connection, the Center has conducted a series of national and state studies dealing with what is popularly referred to as "burnout."

In determining what child welfare workers are like, we found a marked contrast between the stereotypical and the actual child welfare worker. The stereotypical image of the child welfare worker usually suggests a "maiden" lady who is matronly in appearance, insensitive, untrained — and who wears orthopedic shoes and carries a special notebook. This stands in marked contrast to the demographic profile of child welfare workers nationally and those in Oklahoma.

For example, there are approximately 340 front-line child welfare workers and 60 supervisors located in county offices across the State of Oklahoma. Most of these workers were attracted to the field of child welfare because of their commitment to improving the quality of life for children. The vast majority are sensitive, highly motivated, well-educated (most have college degrees) and professionally committed to the parents and children they serve.

The typical Oklahoma child welfare worker is under age 30, female, caucasian, married with one child at home. Approximately one-half live in one of the state's four metropolitan counties; the other half are distributed among Oklahoma's other 73 counties. Most earn a salary that is nationally competitive for social workers. Approximately three-quarters of all Oklahoma workers have been on the job for less than three years. Overtime work seems to be the norm for 98.2 percent of Oklahoma's workers. In a recent study, they reported a monthly average of 10½ hours of overtime and as salaried professionals expected to get 68 percent of that back through compensatory time rather than extra pay.



*Norman's Parents Assistance Center provides professional support for both parents and their neglected/abused children in reconstructing family relationships.*

In our study of child welfare workers both nationally and in Oklahoma, we found significant levels of job strain/burnout. In about 10 percent of the cases, the burnout level was high enough to severely hinder the workers' performance. In short, they were experiencing a type of sickness themselves and probably were of little or no help to those they were committed to serve. This article's introductory vignette is a description of a social worker who is showing early signs of burnout. The symptoms include:

1. excessive depersonalization, i.e., avoiding client contact and treating clients impersonally;
2. emotional and physical exhaustion;
3. lowered job productivity;
4. decreased job commitment;
5. loss of self-esteem and a reduced sense of professional competence; and
6. job-related personal difficulties at home.

In a sense our child welfare example illustrates two growing and interre-

lated "people problems." The first and most obvious one is the abuse and/or neglect of children. While it is only one of a number of community social problems, it is one of immense proportions, extremely complex with no "quick fix" solution.

The second problem pertains to those "helpers," social workers and others who daily are involved in intense person-to-person contact with those who abuse and those who are being abused. For some workers, the job challenge, the chance to make a difference in a child's life is worth all of the frustrations and dangers. For others, the job is hurtful, damaging to their own lives, to their loved ones and ultimately to their clients.

Most people who go into professional social work do so because of a need to help people make their world a better place in which to live. It is a caring profession, and the workers/helpers need to feel their efforts are making a difference. In most forms of social work practice, there are personal rewards in helping clients. The people

in difficulty seek help with their personal and family problems. Through counseling and other forms of assistance, the majority are helped — usually a very rewarding personal experience for the worker. Child welfare work — or at least protective services work — is of a different order. Here, more than in any other area of social work, it takes more than a tender heart.

Protective services work can be extremely rewarding because the victims are for the most part vulnerable and helpless children. Intervention can make a difference — sometimes a major difference — perhaps even saving a child's life. Work with abusive and neglectful parents can also have its rewards. Contrary to popular belief, except for the small percentage of sociopaths who make the headlines, most parents aren't intent on hurting their children; rather, they lack parenting skills, ordinary knowledge of child development, and usually are under great personal and situational stress at the time of the incidents of maltreatment. For many of these parents, severe and at times violent forms of "discipline" are a way of life — and the way in which they themselves were raised. This is not to excuse in any way what they do but a necessary fact for welfare workers to understand and accept if the parent and child are to reach an acceptable relationship.

Unlike the case with most other forms of social work practice, however, the child abuse client is not voluntarily seeking help. In most instances, the social worker is an unwanted and unwelcomed intruder. These clients can be uncooperative, hostile, unmotivated and rude. The skills the workers need to employ to overcome these client feelings are different from the behaviors and skills used with cooperative clients. Unfortunately, the workers, because of their own preferences, may not have sought to develop the skills involved in confrontive work. Further, their clients may be overtly threatening to the worker.

Most child welfare workers can tell "war stories" that rival any tales told by inner-city law enforcement officers. Workers are not usually agency-trained in physical defense, although some have seriously suggested its advisability. One worker tells of being



backed into the rear wall of a garage by an accused child abuser who was behind the wheel of his car. The v-shape of the bumper probably prevented the fracture of one or both of her legs. Most child welfare workers can cite instances of being threatened with a weapon of some kind. One worker confessed that she always sits with her back to an exit since an occurrence when a woman client tried to stab her with scissors. Never quite knowing what to expect, the workers always need to be prepared to handle crisis situations.

Further, although child abuse/neglect is a phenomena of all social classes, those who are the more likely to be reported are those who are poor, who live closely with their neighbors and whose unairconditioned homes are open. Therefore workers often may find themselves in city neighborhoods where they feel less safe, while the rural workers often find themselves in isolated areas. Constant apprehension on the part of the worker is fatiguing.

Another very real danger for child welfare workers in a litigious society such as ours is "liability," the threat of lawsuits charging "malpractice" or "malfeasance of office." Insurance can offer partial financial protection for professionals in civil suits such as malpractice, but in a criminal suit, no protection exists. For example, in some states, if a child is returned to a parent who is judged to be a "safe custodian," and this child is subsequently severely injured or killed by the parent, criminal charges can be filed against the worker.

The dilemma is that the workers are seeking to be helpful to people who, in most instances, are not seeking help and for the most part, don't think they need help. A fundamental tenant of helping is a relationship of mutuality. In the case of child welfare workers doing protective services, this fundamental principle has been violated before they even see the clients. The workers, like all of us, need to be appreciated and held in high regard. Child welfare clients seldom send their workers thank-you notes. Instead they are more apt to bombard the workers with negative feelings which may over time aggravate and intensify the workers' own feelings of unworthiness.


Although the study of burnout in the field of child welfare work is relatively new, preliminary findings are leading to significant conclusions. Our research points to the following:

1. Young people are more susceptible to burnout than those who are older, perhaps indicating an unreal perception of the job and expectations too high to be achieved;
2. People who are well-trained for their positions and confident of their abilities and skills are much less susceptible to burnout than their untrained and less confident colleagues;
3. Social support from colleagues, supervisors and spouses tends to offset the development of burnout symptoms;
4. People who care, who are personally committed to their work/professions are more likely to grow in their jobs and less likely to experience burnout; and,
5. Surprisingly, workload (within reasonable limits) does not appear to be a factor in burnout.

We consider our findings important because in several instances they run counter to the popular conceptions of burnout. For example, we do not find support for the contention that it is the most committed and those who work the hardest who succumb to burnout. In fact, we found quite the reverse. If we were to speculate, we would conclude that those young, inex-

perienced and untrained people who believe in "quick fix" represent the high risk group for burnout.

Working with people accused of maltreating their children is an unsung job, largely misunderstood and unappreciated by both clients and the public. Too often child welfare workers are seen as "do gooders," tender in the heart but soft in the head. Certainly the job requires a caring, understanding, non-judgmental attitude, but it also requires an extensive professional knowledge base. Workers must understand why people behave as they do and be able to predict such behavior. They must have a thorough knowledge of public policies, laws and agency systems and possess the particularized and specialized skills to enable them to work with non-voluntary and resistive clients. And they also must know themselves, their own vulnerabilities, strengths and needs, if they are to progress beyond a mere working relationship to actually helping the families involved.

Child welfare professionals need to maintain a precarious balance between "street wisdom" and caring, avoiding the extremes which produce either "tough" — and perhaps sick — workers who will not be "conned" or the gullible, feeling-dominated worker whose lack of expertise is a barrier to bringing about a change in the client. In short, the effective worker possesses confidence, competence, caring — and a tender heart. 



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