

Prevalence of Aggression Towards Residential Social Workers: Do Qualifications and Experience Make a Difference?

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Published online: 8 March 2008
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Abstract Residential social workers (RSWs), working in children's homes, have been shown to be particularly vulnerable to physical assault and threatening behaviour from those in their care and yet little research has investigated the factors related to such aggression. This quasi-experimental design examined prevalence of aggression across different grades and investigated the extent to which qualifications and training and increased experience in the job might moderate the levels of aggression experienced by virtue of increased expertise. Results did not support the common assumption that vocational training and/or experience would necessarily serve to protect staff from victimisation. Existing methods of training staff, both on and off the job to deal with such aggressive incidents should be re-examined in the light of these findings and more detailed investigations into the reasons for the aggression are required.

Keywords Violence · Aggression · Social workers · Qualifications · Experience

Introduction

It is now widely acknowledged that violence and aggression towards some human service workers is an issue for concern (e.g. Rippon 2000; Wells and Bowers 2002). The UK government has introduced a nationwide system for monitoring and reviewing aggressive incidents in the health care sector as well as for encouraging the reporting of incidents and

Prepared for Child and Youth Care Forum, August 2007

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prosecuting the assailants (National Health Service 2006). However, one rather neglected area is that of social work. Rowett 1986 did determine that the levels of aggression were likely to be higher than officially acknowledged, since many incidents go unreported and Brown et al. (1986) determined in a postal survey in one particular county in the UK that 53% of social workers had been assaulted or threatened in the preceding 3 years. Since these studies, definitions of aggression have evolved. For example, Rowett's study concentrated upon the most serious incident experienced together with any associated injury. It is now accepted that injury is not essential to any definition of aggression and that assault need not even have taken place for workplace aggression to be considered harmful (Lanza 1985; Ryan and Poster 1989; Flannery 1991).

Subsequently, an investigation by the University of Southampton (1989), across six local authorities in the UK, investigated experiences of social workers. Almost 38% reported knowledge of a violent incident experienced either personally or by a colleague in the preceding 3 months. Unfortunately, this dual reporting obscured the true rate for the individual. However, they did determine that the aggression was directed mainly towards professional (specialist) social workers. Other social workers, such as social work assistants, reported much lower levels of aggression.

Further, a study in Scotland (Leadbetter 1993) demonstrated that there was an increase in social workers' reports of violence over the 3 years of study, with staff in residential children's homes most affected. Part of the investigation included a 2-week diary study, which demonstrated that on average, 19.3 incidents were experienced by participants, not one of which was formally reported. Macdonald and Sirotych (2001) endorse the tendency for staff not to report. One quarter of incidents in their study were unreported. They determined that in Canada, 37% of certified social workers had been assaulted at some time in their career and 8% were actually injured. Sixty-four percent had experienced threats of harm and 88% reported verbal harassment.

Similarly, in the US, high levels of aggression towards social workers have been reported. Jayaratne et al. (1996) reported that 17.4% of social workers had been threatened in the preceding year; 2.8% had been assaulted and 43% verbally abused. In a later survey of social workers, Jayaratne et al. (2004) investigated the prevalence of aggression according to qualifications and type of practice. They reported that of those staff qualified to Masters level, nearly 23% in the public sector reported being threatened, compared to only 9% of private practice social workers. In the public sector, 3.3% reported assaults and 49% verbal aggression. Overall, staff in private practice reported lower levels than the public sector at 1.6% and 25%, respectively. Mental health services and protective services were deemed the most violent. From these two comparable studies, there would seem to have been an appreciable increase in levels of aggression towards public sector social workers in the US in just a few years. Rey (1996) reported rather higher levels in their study of US social workers in that 23% had been attacked at some time, 60% threatened and 89% verbally abused. In addition, 82% of participants reported actually being fearful of workplace violence. In a survey of members of the National Association of Social Workers in Pennsylvania and in California, Newhill (1996) reported that 57% of participants had experienced at least one violent encounter in their career and that 48% had experienced more than one. Newhill and Wexler (1997) reported that one of the most vulnerable areas of social work is child and youth services with 75% of staff reporting threat or attack.

Overall, it is difficult to make comparisons because of the variation in reporting periods and the different definitions of aggression, but it is clear that a considerable problem exists. However, as Balloch et al. (1998) point out, in the United Kingdom, qualified social

workers are in the minority of social service staff, yet little has been done to investigate the aggression directed towards other care workers. Despite the fact that residential care situations are acknowledged to be risky in terms of aggression, residential social workers (RSWs) are often unqualified with varying levels of training and experience. Balloch et al. (1998) determined that residential workers (62%) and residential managers (65%) were most likely to have experienced aggression during their careers, with social work assistants (30%) being more vulnerable than social workers (21%) themselves. When data were examined for frequency of aggression, residential workers were more frequently victimised than managers, social workers or home care workers.

The effects of such experiences upon staff are profound with fear, anxiety and stress being commonly reported (Balloch et al. 1998). The experience also impacts upon professional confidence and on commitment (Norris 1990; Littlechild 2000). Although this has been recognised an important issue in relation to staff retention (House of Commons Health Select Committee 1991; National Institute for Social Work 1999), little practical progress seems to have been made in reducing the prevalence of aggression towards social care staff.

It would also seem that male social workers and younger social workers are more frequently victimised than female or older social workers (Balloch et al. 1998; Jayaratne et al. 1996; Newhill 1996). Although the sex and age of staff victims has been investigated, no one has examined the differences in relation to levels of qualifications or at length of experience, both of which might be moderating factors in experiences of aggression. It is commonly assumed that the qualified staff are better equipped to deal with escalating aggression by virtue of increased knowledge and understanding. Experience too might be deemed a moderating factor, as the staff member becomes more experienced and practiced in dealing with aggressive incidents.

The present study determined the prevalence of aggression towards UK RSWs in a number of childrens' homes. It also investigated the extent to which experiences of aggression might be mitigated by the expertise of staff, according to current grade, relevant qualifications and length of experience. Differences in experience of aggression according to age and gender were also examined.

Method

A quasi-experimental between groups design was adopted to examine differences in experiences of physical assault and threatening behaviour according to the grade and the qualifications of participants, by the length of experience in this profession and by participants' age and sex.

Participants

Participants were drawn from one local authority residential children's home and two homes in the private sector. All employees in the chosen homes ($n = 220$) were asked to participate and 87 responded, a response rate of 40%. Of these, 65 were RSWs, 16 were senior RSWs and six were managers. There were 40 male and 47 female participants with a mean age of 36.5 years. There was no obvious bias in the distribution of responses across groups or locations and enquiries made of staff when reminding them to respond suggested that time constraints were the main reason for the non-return of the questionnaires.

Measures

A modified version of the “Prior experiences of aggression questionnaire” was used (Winstanley 1999) to elicit details of physical assault and threatening behaviour within a specified time period. Experiences of verbal aggression were not sought and the period of assessment was adjusted to reflect the expected frequency of aggressive encounters, i.e. to determine experiences of aggression in the preceding month and in the preceding 12 months. The following descriptors of aggression are adopted in the questionnaire.

Physical Assaults: meaning any aggressive physical contact regardless of whether an injury was sustained, e.g. hitting, kicking, biting and scratching.

Threatening Behaviour: meaning statements indicating an intention to harm, or by virtue of overt behaviour, e.g. punching the wall, or overturning furniture

Procedure

Questionnaires, together with return envelopes to maintain anonymity, were delivered to unit managers. Participants were asked to return questionnaires in sealed envelopes to their managers or alternatively to post them back directly to the researchers. Participants were allowed 1 month to return questionnaires and managers were asked to remind staff at intervals to do so.

Results

In the preceding year, 64% of participants had been assaulted; 56% had been assaulted more than once. Threats had been experienced by 72% in the preceding year and almost all of these participants had been threatened more than once (71%).

To investigate the frequency in more detail and to minimise memory effects, data were sought about experiences within the preceding month only. One-third of participants reported being assaulted in the preceding month, 11.5% only once and 21.8% more than once. Over 51% of participants reported being threatened in the preceding year. Only 4.6% of these reported just the one threat. The remaining 46.4% were threatened more than once.

Because the multiple aggressive incidents obscure the true situation somewhat, it is worth noting that the range of physical assaults experienced by any individual, in the preceding month, was between 0 and 15 and within the preceding year, 0 and 76. The number of threatening incidents reported by participants was between 0 and 50 in the preceding month and between 0 and 100 in the preceding year. In summary, among the 87 participants, there were 113 incidents of physical assault in the preceding month (mean = 1.3) and 728 in the preceding year (mean = 8.8). There were 480 threats in the preceding month (mean = 5.5) and 1,941 in the prior year (mean = 22.3).

Although some staff were victimised more than once, groups were too small for more detailed consideration in this case. Hence, analyses were according to whether or not aggression had been experienced in the given period. The extent to which prevalence varied according to the grade, qualifications and experience of staff was determined using χ^2 analyses for data pertaining to the preceding year. This period was deemed more appropriate, despite possible memory effects, since the monthly prevalence data may not be representative.

There was no significant difference in the number of staff assaulted in the preceding year between grades ($\chi^2 = .093$, $df = 1$, $p = .761$), i.e. RSWs ($n = 65$) and senior RSWs and managers ($n = 22$). However, there was a significant difference in numbers threatened ($\chi^2 = 5.04$, $df = 1$, $p = .025$). The RSWs were more likely to be threatened than the more senior staff.

Qualified staff referred to anyone with a minimum of a National vocational qualification (NVQ) Level 3 in a relevant subject, e.g. Health and Social Care. NVQs are considered equivalent to advanced level GCSEs, (commonly known in the UK as A levels), with the focus of the qualification being upon vocational rather than academic skills. Thirty-two participants (37%) had such a qualification. A further ten (11%) held NVQ Level 4 and six (7%) had a Diploma in Social Work. These two qualifications are generally considered to be equivalent levels. None of the participants were qualified to degree level. Of the unqualified staff, 24 (27.6%) had been assaulted in the preceding year and 15 (17.2%) had not. Thirty-three (37.9%) qualified staff had been assaulted in the same period and 15 (17.2%) had not. A χ^2 -test showed that there were no significant differences in experiences of assault according to the qualifications of staff ($\chi^2 = .495$, $df = 1$, $p = .482$). Nor were there any significant differences in experiences of threatening behaviour according to staff qualifications ($\chi^2 = 2.44$, $df = 1$, $p = 2.44$). Twenty-five (28.7%) unqualified and 38 (43.7%) qualified staff had been threatened in the preceding year. Fourteen (16.1%) unqualified and ten (11.5%) qualified staff had not been threatened.

Experience in the job was categorised as less or more experienced according to a median split at 43 months. See Table 1 for details of experiences of assault.

Analyses showed that there were no significant differences in staff assaulted according to length of experience in the job ($\chi^2 = .680$, $df = 1$, $p = .410$). Nor was there a significant difference in the number threatened in the preceding 12 months ($\chi^2 = 1.052$, $df = 1$, $p = .305$). See Table 2.

Differences in experiences of assault according to age and sex were also examined. Age was divided into four groups: less than 30, 30–39, 40–49, and 50–59 years old. There were no significant differences in reported assaults according to age ($\chi^2 = 2.26$, $df = 3$, $p = .520$) or according to sex ($\chi^2 = 1.6$, $df = 1$, $p = .206$). In addition, there were no

Table 1 Experiences of physical assault in the preceding 12 months according to the length of participants' professional experience

	Less experienced <i>n</i> = (%)	More experienced <i>n</i> = (%)
Assaulted	30 (34.5)	27 (31.1)
Non-assaulted	13 (14.9)	17 (19.5)
Total	43 (49.4)	44 (50.6)

Table 2 Experiences of threatening behaviour in the preceding 12 months according to the length of participants' professional experience

	Less experienced <i>n</i> = (%)	More experienced <i>n</i> = (%)
Threatened	29 (33.3)	34 (39.1)
Not threatened	14 (16.1)	10 (11.5)
Total	43 (49.4)	44 (50.6)

significant differences in experiences of threats according to age ($\chi^2 = 2.8$, $df = 3$, $p = .424$) or according to sex ($\chi^2 = 2.13$, $df = 1$, $p = .144$).

Discussion

Although it is difficult to make direct comparisons with earlier research because of differing timescales and definitions of aggression, it appears that the prevalence of aggression here was comparable to or higher than in some other studies. The levels of aggression were similar to child and youth service workers in the study by Newhill and Wexler (1997) who demonstrated that workers in this particular specialist area might be more at risk than other areas. Unlike Balloch et al. (1998), in this study, there were no significant differences in levels of physical assault between the RSWs and the senior RSWs and managers. This was not so for threatening behaviour where more RSWs than other senior staff reported threats. Balloch et al. (1998) examined career long prevalence of aggression which may well have influenced results. The probability is that the more senior staff have been in the job longer than the lower grades. However, why threatening behaviour alone should be experienced more by RSWs than senior staff is unclear. It may be a result of increased contact time coupled with threats being a more common occurrence than assault.

What is not obvious from many earlier studies is the *frequency* with which staff are victimised. Studies often only report the proportion of staff which have experienced aggression within a given timescale. This mode of reporting conceals the fact that a considerable number of staff experience aggression at more regular and sustained levels. The results of the present study do show that some staff are repeatedly victimised within a relatively short timescale. That any individual is assaulted as many as 15 times in the last month is a matter requiring urgent consideration and demonstrates how important it is that studies cite more than merely the numbers of staff victimised. Consideration needs to be given to investigating a larger group of participants to facilitate more detailed analyses regarding the frequency of aggression and in particular to the experiences of some individual staff.

The common assumption that, with appropriate training and/or practical on-the-job experience, staff will be better equipped to handle escalating aggression is not borne out by the results of this investigation. Whether qualified or not, staff experienced similar levels of both assaults and threatening behaviour. Similarly, staff with lower levels of experience did not experience a higher level of assault or of threatening behaviour. Nor were differences in age or in sex found to be a significant issue. It is uncommon for a paper to report virtually no significant differences in the results but collectively these results suggest that vulnerability to aggression is not moderated by virtue of existing qualifications or by the usual vocational training.

It would be useful to investigate in more detail any specific training offered to staff in dealing with aggression, although many staff in high turnover positions may not be trained at all and often, such training focuses upon escape and/or restraint. It may also be that training is not the issue here. Research into aggression towards health care staff suggests that the aggression is more frequently about patient or victim characteristics, about environmental factors or about the interaction between those involved than about specific training (Nijman 1999; Duxbury 2002; Winstanley 2005). Bearing in mind that social work staff, in residential children's homes, are often the ones in control of resources and freedoms, research might be better directed towards these aspects.

Although the present study did involve four different locations, it was of course a relatively small sample and more investigations are warranted. The actual p -values determined were in fact not at all marginal and a Type II error seems unlikely. The questionnaire itself clearly defined physical assault and threatening behaviour to avoid variations in interpretation but it should be noted; however, that memory effects might have influenced responses. It would be useful to examine the prevalence of aggression prospectively, including some investigation of the health and morale of the staff involved.

In summary, aggression towards staff in residential children's homes is a significant problem affecting a substantial number of staff, some of whom are being victimised repeatedly. It would seem that the usual vocational training and experience could not be relied upon to protect staff from the aggression or even to minimise the risk. Consideration should be given to determining whether more targeted training does make an appreciable difference and to focus research upon finding more detailed explanations for the aggressive incidents in children's homes. Until further research clarifies the reasons for aggressive incidents and determines ways to reduce risks alternative measures may be needed to protect both parties.

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