

The Stresses Arising from Violence, Threats and Aggression Against Child Protection Social Workers

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Abstract

- *Summary:* This article examines the effects of violence by service users in England and Finland against child protection social workers. Proposals derived from analysis of research findings for improved policies and practice in agencies, with particular reference to England, are discussed. In addition, results and implications of a smaller number of interviews with social workers in Finland are explored.
- *Findings:* The research found that there are a number of different effects resulting from violence on child protection social workers, depending on the particular configuration of factors involved in any particular situation. These include concerns about the effects of user violence on the ability of social workers to protect children; the importance of managers keeping a focus on workers' safety, particularly when threats are not always obvious to others; staff support strategies; responses to violent service users; and how workers' experiences can be employed to improve risk assessment and risk management.
- *Applications:* This article suggests that the experiences of and learning by social workers derived from incidents of violence need to be more systematically included in policy development and review. In addition, attitudes and procedures need to be in place which allow social workers to report their concerns and have them dealt with effectively.

Keywords child protection client violence Finland staff support stress threats

Violence Against Social Work and Social Care Staff

Violence against staff in field social work became a major issue in the United Kingdom in the late 1970s and 1980s (Bute, 1979; Brown et al., 1986; Rowett, 1986). Since 1980, there have been deaths of at least eight social workers in England caused by violence from service users. The majority of these social workers worked as mental health or child protection specialists. There have also been a number of other attacks leading to serious and permanent injury (Brown, et al., 1986; Norris, 1990; Department of Health, 2000). In addition, during the late 1980s, there were a significant number of reports from trade unions, professional associations and employers bodies which emphasized the need to give more serious consideration to the incidence, management and effects of violence against social work staff (Association of Directors of Social Services, 1987; Association of Chief Probation Officers, 1988; British Association of Social Workers, 1988; National Association of Probation Officers, 1989). Moreover, violence from service users has been judged to be a contributory factor to problems of staff retention in social work, and child protection work in particular (House of Commons Health Select Committee, 1991; National Institute for Social Work, 1999).

Specific sweeps of the British Crime Survey data for surveys carried out between 1992 and 1998 addressed experiences of violence at work and demonstrated that social workers are at particular risk of violence (Budd, 1999). Against an average of 1.2 per cent of all those from occupational groups reporting assaults, those in the category of 'welfare workers' – which includes social workers, probation officers and community and youth workers – had an average victimization¹ rate of 2.6 per cent. Against an average of 1.5 per cent for all occupational groups reporting threats, those in the category of 'welfare workers' had an average victimization rate of 2.3 per cent. However, a further breakdown of the data shows that social workers and probation officers are at particular risk within this category of welfare workers, with 9.4 per cent having been assaulted, and 9.5 per cent threatened: the highest of any of the groups apart from the police (24.6 per cent victimized) in relation to actual assault.

These figures are of concern not only because of the incidence of such violence, but also because the rate of reporting of such incidents is known to be problematic; there is consistent evidence of under-reporting across the published research findings (e.g. Rowett, 1986; Norris, 1990; National Institute for Social Work, 1999). If there is no proper system for reporting, and encouragement for staff to report, the real incidence and areas of risk in particular agencies cannot be known, and effective responses cannot be developed and monitored (Littlechild, 1997a).

There is strong research evidence concerning the level of stress experienced by workers on account of actual or potential violence at work (Smith and Nursten, 1998). Research by Balloch et al. (1999) addressed workers' experiences of stress in agencies with statutory social services responsibilities, based

upon samples that included over 2000 staff (residential staff, managers, field staff and home care workers). Pahl's (1999) analysis of research findings about violence and threats of violence to social workers demonstrated that these were commonplace, and were major areas of stress for such staff. A review by the National Institute for Social Work of this research (1999) confirmed that social care staff experience violence and abuse more often than staff in other occupations. There are also particular issues for consideration in child protection work, such as the controlling functions of child protection workers, that need to be taken into account (Pahl, 1999; Brockmann, 2002). Yet surprisingly, in *Working Together to Safeguard Children*, published by the UK Government about child protection work, there is only a brief mention of the effects of violence against child protection staff: it is contained within a one-page checklist of 'Ten Pitfalls and How to Avoid Them' in the guidance (Department of Health et al., 1999: 44).

The Importance of a Clear Definition of Violent Behaviour

Lack of a clear definition of which types of behaviour constitute violence and abuse makes agreement on strategies to deal with these different types of behaviour problematic (National Institute for Social Work, 1999). The report by the National Task Force on Violence Against Social Care Staff (Department of Health, 2000) stated that research into, and management of, violence and abuse against social care staff are beset by problems of inconsistent definition. They recommended the use of the European Commission DG-V (3) definition:

Incidents where persons are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well-being or health. (Department of Health, 2000)

This definition encompasses the different types of abusive and violent experiences that workers report in the research, but does not include details of how the worker experiences that abuse. This important element is addressed by the National Association of Probation Officers' definition (1989), which emphasizes the effects of behaviours that are perceived as being threatening; a key factor in ensuring reporting and effective reaction to the problem.

The status and importance of definitions, and how these are agreed within agencies and staff groups, are key features in ensuring that appropriate limits and boundaries are evident to both staff and service users concerning the acceptability of various behaviours. As evidenced later in this article, the areas of threat/verbal abuse are the ones where definition and supportive responses to workers are the most problematic; hence these behaviours require careful definition in policies and procedures. The available evidence suggests that threats of violence are as, if not more, important in producing fear in the victim than some types of actual physical violence.

The Purpose of the Study

The research discussed in this article was undertaken with Hertfordshire Social Services Department in order to discover the experiences of aggression and violence from service users against child care/child protection field staff (Littlechild, 2000). Hertfordshire is a large English county that has a population of over one million. In addition, a very small complementary study was carried out in Finland in order to provide a modest level of comparison between English and Finnish workers' experiences. The main themes to emerge from this latter piece of research are included towards the end of this article.

The impetus for the research arose from the author's study of probation service staff, which demonstrated that those most at risk of violence were court welfare officers who were intervening in parents' disputes over access (residence orders and so on) about their children (Littlechild, 1997b). A literature review identified how violence from service users can affect child protection assessments and decision-making processes in work with families, particularly when exhibited by men (Farmer and Owen, 1995, 1998; O'Hagan and Dillenburg, 1995). A number of child abuse death inquiries have suggested that child protection work and workers can be affected by concern about aggression directed at workers (Department of Health, 1991). However, there has been little research carried out in England or other parts of Europe based on the experiences of practising social workers in respect of child protection and staff violence.

Methodology

The Questionnaire

The initial purpose of the study was to gain an understanding and appreciation of the experiences and views of those providing services in the child protection field. The first phase of the research involved questionnaires being sent to all social workers and first line managers in children and families practice groups in the department. There was a 25 per cent response rate to the questionnaire, with some 48 returns. Of these, 21 respondents reported an incident of violence or sets of incidents. The areas covered in the questionnaire were:

- Nature and types of aggression and violence experienced.
- Aggressor details.
- Emotional and/or physical effects.
- Effects on professional and/or personal life.
- Effects on respondents' approach to service users, and their work in general.
- Experiences of support.

The replies to the open-ended questions, which invited respondents to give accounts of their experiences in relation to the areas covered by the

questionnaire, were subject to a form of content analysis, where the responses are examined and re-examined over a period of time to first identify and then develop emergent themes within the responses (Burns, 2000).

The methodology employed in this study was mainly qualitative, although data from the questionnaire returns gave some broad indications of numbers of staff at risk and how they might be at risk. The validity of such qualitative research lies in the ability to uncover and analyse in a systematic way the experiences of workers, and their decisions and actions based upon their perceptions. These perceptions, motives and actions of staff are important to ascertain in order to gain more than a partial understanding of the complex problems of organizational, professional and emotional responses to the increasingly contested and stressful area of child protection work (Parton, 1998; Parton and O'Byrne, 2000). For example, the Department of Health document *Child Protection: Messages from Research* (1995) drew on specifically commissioned research work on child protection processes and outcomes, leading to a number of important conclusions, which had significant effects on child protection practice in England and Wales. However, in these explorations of child protection processes, there was no examination of why social workers made the decisions they made within the processes studied. As Parton (1996) observed:

the research overview has not really addressed why professionals respond in the way they do. (p. 10)

The Interviews

The themes identified in the questionnaire responses informed the second stage of the research. Purposive sampling, based on respondents' stated experiences that raised issues in relation to the key themes being explored in the research (such as types of incident(s) experienced, experiences of support, effects on them and their practice, and so on) led to seven in-depth interviews with social workers in England to explore issues and themes identified from responses to the questionnaire.

The majority of interviewees had long experience of work with children and families in social services. Three had 20 years or more experience, and two had 10 years or more. Of those with over 20 years' experience, one had moved out of children and families work into mental health practice since completing the original questionnaire, because of the pressures that she had felt in child care work. Another had moved house and changed her car because of the threats that she had experienced following removal of children from a family. One other who had over 20 years' experience in practice said that the environment now was very much more violent and aggressive than when she first started the work. One worker (respondent A), who had been assaulted twice as a psychiatric nurse and then spent 10 years as a psychiatric social worker in high-security psychiatric hospitals, stated that in '... this setting (child protection), the world feels a far more insecure place'.

Findings

Types of Violence Experienced: Main Issues Arising from the Research

The overall findings from the questionnaire returns suggest that physical violence is comparatively rare, although the follow-up interviews undertaken revealed that respondents had experienced more physical violence than they had stated in their responses. However, experiences of *indirect violence*, as one respondent referred to it, were common. These situations contained elements that sometimes affected workers and their practice and well-being to a considerable extent. Threats of further actions from service users had the greatest effects, especially when this appeared to workers to be focused individually against themselves and sometimes against their family. These situations were usually not one-off incidents, but part of a set of dynamics that built up over time, involving service users' views on the unacceptable nature, in their view, of agency interventions into their private family affairs.

This indirect violence was likely to be less obvious and more pervasive and insidious than the experiences of overt physical aggression. It became clear that in child protection work using the term 'incident' in relation to aggression and violence is often misleading, as it does not capture the ongoing process of causes and effects which can develop over time within the relationships, which then has a bearing on who might be at risk, where, and in what type of situation. Therefore, it seems more accurate to use the term 'developing violent scenarios' (DVSs), which does not imply one single isolated incident, but an environment within which threats are made and actions taken to attempt to frighten and disempower the worker. The research findings demonstrated that these DVSs are more difficult to identify and deal with openly and effectively than obvious physical incidents or threats. These findings suggest there is a need for explicit inclusion of such types of aggression within agencies' definitions of violence, thereby incorporating workers' and managers' lived experiences and the need for staff protection. It is not immediately obvious that such subtle and hidden violence can be included in the definitions examined earlier in this article, although it would come within the parameters of the European Commission definition (see above).

In the questionnaires and interviews, there was a fine line between situations that could be classified as verbal abuse, and those that could be classified as threatening. This may reflect the experiences of workers that whilst there may not be a threat of physical violence, the intent to harass and intimidate appears clearly present, as far as the service user is concerned, and certainly as far as the worker is concerned. These are probably, along with the DVSs, the most difficult for the worker and their managers to deal with appropriately. It seems verbal aggression is so frequent that workers expect such behaviour to be present in their interactions with clients, and only when this reaches a level where they feel personally intimidated or threatened by the tone and nature of

the verbal attacks do they see it as violence. The importance of the agency developing a culture that discourages violence was obviously a deep-felt issue for some staff.

Examples of threats were:

- 'She told me she knew my home address and what car I drove. She told me to watch my back . . . that this was not a threat but a promise . . . she said she was going to make me pay for removing her child.' (Respondent B)
- A mother threatened that if her children were not returned, some people would have to 'fear for their lives' (Respondent C).
- There were threats at different times to one worker, including when they met in the street, after removal of children for gross neglect from a mother with learning disabilities.

Gender Issues

There were serious verbal threats made against 1 male and 11 female respondents. Within the six situations of physical or near physical assault reported in the questionnaire returns, five involved female perpetrators, and only one perpetrator was male. It may be in child protection work that, in the main, women react to stress in a way that is immediately physically threatening. For example, at the child protection conference, or the court hearing, it is mothers who are more likely to react in a way, under stress, that is physically or threateningly violent (Littlechild, 2003). As one interviewee commented, the mother reacted like 'a wounded lioness protecting her cubs'. This may partly be explained by the findings of research which show that women tend to be the focus of the intervention in child protection and not the men, who tend to be somewhat on the periphery (Farmer and Owen, 1995, 1998). One interviewee considered that men are able to hold back from overt physical violence in official situations, for example where there are witnesses from the agencies. This is in contrast to some other areas of professional practice, such as residential work and probation work, where it is males who are the most likely to be physically violent (Rowett, 1986; Norris, 1990; Royal Holloway College, 2001).

Where males' behaviour was threatening, this was obvious to the worker, but not necessarily to others. One respondent had been 'terrified' whilst being followed as she left the court, in a way that was obvious to her but no one else, by a father of a child subject to proceedings. This is a situation where this behaviour might not accord with 'normal' definitions of aggression and violence, although the worker perceived that it was intended to have an effect on her behaviour and to make her fearful. This has similarities to domestic violence, where we know that men will often put a great deal of energy into ensuring that the violence is kept secret and that the woman does not speak to anyone else for fear of further violence (Mullender, 2000). It would seem that there may be strategies which some men use to intimidate victims that are not obvious to

colleagues or other professionals, for example by following in cars, or by waiting until the worker is apart from colleagues to threaten violence indirectly; all of which become part of DVs. These findings suggest that greater emphasis should be placed on gender difference, in respect of risk assessment and risk management procedures. Male clients' methods of expressing aggression and violence appear to be different from those of females.

Examples of Service User Violence

One of the interviewees had been kned in the body by a service user at a child protection conference; had a dog set on her at someone's front door; and had a table thrown at her in court by a mother. In another case, a worker was held hostage in a house for a number of hours by a service user with mental health problems. This worker had, in another situation, been attacked with a knife. None of these incidents were originally specifically mentioned in the respondent's questionnaire response, indicating that the number of situations reported in the questionnaire returns is an underestimate of the extent of experiences of violence.

One worker was fearful whilst involved in the assessment and removal of several siblings from a family, and where others in the team who had been involved at some level also expressed fears for their safety. Cars were vandalized in car parks out of the sight of workers, and threats were made directly to workers. At one point the worker believed she was being followed by men in a car in a manner that was meant to be threatening. To test this out she drove three times around a roundabout to see if the car would follow her, which it did. Yet it could not be proved that the family members or their associates were carrying out harassment. This had a significant effect on the worker, her personal life and the team. Two of the workers in her team left, mainly, she believed, as a result of the impact of the threats and pressures from these sets of incidents within this developing 'environment of threat'.

Another incident followed a court case where initially it was decided that the mother with mental health problems should not have contact: a decision that was then reversed. According to the worker, the son was terrified of the contact with his mother. When the worker delivered the boy to the mother, the mother said that she believed the worker was trying to keep the boy from seeing her and she physically attacked the worker. Contact arrangements are stressful and are often the subject of disputes, frustration and anger, and it would appear that particular care needs to be taken in setting them up.

Reporting

Of the 21 workers who had experienced violence, 10 stated that they had completed incident report forms. Two workers said they had received little response, but most seemed satisfied with their manager's response. What was not clear was how these incidents were aggregated in a systematic fashion for the purpose of risk assessment and risk management over the period of

intervention. This is one area in which policies and procedures could be strengthened. Inspections of the type recommended by the National Task Force on Violence could in part focus on helping agencies to develop such policies and procedures.

Most did not report non-physical incidents. Non-reporting related, in the main, to less immediately threatening situations, or where the incident was seen to be directed at one individual worker. Frequently, it was because the 'incident' was not tangible; for example, a verbally threatening situation was not reported because the respondent was 'not sure what they could have done as it wasn't physical violence' (Respondent D), raising issues of how limits and boundaries are set and maintained for workers and service users when non-physical violence occurs. One worker who had experienced 'numerous incidents of aggression' stated that 'procedures are available, but situations of this kind (non-physical) are so common as not to get recorded as incidents' (Respondent E).

Verbal abuse bordering on threat is particularly difficult to deal with appropriately. In an environment in which staff felt generally well-supported concerning their immediate physical safety, it is in these potential DVs that staff found the least certainty about the extent of the managerial support. As the limits and boundaries concerning such non-physical aggression were more uncertain, a number of staff could not see the point of reporting, or that reporting is required. However, this research demonstrates that the effects over time on workers who may have to deal with ongoing threat and abuse within a number of these situations contained within their caseload, can be more devastating than the effects of obvious and sometimes very public incidents. Induction procedures – mentioned as in need of improvement by several staff – and policies could emphasize the need to report all types of incidents in order to build more effective methods of risk assessment and management. However, staff would need to see changes resulting from their efforts in being honest and spending time reporting, and senior management demonstrating that developments follow from the systematic evaluation of such reports (Norris, 1990; Littlechild, 1997a). This follow-up should include the victims' suggestions for improvements in policies and procedures – often not the case in agencies' reporting forms at present. The importance of building policies and procedures based on workers' articulated experiences, and their participation in review of policies, is highlighted by the Health and Safety Executive (1988).

Risk Factors

Several interviewees were clear that certain service users had enormous resentment against the invasion of their privacy and family life, and that the threats and violent incidents were very often part of a pattern of control used to try to minimize the intervention by social services. The power/control dynamic arising from intervening in people's lives, and how this leads to anger and aggression, was mentioned by all interviewees.

The types of incidents that workers experienced reflected, to a large extent, the stage and the nature of intervention at that particular point in time; for example, where judgements are being made about a family, such as when:

- removal is a possibility or is taking place;
- a child protection conference or a court hearing is taking place;
- contact is being disputed;
- recommendations in a court report are being shared with the parent(s).

Within the most difficult situations of aggression and violence it was clear that the role of the social worker was seen by service users as unhelpful, interfering, negatively judgmental, and too powerful.

It was also clear that most workers considered and thought a great deal about the meaning of certain behaviours by certain service users, within their professional relationship with the service user; in particular the implications in terms of power dynamics. So, for example, whilst there might not be an obvious direct threat made, the build-up of tensions and covert or overt threats within the DVS may feel very threatening to the worker. Therefore, it becomes important, from the findings of this research, to consider:

- i) how workers make sense of, and develop attributions towards, the behaviour of service users, as this will affect their own work, well-being and plans for intervention (for a discussion of attribution theory, see Baron and Byrne, 1997); and
- ii) how agencies can incorporate workers' own learning and suggestions concerning risk factors and strategies for reducing risk, both with individual service users, and agency-wide.

Staff were usually clear in their own minds about the causes and triggers for aggression and violence, based upon extensive consideration of their experiences. These relate in the main to service users' views of the power and control inherent in social services departments' child protection work. Brown et al. (1986) found that service users' perceptions of the worker's use of power, authority and control were major predictors of violence. This is another important area which could be included in any checklist of issues to consider in initial and ongoing risk assessment: are there indications that the service user is experiencing the intervention in this way? If so, what can be provided to reduce any risk?

Personal Strategies for Dealing with Aggression and Violence

One worker experienced intervention as 'impinging on their (service users') freedom and their right to privacy', and stated that 'I feel the way I approach my part of this enforced relationship can greatly affect the way the client responds' (Respondent F).

It would appear that social workers believe that they have to achieve a very delicate balance between being over-intrusive when impinging upon families'

rights to privacy, and carrying out effectively their duty to protect children's rights to live free from harm. A small number of respondents expressed concern that they may not receive full managerial support in this difficult area if things 'go wrong'. This accords with Parton's work (1998), in which it is suggested that the recent emphasis on particular forms of risk assessment and risk management reduces the reliance on professional practice decisions and can be one element in creating a blame culture and the increased likelihood of defensive practice.

A number of the more experienced workers talked about the importance of approaching service users in an open, respectful, honest way and being clear about the purpose of the intervention. This was particularly mentioned by two very long-serving child protection workers. One of these believed that a number of service users have 'agendas about social workers', so it is important 'not to wear authority like a crown' (Respondent G).

One respondent believed that if parents, particularly mothers, felt themselves to be judged in a very negative fashion by the social worker, this may be a trigger for violence. Intervention strategies which gave service users no ways forward, and which left them feeling personally criticized further, were seen as clear risk factors. Several of the workers mentioned how important it was at times not to pursue a line of questioning which was making matters more difficult, as one more question on that subject can push someone 'over the edge' (Respondent F). The learning from such experiences of workers could usefully be included in the teaching of good practice in, for example, qualifying social work programmes, and post-qualifying child care programmes, as dealing with conflict is often not a major feature within these programmes.

Effects on Workers: Professional and Personal

A wide variety of effects from the different types of violence were reported. Anxiety – often mixed with feelings of anger ($n = 13$) and fear ($n = 10$) – during or when thinking subsequently about the situation(s); effects on working practices ($n = 9$); anger towards the service user(s) involved ($n = 4$); shock ($n = 2$); depression ($n = 1$); and physical pain ($n = 1$), were all features of respondents' reported experiences.

Depression was mentioned by one worker in relation to how complaints against them had been handled. Several workers felt strongly that those investigating had not taken into account the devastating effects on workers' morale when such an investigation takes place, and their feelings of being blamed and judged in a difficult area of work where intrusion into family life will inevitably cause conflict and resentment. Another was concerned about complaints being made against her, as she felt that this would 'make her be seen as a failure' (Respondent G). In previous research, workers have indicated that being subject to aggression and violence may make them doubt their own skills and capabilities as a professional worker and have concerns at how managers might react (Rowett, 1986; Norris, 1990): there are similarities with how complaints

procedures affected a number of staff. Anger was mentioned specifically in relation to four situations where complaints had been made, but this reaction was also implied in the responses of others.

A core issue, in terms of longer-term effects and the severity of the effects, seems to relate to whether staff felt threats were directed at them personally, or whether they were directed at them as a depersonalized representative of the agency. Personal threats are the most undermining, creating fear and sapping morale the most, especially debilitating where there were threats to 'get them' or even 'kill them' or their families. This was a type of threat experienced by several workers, especially when accompanied by the client saying they knew their car and/or where they lived. This fear of personal violence appears to be a major feature about which agencies need to support workers in dealing with the aggression and violence of service users; not only for the well-being of staff, but also because some service users appear to use this as a strategy to deflect the worker/agency from focusing on the matter in hand, i.e. on the protection of children.

Examples of this were where staff knew there had been violence in the past, where there had been telephone calls to workers' homes, or where workers were followed in cars by men, etc. Such threats to one worker – 'I will find you and your family' (Respondent J) – were experienced as much more threatening over time than some of the threats she had endured from direct confrontations in the courtroom or in the service user's residence. In a situation where there had been threats rather than direct confrontations, another worker reported hiding in shop doors with her children when trying to avoid the service users when she saw the perpetrators in the town centre.

The effects of these types of threats on workers' practice appears to depend upon their assessment of the situation, and how similar the family/situation is to any previous experience(s) they have had.

The responsibility and stress of trying to balance their own safety, the protection of the children and working in partnership with very vulnerable, and sometimes defensive, aggressive and threatening parents, can cause major stress for some workers. Five staff expressed concerns about the effect of the violence on the children or the possible effect on their interventions to protect the children. These concerns were also implied in a number of other workers' responses, such as in the following examples:

- One worker had experienced the effects of a series of complaints against them: 'During the incidents I felt acute anxiety and confusion, and that I could not get "near" to the children to protect them.'
- 'I was concerned to minimize risk and aggression in front of (the) children.' (Worker who had to remove children on an emergency protection order from mother at their home.)
- After a physical assault, the worker felt vulnerable concerning her ability to protect the child in this 'aggressive environment', and she felt wary and

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anxious, before visiting, concerning ‘the kind of mood she (the mother) will be in’.

- ‘I watch every word I say or write, body language, everything. This probably results in a stilted lack of communication.’
- ‘General reluctance to visit. Difficulty being positive with the client. My anxiety and anger prevent me being positive with the family.’
- One worker now takes care to ensure the service user knows it is not their personal decision to place children on the child protection register or instigate court proceedings, but is the county’s collective decision.
- ‘Often anxious and wary unfairly. Not all people with learning disabilities are violent/aggressive but it is easy to think this way when you have been hurt more than once.’

Shock was specifically described by two workers:

- ‘Shocked, physically shaken, emotionally assaulted. Jumpy and emotionally labile.’ (Worker subject to personalized intimate threats where the service user intimated she knew the worker’s car and home address, and would make her life ‘a living hell’, after the worker had been involved in removing children from their mother.)
- ‘Shocked and threatened’ for a long period afterwards, where the worker received information that the service user had said those seen as responsible for the removal of the children would be killed.

The effects of the experiences of violence also crossed over into the personal, private and family lives of workers in relation to 10 situations. Examples are:

- One worker who felt unsupported felt less secure at work, and this had negatively affected his feelings and emotional well-being outside work.
- ‘[My] family concerned about the nature of my work and risks involved.’
- ‘I am more wary about going to the shops and I am concerned about meeting this man.’ (Worker who lives in same geographical area as her work.)
- ‘Reduced visits to town with husband and teenager children – not wanting to put them at risk. . . . Watching back mirror when driving home, stopping en route to ensure not being followed. Disturbed sleep and dreams.’ (Worker who lives in the same geographical area as that of her work, threatened by what several families said they would do to her in her private life.)
- ‘Repercussions for my functioning as a wife, mother, etc.’
- ‘My husband gets angry that I have to put up with such behaviour and suffer the effects in my private life.’

What is indicated from these comments is that managers and supervisors require an awareness of such possible difficulties, and these issues need to be recognized and dealt with positively.

Experiences of Support to Deal with Violence

Nearly all staff (20 of the 21) who reported having been subject to forms of violence from service users spoke with their manager about the situation. In the main, staff reported that they found their managers did their best to keep a focus on their safety. However, the areas of threat and threatening behaviour from service users in DVs were perceived by respondents as being dealt with in a less certain manner than physical assaults.

The importance of the attitude and commitment of managers to safety was a consistent feature in the questionnaire responses and of interviewees' responses. Respondents who described good support always related the view that managers should demonstrate concern for the *personal* as well as the *professional* well-being of the worker. Such support also included consideration of how to take the intervention forward in a way that was least threatening to the worker, aid the protection of the child, and include an appropriate response to the aggressive service user.

Respondents were very clear about the importance of having the difficulties arising from DVs acknowledged and sympathetically dealt with by supportive managers. Comments were made that managers have an unenviable task in judging how to balance on one hand accountability for the safety and well-being of the child, and on the other the safety and well-being of staff.

Also mentioned was the need to have time to debrief properly, and to record situations so that this information could be used in risk assessment and risk management in the future, and as part of ongoing case management. One worker stated that there was a need for 'time to properly record violent incidents as this doesn't happen at present' (Respondent F). Another experienced that 'there is never time in supervision to be thorough – too many other urgent matters' (Respondent J). Three others also mentioned this factor.

Workers preferred to locate discussion of stressful situations and DVs within case- and line-management responsibilities rather than in the county's confidential counselling service. This was because they believed that the consideration of causes and effects of the violence could not be divorced from case planning matters. This may have implications for how line managers/supervisors are trained, the expectations which are placed on them concerning their duties, and areas to be covered in supervision.

What was important to a number of the workers interviewed was that managers were aware of the difficulties that violent service users had caused in the past, and that it was not just the worker her/himself who was in some way inviting violence. The problem could then be viewed as a pattern of behaviour from the client(s), to be dealt with as their responsibility, not as blame or fault on the part of the worker.

However, many saw that, as a result of structural changes placed upon the managers within their teams, the pressure to ensure that case planning was properly carried out often meant that discussions concerning the less tangible issues affecting child protection plans and reviews were curtailed. Possibly in

the past there has been too much emphasis on the process and the emotional aspects of the relationship between the worker and the client. This pattern now seems to have been reversed, i.e. these elements do not receive sufficient consideration. The effects of the dynamics within the developing relationship between the family members and the worker were not being taken into account as much as they could have been.

Limits and Boundaries on Service Users' Aggression and Violence

Significant concern was expressed by respondents about the lack of work with violent service users on their aggressive behaviour. Only one worker said that there had been attempts to ensure the client took some responsibility for their behaviour and considered different reactions. Another worker experienced 'limit setting' to male service users as having little effect. One worker stated that 'I find it is frequently impossible to get a client to acknowledge what has happened after an incident which is frequently denied' (Respondent K).

A number of workers believed there need to be more systematic and structured responses to service users who are aggressive and violent. Six of the seven workers interviewed made specific statements about ways in which there needs to be greater response to service users who exhibited aggression and violence towards them. There would appear to be the possibility within agencies of developing a protocol that addresses effective means of making acceptable behaviour limits clear to service users, and what staff should expect from their agency in dealing with breaches of this acceptable behaviour which the worker finds threatening and/or which start to affect aspects of assessment, intervention or decision-making.

Experiences of Finnish Social Workers

Five interviews with Finnish social workers in a large town's social office – the equivalent of an English social services department – were also carried out, in order to provide a modest and illustrative comparison between English and Finnish workers' experiences. Experiences were remarkably similar in most ways, despite the Finnish social services system being less bureaucratic, centrally controlled and regulated than in England and Wales. The differences within child protection systems between a number of different European countries (though not Finland) was highlighted in research by Hetherington et al.:

The centralised, nationally regulated and procedurally administered character of the child protection system (in England) could not have emerged in any of the continental European states we studied. (1997: 38)

As Parton and O'Byrne (2000) have suggested, the approach in England has led to constraints on how social workers carry out their work and, it can be argued, affects the good practice that social workers' skills may be able to offer

to service users who are finding their dealings with current social workers' social services role difficult and alienating.

The five Finnish social workers had all been employed for more than five years. One had worked in a refugee centre for several years in the centre of town; 3 worked in the actual social office in the town, 1 for 12 years; and another was a social worker attached to the local police station.

A number of issues raised by the workers echoed the findings from the research in England. The major differences were that the Finnish workers' experiences of verbal violence and threat were dealt with more effectively by their employing organization. They also seemed to have greater confidence in their assessments and interventions, and wider scope to determine ways forward in their practice, including with violent service users, than in England. There would appear to be greater professional space and discretion than in England, which allows workers to deploy their skills in less procedurally prescribed ways, and with less fear of criticism within the arena of child protection work.

Similarities identified were:

- The developing violent scenario (DVS) was a more common feature than physical assault.
- Fear and anxiety is a common reaction to incidents and ongoing developing threat.
- The importance of managers clearly demonstrating support where aggression was threatened or had taken place.
- The importance of developing coherent responses to aggressive and violent service users, although this appeared to be more highly developed in Finland.
- The need to give clear messages concerning limits and boundaries on violent behaviour, which again appeared to be more readily available as a response in Finland.
- The importance of having managers and colleagues who had known the service users and their propensity for aggression previously.
- The risks of violence within contact arrangements.
- Concern at violence taking place in front of children.
- The importance of giving clear messages about the nature of the intervention. This was a clear crossover point between the two countries; the importance of highly skilled approaches from the worker in introducing their role and keeping a clear focus on the child, whilst working sensitively with the understandable anxieties and at times anger of parents.
- Aggression can be a determining factor in workers making decisions to move out of child protection work, which was evidenced powerfully by respondents in both countries.

Discussion and Conclusion

To sum up the themes of respondents' replies, a number of workers (in England) expressed concerns in a small but not insignificant number of situations about the effects of violence on their ability to protect children, and seemingly in a very small number of situations even on their ability to see them to gain their views and story. The respondents stated that they had to bear this in mind constantly, even if they felt that at times they put themselves at some risk. In the main, staff reported that they found their managers did their best to keep a focus on their safety. However, limits and boundaries on non-physical violence and DVs were uncertain; a number of staff could not see the point of reporting these, or that they are required to be reported; yet the effect on workers over time of different situations with a number of different service users can sap morale. Verbal abuse bordering on threat is also particularly difficult to deal with; workers found the reaction of managers, in the main, good, less certain and supportive in these areas. As one worker stated, 'there is a level of aggression, hostility and unpleasantness that social workers are expected to accept and these can be just as awful as more obvious incidents' (Respondent L). Statements such as these were not made by the Finnish social workers, and the issue does not appear to be a feature of the Finnish system in the same way as some experienced it in England.

In particular, threats where the worker experiences the aggression as personalized and directed at them rather than at the overall agency function create a situation which undermines workers, creates fear and negatively affects them most of all. This requires attention in staff support and risk assessment and risk management strategies for individual workers, as well as within policies and procedures designed to provide an effective response to service users who exhibit violence.

The evidence presented in this article demonstrates that there is a need to consider the effects of violence and aggression on the well-being of workers, and how they are supported in providing effective and safe interventions at a time when the nature of state-defined social work interventions in child protection work within social services departments in England and Wales has changed dramatically in the last two decades. A number of commentators have argued that there has been an increasing curtailment of social workers' opportunities to undertake preventive work, and an increased emphasis on investigative, accusatorial and risk assessment work within what frequently become situations of conflict (Parton and Small, 1989; Otway, 1996; Parton, 1998) This has not been the case in the same way in Finland. In the limited number of publications that take account of violence against staff within child protection work, the specific effects of conflict and violence are not addressed (e.g. Parton and Small, 1989; Pahl, 1999). These interventions, according to the child protection staff themselves, can impinge upon the families' power and control dynamics, and produce particular problems for social workers to address (O'Hagan and Dillenburger, 1995).

From the findings of this research, the management of aggression and violence by service users should be an important issue for agencies to recognize and deal with to ensure staff retention, staff well-being and, most importantly, effective work with children and families. Specific areas in policy and practice that are in need of development include consideration of how staff can be encouraged to report, how the agency can develop protocols and policies to ensure threats and aggression are dealt with appropriately, and how the effects of such behaviours can be included in areas deemed important to cover regularly in supervision and case review. Checklists could be employed in supervision, and in initial and ongoing risk assessment and risk management. This may be of particular importance as the UK Government's *Framework for Assessment* document (Department of Health et al., 2000), for example, which determines to a great extent what is covered in supervision of child protection work, does not cover such matters. In addition, policies in many authorities do not explicitly include reference to some of the areas raised by workers in the research findings reported here. These areas for policy development could include the following:

- How limits and boundaries on different types of behaviour are agreed, set, maintained and reviewed over time, with DVs being explicitly included in policies as a possible area of threat to the worker.
- Making such limits and boundaries clear to workers and service users, possibly by way of written agreements about service provision as happens in the probation service, but also within good professional practice.
- Developing and making transparent the range of responses available, operated by whom, in what ways, to deal with any DV a service user may present against the worker who has the responsibility to ensure children's welfare and safety in the face of such threat.
- The importance of higher managers and elected councillors acknowledging the difficult nature of the inherent conflicts and stresses in such work and its impact on the profession, the agency and the individual.
- Clear risk assessments to take actual and potential aggression from service users into account as part of systematic planning and review of the assessment and interventions over time, not just at initial referral. The findings demonstrate that there tends to be a lack of emphasis on updating the assessment in the light of the continuing assessment/intervention in the area of violence against staff. This may be of particular importance given that this research has highlighted the potentially major effects of DVs, as opposed to obvious incidents of violence, combined with variations in the way that males and females are likely to present different types of aggression and violence.
- Ensuring that reporting of all types of aggression and violence takes place as a key element within risk assessment and risk management.
- The systematic inclusion of social workers' lived experiences of trying to carry out their work effectively, and their ideas for improvements in

working with violent service users, in the development of policies and procedures to good effect.

- How to balance effective investigation of complaints against the effects of those complaints on workers and their morale.
- Ensuring that a worker who feels threatened has confidence in a supportive agency culture and their immediate manager's supportive responses in order first of all to report, and then to be given appropriate support within future case planning. At all times procedures should take account their feelings of threat.
- Supporting first line managers to provide supervision in which they can demonstrate an awareness of, and sensitivity to, the pressures and stresses placed on workers. There are important issues concerning how these matters can be dealt with positively in supervision. In some areas this becomes so pressurized that only case-management matters which meet performance criteria and assessment frameworks are fully dealt with. These may not acknowledge the importance of dealing with how the worker is affected by, and therefore affects, assessment and decision-making processes (Brock, 1995). The vital nature of such supervision – and the problems that arise if it is lacking – is mentioned in the majority of child abuse death inquiry reports (Department of Health, 1991). These problems could be remedied by the development of the proposed checklist of issues to be covered in risk assessment and case management.
- The training of managers to ensure they have an appreciation of, and strategies to deal with, the known problem areas for staff, agency, and service users, including the need to make extra efforts to ensure the worker is safe, and acknowledge their feelings fully and sensitively: i.e. to be concerned about them as people and as professionals.
- Procedures concerning clear responses to violent service users, which address their responsibility for their behaviour, and an acknowledgement of this in the work with them.
- Considerable development of the approach to ways of working with violent service users within the English child protection system.

Social workers have a high profile and very difficult task to try to ensure the safety and well-being of children in situations where there is often conflict with, and violence and aggression from, adult carers which may make it difficult to engage with the child and which can severely affect the worker. Our knowledge of these effects on workers and their ability to intervene and protect children need to be taken into account in a more systematic fashion in policy development, management processes, supervision, and direct practice.

In a wider context, there may be messages for child protection agencies that could help inform policies and procedures. Revised approaches could take into account the full range of stresses and problems that arise for children, families and the largely unheard voice of the child protection workers themselves. The

Finnish and wider European approaches in this area appear to provide support for sound professional decision-making in a less prescriptive and constraining way than in England. A critical appreciation and application of the positive elements of these systems within policies and procedures may aid front-line staff to deliver professional, responsive and effective provision for the difficulties experienced by service users, and help them respond creatively and effectively to the problems the latter present to effective service delivery.

Note

1. Victimization was defined in the survey as 'assaults or threats that took place while the victim was working and in which the offender was a member of the public (excluding intra-colleague and domestic violence).' (Budd, 1999: 3)

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