

# Training Social Workers to Effectively Manage Aggressive Parental Behaviour in Child Protection in Australia, the United States and the United Kingdom

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## Abstract

This study presents research evidence from the UK, the USA and Australia regarding the prevalence of aggression directed at child protection social workers by parents or their partners. It identifies gaps in current programmes of qualifying training for social workers in these countries. Adopting a critical case approach, this study analyses a number of serious case reviews conducted in England in which the aggression of a parent or their partner was a key contributing factor in the failure of social services to protect a child from harm. By examining the dynamics between social workers and parents illuminated by these critical cases, the study identifies the theories, knowledge base and skills which would rectify the deficits in the curriculum, not only of social work courses in England and elsewhere in the UK, but also of those presently being delivered in the USA and Australia.

**Keywords:** Aggression, child protection, conflict, parental behaviour, violence

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## The prevalence of aggression against social workers

Since the 1980s, surveys of social workers in the UK, the USA and Australia have revealed the extent to which they are exposed to aggressive responses from service users, and parents or their partners if working in child protection (Rowett, 1986; Schultz, 1987; Horejsi *et al.*, 1994; Bowie, 1996; Jayaratne *et al.*, 1996; Pahl, 1999). The findings from more recent surveys in each country (which are highly consistent with those of earlier studies) detail both the prevalence and types of aggression social workers experience in their practice. Researching in the USA, Newhill (2003) found that, out of over 1,000 social worker respondents, 24 per cent had experienced physical violence and 50 per cent threats from a service user or client. In Ringstad's (2005) study, which included child welfare social workers, 53 per cent of them reported being psychologically abused and 11 per cent physically assaulted by parents or other family members. In Australia, Koritsas *et al.* (2010) found that 9 per cent of practitioners were subjected to physical violence, 47 per cent to threats and 57 per cent to verbal abuse. Stanley and Goddard (2002), who surveyed child protection social workers in Australia, revealed that 18 per cent of them had been physically assaulted, 64 per cent were threatened and 94 per cent were verbally abused by parents or their partners. In the UK, 12 per cent of child protection social workers participating in Littlechild's (2005a, 2005b) research reported physical violence and 42 per cent threats, from a parent or other family member. A study of over 600 child protection social workers conducted by Community Care (2011) produced a yet higher incidence, with 61 per cent of respondents stating they had been threatened by parents or their partners. Samples from a number of US studies included minority ethnic social workers, but their experiences were not differentiated out from those of Caucasian practitioners. This is similar to studies elsewhere, although, exceptionally, Davey (1999) in the UK found that black and minority ethnic social workers did experience racial abuse from service users, but there was no evidence that they were victims of increased levels of aggression compared to their white British counterparts.

Treated cross-nationally, these studies suggest that 10–20 per cent of all social workers experience some form of physical violence, while 30–60 per cent of them are threatened. Around 60 per cent of all social workers and nearly 100 per cent of child protection workers are subjected to verbal abuse by a service user, parent or other family member. Although figures on actual or threatened physical assault often dominate reported findings, qualitative data from studies in the USA, Australia and the UK related to child protection social workers, and referred to above, testify to a wide range of aggressive parental behaviour. These are commonly threats of harm to social workers or their families, damage to their property

(particularly cars), the use of fierce dogs to frighten and the abuse of complaints to management or the media to intimidate.

## The mismatch between practice demands and qualifying training

Researchers, professional bodies and trade unions in the USA, Australia and the UK have called for greater protection of front line practitioners from violent attacks and abuse by parents or their partners and for improvements to agency policies, supervision and on-the-job training opportunities (Stanley and Goddard, 2002; Koritsas *et al.*, 2010; Littlechild, 2005a; Community Care, 2011, pp. 4–5, 18–19; NASW, 2007; AFSCME, 2012), albeit that, in the USA, the National Association of Social Workers (NASW) and AFSCME, the trade union which represents many social workers, have smaller proportional memberships than in Australia and the UK. Moreover, the term ‘social worker’ in the USA is not a protected title and many practitioners referred to as ‘social workers’ have not undertaken qualifying degree courses. Little consideration, however, has been given to the implications of heightened violence for qualifying training—a conclusion corroborated by Keys (2009, p. 322), who undertook a literature review on the skills for child protection practice drawing on studies conducted in the USA, UK and Australia.

In the USA, Dunkel *et al.* (2000) and Ringstad (2005) indicated that Schools of Social Work paid little attention to preparing students for dealing with aggressive clients. More recently, the NASW (2007) launched a campaign to obtain Congressional funding over five years to support the development of educational resources and materials in relation to violence, self-defence training and conflict prevention for child welfare social workers. The campaign reflected the weakness of these components in the curriculum of qualifying baccalaureate and Master degree programmes in the USA. This situation has not been improved by the introduction of the new Council on Social Work Education (2008), Education Policy and Accreditation Standards, which prescribes curriculum content on both the Baccalaureate and Masters social work programmes. This comprises ten Core Competencies and forty-one related Practice Behaviours (PB), none of which directly addresses client aggression. PB 34 requires competence to ‘mutually agree on focus for work’ with the client, while PB 39 requires competence to ‘negotiate, mediate and advocate’ in relation to the client. Elsewhere, empathy is highlighted as an important competence. NASW (2005) *Standards for Social Work Practice in Child Welfare* merely states that child protection social workers should ‘allow the family to ventilate feelings... treat the family respectfully... and seek protection to ensure own safety’ (Standard 13). Employers are required to ‘ensure that social

workers are trained in agency safety guidelines and any approved de-escalation or self-protection measures' (Standard 16).

In Australia, the [AASW \(2003\) Practice Standards for Social Workers](#) requires competence in communication skills related to client empowerment, negotiation and mediation, but not in relation to potential violence. The [AASW \(2008\) Australian Social Work Education and Accreditation Standards](#) in terms of generic content states that it must enable qualifying social workers to 'practice self protection and self care. This involves being sufficiently self-aware to manage one's own wellbeing in the workplace' (C.15). Mandatory curriculum content in relation to child welfare on all qualifying programmes is set out in Addendum Three. This requires 'practice with involuntary clients including power imbalances and strategies to respectfully promote engagement with children, young people and adults who do not wish to be clients' (Standard 3.3). Communication skills relating to advocacy, empowering clients, negotiation, mediation and counselling are required content. No mention is made of the knowledge base, communication skills or professional qualities relevant to addressing client aggression.

In England, all student social workers have hitherto been required to demonstrate competence in six key roles set out in [TOPSS England \(2004\) The National Occupational Standards for Social Work](#) to qualify. In [TOPSS England \(2004\) Key Role 4, Unit 13](#) refers to the competence to 'assess potential risk to self and others' and 'work within the risk assessment and management procedures of the agency' in order 'to minimise stress and risk'. It also makes passing reference to acquiring the knowledge of how to 'de-escalate abusive and violent situations'. Tellingly, the [Quality Assurance Agency for Higher Education \(2008\) Subject Benchmark Statement for Social Work](#), which sets out the academic learning outcomes for undergraduate degrees in social work, nowhere mentions violence or other forms of service-user aggression as informing the curriculum. The lack of attention on qualifying programmes in England to aggression from service users and their families is borne out by the criticism of the [Social Work Task Force \(2009, p. 19\)](#), which concluded that weaknesses in child protection practice reflected deficits in social work training for 'managing conflict and hostility'. This finding was further substantiated by a survey of over 600 child protection social workers in the UK, which revealed that, while 50 per cent of respondents reported working with hostile and intimidating parents every week, 49 per cent stated that they had not received training for such work. Of those who had received some relevant training, just 10 per cent obtained this on qualifying courses ([Community Care, 2011](#)). This figure translates into only 5 per cent having received appropriate training at qualifying level.

## **Social work education reform in England**

Taken altogether, the standards for social work education and practice in the USA, UK and Australia largely omit requirements for knowledge or skills in relation to service-user or client aggression. Instead, they conceive service-user aggression very narrowly and primarily in terms of physical violence. These standards require students and practitioners to learn de-escalation techniques and follow a set of agency safety procedures in order to reduce the risk of physical assault. Essentially, service-user violence is constructed as a health and safety issue. It certainly is that, but it also involves a much wider range of client behaviours which have multiple effects on social work practice, as this study will demonstrate. In the UK, social work training is devolved to different agencies in England, Scotland, Wales and Northern Ireland, although all social work courses have been pegged to similar National Occupational Standards. In England, undergraduate and post-graduate social work degree programmes are undergoing major reform in the wake of high-profile investigations into the deaths of children known to children's services which found social work practice to be inadequate.

In England, a Professional Capabilities Framework is being introduced to guide students from entry to a qualifying social work course through to their first year in practice and up to advanced practitioner or team manager level. The [Social Work Reform Board \(2010, p. 18\)](#) defines a capability as 'an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively'. While student and advanced practitioner must now demonstrate the same range of professional capabilities, these are to be set at different thresholds. This implies that theoretical knowledge, personal qualities and skills in relation to aggression must be developed from the point of entry to qualifying courses and not left to sporadic, ad hoc, on-the-job workshops. The reform to the social work curriculum in England presents a unique opportunity to examine current gaps in theoretical knowledge and skills deficits among front line professionals in the very difficult practice situations presented by parents who are aggressive and to consider how these can be incorporated within the Professional Capabilities Framework.

## **The case studies**

This study draws on serious case reviews, which are investigations instigated at local government level in Britain when children known to social services suffer severe abuse or die as a result of maltreatment. [Yin \(1994, p. 13\)](#) promoted single-case and multi-case studies as a means of investigating situated social phenomenon in circumstances in which 'the boundaries

between phenomenon and context are not clearly evident'. Critical case research as a subcategory focuses on situations of crisis within an organisation. Serious case reviews examine grave child protection failures and crises related to processes, decision making and practice. Arguably, these are atypical instances, as critical cases by definition examine acute and often exceptional situations. However, their utility lies in how these extreme instances foreground the underlying dynamics of routine child protection practice. Research evidences the routine nature of client aggression. Serious case reviews where parental aggression constituted a prime influence on the practice of social workers were identified, and case studies drawn from this selection to highlight common issues in relation to parental aggression. These recurrent themes were checked against the findings of [Brandon \*et al.\* \(2009\)](#) and [Ofsted \(2010\)](#) in their biannual analysis of serious case reviews conducted in England to ensure they did in fact reflect common occurrences.

The five examples discussed below have been selected to explicate: the variety of aggressive behaviours exhibited by parents, their partners or substitute carers; the consequent detrimental impact on practice; and the gaps in knowledge and skills among practitioners which the social worker/parent encounter reveals. All the serious case reviews discussed at length in this study relate to occurrences in England. However, analysis of serious case reviews conducted in Wales ([Morris \*et al.\*, 2007](#); [NSPCC, 2011](#)), examination of inquiries and serious case reviews in Scotland ([Vincent \*et al.\*, 2007](#); [Vincent, 2010](#)) and research into child protection cases in Northern Ireland ([DHSSPSNI, 2006](#); [Devaney, 2009](#)) all reveal a high prevalence of domestic violence, mental illness and substance misuse among families involved in the child protection system. These findings from other countries of the UK suggest that the challenges which confront social workers in England are far from unique. The definition of aggression adopted in this study is that widely used in the field of social psychology and concisely stated by [Geen \(2001\)](#) quoted below. This connotation recognises that behaviour causing fear, distress or injury is not confined to direct physical assault, but encompasses a variety of behaviours including threats, verbal abuse, insulting language, malicious gossip and damage to a person's property:

Aggression is the delivery of an aversive stimulus from one person to another, with intent to harm and with an expectation of causing such harm, when the other person is motivated to escape or avoid the stimulus ([Geen, 2001](#), p. 3).

## Evidence from serious case reviews

[Cheshire East Safeguarding Children Board \(2011\)](#) concerned a white British couple who adopted a sibling group of three young children in

June 2001. One child made eight disclosures of alleged maltreatment by his adoptive parents during 2009. Although children's services were informed on each occasion, the child was returned home to his parents either without any investigation or after a hastily curtailed initial investigation. It was over eight months before further disclosures by the children resulted in all of them being the subject of Care Orders permanently removing them from their adoptive parents, who were found guilty in 2010 of child cruelty. Accounting for the failure of social workers to pursue investigations into a child's repeated disclosure of abuse, the serious case review concluded that social workers had 'struggled to maintain a child focus' faced with the hostile behaviour of the adoptive parents combined with the assumptions social workers made about their 'social class, professional status, and high academic qualifications'. Both adopters were middle-class and pharmaceutical scientists. The combination of parental hostility and high socio-economic status meant that social workers were reluctant to challenge the couple or to follow through on any challenges they made.

The serious case review called for on-the-job training to improve the confidence and skills of social workers around 'assertive' practice with hostile families. But, it is a misnomer to suppose that self-confidence can be generated through a few sessions of continuing professional development. Moreover, it is the personal quality of self-esteem which is positively correlated with assertiveness. High self-esteem engenders more assertive behaviour (Bower and Bower, 2004). Low self-esteem is associated with higher anxiety, greater sensitivity to threat and risk-averse decision making when the decision can have potentially negative consequences for oneself (Wray and Stone, 2005). Research suggests that levels of self-esteem tend to remain stable over time, making low self-esteem difficult to alter (Baumeister, 1993; Josephs *et al.*, 2003). High self-esteem is an essential personal quality for the exercise of the skill of assertiveness. Among social work students, it needs to be developed and bolstered throughout the two-to-three-year period of their study.

The capacity of social workers to be assertive with the adoptive parents was also hindered by positive stereotypes linked to their middle-class background and possibly feeling overawed by their social status. This state of affairs can catch out many qualified social workers because current anti-oppressive theory foregrounds the disadvantaged backgrounds of service users. Indeed, radical social work, which still infuses approaches to structural oppression, is predicated on income inequalities and the under-privilege of clients, whether in the UK, USA or Australia (Thompson, 2006; Popple and Leighninger, 2010; Connolly and Harms, 2011). The notion of a powerful high status and articulate service user remains largely unacknowledged in the curriculum. This suggests that anti-oppressive training needs to recognise that social workers can be faced with powerful and privileged parents or other family members. Students require guided reflection to identify feelings of inferiority in relation to

class or status and teaching input to work through insecurities and interrogate any positive stereotypes they hold in relation to higher socio-economic statuses.

[Wolverhampton Safeguarding Children Board \(2011\)](#) investigated the circumstances leading up to the murder of a three-year-old infant by his substitute carers, who were of white British heritage. One of them was eighteen years old and had only recently left state care, remaining in receipt of social services statutory assistance. The other was her partner, who had a conviction for assault and was deemed a risk to children. The couple agreed to look after the infant in November 2008. Leaving care support had been contracted out to a charity which employed a case worker. In this instance, the care leaver, who initially had intensive interaction with services as she moved from state care into supported accommodation, became increasingly uncooperative and hostile to agency workers as she fell under the influence of her male partner. As a result, the visits by the case worker tailed off, eventually becoming sporadic. Like any practitioner assisting a young care leaver, the worker was also required to befriend and support her. Speaking to the press, the chairman of the serious case review panel admitted that the case worker 'did not ask challenging questions of the [care leaver] when she saw a child in the flat, because she did not want to jeopardise that relationship which she considered to be her job' ([BBC News Birmingham and Black Country, 2011](#)).

In this instance, a social care worker was confronted by an uncooperative care leaver who could be hostile, resented the worker's interference and did not wish to answer awkward questions about the infant or man staying at her flat. The case worker's retreat from interaction with the care leaver through reduced home visits and a failure to adequately explore the relationships between those living in the flat are 'flight' responses to a stressor ([Selye, 1974](#)). This involves reacting to a source of stress by seeking to avoid it, rather than confronting it through a 'fight' response, such as the use of professional authority to pursue searching questions. A parent's or substitute carer's angry reaction is an obvious stressor for a practitioner. Alongside familiarity with theory concerning the *general adaptation syndrome* and *learned helplessness*, students require opportunities throughout their programme of study for guided reflection upon their stress reactions to hostility and anger. This should then inform the teaching of anxiety management strategies to students. By encouraging students to learn and practise anxiety management techniques during their degree courses, they are more likely to develop a healthy resilience to aggressive parental behaviour and to be less liable to 'flight' responses as qualified professionals.

This serious case review highlights potential *role incompatibility* between care and control functions, which impaired the case worker's ability to appropriately challenge the care leaver about the people living with her. Many social workers experience discomfort when setting boundaries, persisting in challenges and requiring parents or substitute carers to make changes



(Ferguson, 2011). Understandably, they feel less stressed and much more positive when providing welcome practical assistance and emotional support. Reformed qualifying programmes need to commit more time to helping students explore and overcome their own discomfort and reluctance to exercise professional authority. The skills required for advocacy, counselling, mediation and the empowerment of service users are referred to in the standards governing the accreditation of social work degrees in the USA, UK and Australia. Much less attention is given to the personal qualities and skills required of social work students to: set boundaries; make a *demand for work* on; articulate constructive criticism of; and challenge parents or their partners. Yet, as Shulman (2009) and Egan (2010) highlight in their influential volumes on helping relationships, the ability to constructively challenge inconsistencies in the personal accounts of clients or draw attention to their failure to carry out agreed actions is an integral aspect of effective helping.

The care leaver and her partner were known to drink heavily. Alcohol impairs critical judgement, results in the construal of neutral or benign interactions as hostile, and disinhibits aggressive responses (Krahé, 2001). It often precipitates angry, unpredictable and emotionally explosive reactions to others. Alcohol and drug abuse are both highly correlated to violence and aggression, including domestic abuse and child maltreatment (Krahé, 2001; Chermack *et al.*, 2008; Forrester and Harwin, 2006). In the biennial analysis of serious case reviews conducted by both Brandon *et al.* (2009) and Ofsted (2010), alcohol misuse by a parent was associated with the gravest cases of child maltreatment. In Britain, Forrester and Harwin (2006) found that one-third of child protection cases held by social workers involved families where parents abused substances. They criticised the virtual absence from current curricula of content related to partnership work with parents who abuse alcohol and drugs.

Haringey Local Safeguarding Children Board (2010) concerned the death of a one-year-old infant at the hands of his mother and her male partner, who were of white British heritage. During 2006, Peter was diagnosed with a non-accidental injury thought to have been caused by pummeling which could not be satisfactorily explained by his mother, who had separated from the father. Peter was made the subject of a Child Protection Plan. Assertions by the mother that she lived on her own with her children and her persistent failures to make changes to mitigate the neglect of her children were neither adequately checked nor challenged. According to the serious case review, the mother intimidated professionals with her volatile temperament and could engage in angry outbursts when asked questions she found objectionable or when challenged over her assertions. The review also criticised social workers for adopting a solution-focused model of working which emphasised parental strengths in a child protection situation at the expense of an authoritative approach to the mother. Brandon *et al.* (2009, p. 47), in their analysis of almost 200 serious case

reviews, concluded that the emphasis on strengths-based approaches undermined attention to parental deficits and thus to appropriate challenges.

The promotion of person-centred, solution-focused and strengths-based approaches on social work degree programmes in the USA, UK and Australia can discourage educators and students alike from examining the manipulative strategies which some parents or their partners deploy to baffle social workers or forestall their interventions to protect a child. Transaction analysis which focuses on the often unconscious 'games' played in social interactions between people, by virtue of which what is actually said during an encounter, belies unspoken psychological motivations and covert goals. Berne (1968) and Steiner (1990) explored the patterned interactions between people and the life scripts of individuals which involve the employment of routine strategies to obtain a psychological pay-off that: absolves them of blame; vindicates faulting others; or justifies the maintenance of an unsatisfactory status quo. Both parents and social workers can engage in collusive games. The psychodynamic theories which focus on aspects of deceit and manipulation are a necessary corrective to the syllabus, if social workers are to be properly prepared to engage with a full range of parental behaviours.

The mother of Peter had herself been physically abused and neglected in childhood, as a result of which she was placed on the child protection register. Social learning theory suggests that childhood experiences of domestic violence increase the likelihood of an adult developing an *aggressive script* predisposing them to rapidly resort to aggression as a response to frustration of any kind (Geen, 2001). Research reveals that children exhibiting higher levels of aggression possess a limited repertoire of communication skills compared to control groups (Wright and Craig, 2010, p. 50). The Skills Deficiency Model constructs aggression as a skills deficit in problem management, information exchange and verbal communication, which develops in childhood and becomes entrenched over time. As a result, adults who grow up with this skills deficit are more likely to resort pre-emptively to verbal abuse or physical assault as a means of obtaining their goals. Furthermore, aggressive individuals tend to interpret other people's neutral or benign behaviour as motivated by hostile intentions, leading them to defensive or retaliatory behaviour. This *hostile attribution bias* means that these individuals often miss conciliatory gestures as they scan for indicators of imminent attack (Geen, 2001; Krahé, 2001). The social psychology of aggression is largely absent from the social work syllabus, but constitutes a crucial body of theory and research if students are to graduate with sufficient grounding in the knowledge of aggression and be able to offer social modelling in managing aggression to parents who have skills deficiencies in this area.

Barking and Dagenham Safeguarding Children Board (2010) investigated the death of a twelve-year-old boy who was made to drink bleach by his mother. The mother was of Indian heritage and had separated

from the violent father of her two sons. Nevertheless, the father continued to have substantial contact with the family. Both children were the subject of a Child Protection Plan due to domestic violence and concerns around missed years of education. Despite this, the mother trenchantly refused to accept that her parenting posed any risk of harm to her children and consistently refused to comply with the plans. She was verbally aggressive to teachers and social workers alike and issued repeated complaints against professionals. The response of management on receiving successive complaints was to transfer the family to a different social worker on several occasions. The serious case review found no evidence to substantiate the mother's complaints. Rather, the complaints procedure became the mother's resort to stymieing any challenge to her parenting or effective action by social workers. The response of practitioners and their managers was to make inappropriate concessions and avoid conflict with the mother, with the result that the assessment of risk to the children was inadequate. The aggressive behaviour of the mother was not considered in relation to her mental health. A psychiatrist at the mother's trial indicated that she may have been suffering from a paranoid personality disorder. Both [Brandon \*et al.\* \(2009\)](#) and [Ofsted \(2010\)](#) confirm that the poor mental health of a parent is a pervasive factor in severe abuse and neglect.

A number of personality disorders and mental health conditions are associated with an increased likelihood of aggressive behaviour. The DSM-IV-TR criteria for paranoid personality disorder indicate that this is associated with elevated levels of distrust, anger and aggression. Anti-social personality disorder and borderline personality disorder are also associated with high levels of aggressiveness ([Garno \*et al.\*, 2008](#); [Ross and Babcock, 2009](#); [Látalová and Praško, 2010](#)). Studies of individuals with a diagnosis of schizophrenia or bipolar disorder suggest that there is a greater chance that they will engage in aggressive behaviour than members of the general population ([Garno \*et al.\*, 2008](#); [Látalová, 2009](#); [Volavka and Citrome, 2008](#)). However, research also indicates that aggression committed by people with a psychotic disorder is associated with other factors such as substance misuse and non-compliance with medication ([Spidel \*et al.\*, 2010](#), pp. 171–2). Significantly, around 50 per cent of people with a severe mental health problem abuse substances or alcohol ([Linszen \*et al.\*, 1997](#); [Spidel \*et al.\*, 2010](#)). Comprehending the linkage between mental health and aggression, without succumbing to negative stereotypes is another area of knowledge that could greatly enhance students' understanding of aggression and their ability to respond appropriately to it.

[Ringstad \(2005\)](#), researching in the USA, discovered that, while 62 per cent of social workers had experienced psychological assault (shouting, threats, insults or destruction of property) by a client during the previous year, around 12 per cent of them had perpetrated a psychological assault on a client. This suggests a disturbing level of acted-out aggression by

social workers. While no comparable research on fieldworkers has been conducted in the UK, the public inquiries into the maltreatment of children in a small number of Welsh and English residential homes revealed the capacity of under-resourced poorly trained residential social workers confronted by the challenging behaviour of service users to retaliate with aggressive responses (Waterhouse Report, 2000; Staffordshire County Council, 1991). Therefore, the reformed curriculum needs to offer: an improved theoretical grounding in the nature of conflict; space for guided reflection on students' own feelings, attitudes and expressions of anger; and training in the self-management of anger. Students should be given permission to be angry, but to express it in safe ways consistent with good practice.

Newham Area Child Protection Committee (2002) was a detailed examination of the events surrounding the death of Ainlee, a two-year-old girl who died at the hands of her parents. Both parents verbally abused health and social care professionals. The father was known to take drugs. They both physically assaulted a number of professionals and consequently housing officers and health visitors refused to make home visits. At clinics, surgeries, hospitals and offices, staff felt terrified of the couple and refused to see them alone. As a result, multiple agencies withdrew from contact with the couple despite a known risk of harm to Ainlee. Social workers were persistently refused entry to the family home. When they did occasionally obtain access, they focused on practical issues rather than discussing risk to the children and the unacceptable behaviour of the couple. The children were seen infrequently and often only cursorily. The serious case review observed that children were 'seen' but not 'engaged' with. This meant that social workers were unable to identify the injuries to Ainlee, which could only have been detected by interacting with her in the home.

Brandon *et al.* (2009) found that, in England, a large proportion of parents whose children were seriously injured or killed while in their care took illicit drugs. Evidence drawn from elsewhere in the UK, such as the public inquiry into the death of Caleb Ness in Scotland (which referred to similar findings by other Scottish investigations), identified drug and alcohol abuse as a major contributing factor in baby Caleb's death (O'Brien, 2003). Significantly in this case, the father's earlier brain injury caused him to become easily agitated—a condition exacerbated by drug and alcohol abuse. Rates of physical aggression exhibited by men and women undergoing treatment for substance misuse are known to be two or three times higher than among a random sample of the population (Chermack *et al.*, 2008, p. 40). While there is an established link between drug abuse and aggression, this relationship is not entirely clear. Aggression associated with drug use may be attributable to a variety of causes including: the aggression enhancing effects of drugs; self-medication with drugs to reduce aggressive impulses; use of drugs following a violent altercation; fights over drugs; and irritability due to withdrawal symptoms. As already

discussed above, [Forrester and Harwin \(2006\)](#) highlight the lack of attention to working with parents who abuse substances on social work degrees in the UK. The pervasiveness of substance abuse in the backgrounds of parents or their partners and its association with aggression make this a vital area of study for students, in terms of both the research literature and skills development for managing drug-related aggression.

[Stanley and Goddard \(2002\)](#) describe how child protection workers subjected to violence or prolonged exposure to repeated threats of violence exhibit behaviours akin to the Stockholm Syndrome whereby hostages in life-threatening situations become compliant with their captors through attempts to placate them. The serious case review identified some behaviours by practitioners which pointed to this syndrome. For example, they kept to safe subjects with parents and often self-censored themselves, failing to persist in searching questions about Ainee's care or to insist on interacting with her. Hostage theory, the Aggression Incident Model and the Assault Cycle are all models of aggressive inter-personal encounters which can assist social workers in understanding how they might forestall violence and reduce the adverse impact that threatened violence or other forms of intimidation can have on their practice ([Breakwell, 1997](#); [Stanley and Goddard, 2002](#); [Davies and Frude, 2004](#)). These theories do not feature in social work training at qualifying level. While risk assessment and risk management of the harm parents or their partners pose to children are given considerable attention in the curriculum, the risk of violence against social workers is often marginalised. The evidence from the field is overwhelming; programmes of social work need to prepare students for the realities of practice, which regrettably include the likelihood of their being threatened with violence and the possibility of their being assaulted ([Laird, 2013](#)).

## **Implications for social work qualifying training**

Educators cannot assume that students possess the positive self-esteem foundational to assertiveness and the appropriate use of professional authority. Rather, it is a personal quality which requires nurturing throughout training. Many students commence study affected by their own experiences of aggression and find difficulty managing angry impulses. They will need teaching inputs over a sustained period to unlearn detrimental responses to aggression. Examining their own levels of anxiety in both exercising professional authority and managing the aggression of parents needs to be integrated into reflective learning and practice. As I argue in [Laird \(2013\)](#), the social psychology of aggression is essential theory if students are to comprehend their own reactions and those of others in relation to anger and violence. Given the current lack of attention to knowledge and skills for work with service users who abuse substances, introducing this into the

curriculum would broaden the repertoire of social work skills and better prepare practitioners for the additional challenges that aggressive behaviour presents. Broadening teaching on mental health to encompass aspects of aggression, but which avoids playing into negative stereotypes that associate unpredictability and violence with mental illness, would also enhance the capabilities of child protection social workers.

Since research reveals that aggression is equally a concern for social workers in the USA and Australia, where social work education reflects similar gaps to those in England, the findings of this study also have implications for qualifying training in those countries. The present focus of the curriculum on the oppression and disadvantage of service users in tandem with the emphasis on person-centred, strengths-based and empowerment approaches needs to be complemented by an acknowledgement that parents or their partners can sometimes be powerful and aggressive. Working with such people requires supplementary theories, methods and skills. Reform of social work training in England offers a unique chance to reappraise syllabus content and introduce learning opportunities which assist students to integrate the theoretical knowledge on aggression with better-developed personal qualities to effectively engage with conflict alongside new skills to manage aggression in practice situations. Our colleagues in the USA and Australia, struggling with similar challenges, would undoubtedly welcome such a development upon which they could draw.

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