Violence against child protection workers: A study of workers' experiences, attributions, and coping strategies

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ABSTRACT

Child protection workers (CPWs) are frequently exposed to client violence, both psychological and physical, in their line of work whether they operate in the community or in residential settings. Despite this known vulnerability, research on the subject has lagged. The current study sought to analyze CPWs' experiences with client violence, their interpretation of it, its perceived consequences and their coping strategies. Specifically, 30 CPWs working both in the community and in residential settings, took part in an in-depth, semi-structured interview. A thematic analysis revealed that CPWs view client violence as a recurring and pervasive problem in their line of work. Residential workers described a greater frequency of violence, especially physical violence. CPWs however perceived violence differently, with some viewing this problem as 'part-of-the-job' while others described client violence as a 'call-for-help' on behalf of clients. Perceived consequences varied in severity and breath. CPWs reported consequences at the psychological (e.g. fear, hypervilence, sadness, nightmares), organizational (e.g. loss of motivation, turnover intention, sick leaves) and clinical levels (e.g. emotional detachment from clients, avoiding clients). CPWs also described numerous coping strategies, some effective while others appeared short-sighted. This study concludes with recommendations with regards to client violence in child protection work.

1. Introduction

Despite the known vulnerability of social workers in general to client violence (Enosh & Tzafrir, 2015; Harris & Leather, 2011; Koritsas, Coles, & Boyle, 2008; Macdonald & Sirotich, 2005; Newhill, 2003; Shin, 2011; Zelnick et al., 2013), violence against child protection workers (CPWs) remains a complex subject that merits further investigation (Robson, Cossar, & Quayle, 2014; Stanley & Goddard, 2002; Laird, 2013). Indeed, critical aspects of this problem remain nebulous, and this impedes our ability to develop and implement effective solutions (Laird, 2013; Robson et al., 2014; Stanley & Goddard, 2002).

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2. Client violence in child protection work

Although definitions vary, physical violence is often defined broadly as "behaviors that are physical in nature, and that may cause physical harm (such as biting, kicking and choking)" (Schat & Kelloway et al., 2005, p. 191–192) while psychological violence involves behaviors characterized by potentially harmful verbal or symbolic acts (e.g., yelling, intimidation, breaking property, insults) (Schat & Kelloway et al., 2005). Other authors have used similar definitions before (Stanley & Goddard, 2002).

2.1. General prevalence, scope, and incidence

In their systematic review on violence against CPWs, Robson and colleagues (2014) reported annual rates of psychological violence varying from 37% to 97%, while rates of physical violence ranged from 2% to 34%. Similarly, a recent survey of close to 600 CPWs in England found that 42% had received threats of violence at some point during the last six months (Littlechild et al., 2016). Of these respondents, 48% had received multiple threats. These rates are comparable to those reported in studies in social work in general (Enosh & Tzafrir, 2015; Koritsas et al., 2008; Newhill, 2003), although two studies found that CPWs were at greater risk of violence than social workers in other fields of practice (Shin, 2011). The nature of child protection work could explain this possible increased vulnerability. Indeed, unlike most other social workers, CPWs work on a regular basis with involuntary clients. Their interventions can result in unpleasant consequences for families (e.g., investigations, child removal), which may explain the violent reactions of some clients (Laird, 2013; Shin, 2011; Stanley & Goddard, 2002; Tuck, 2013). Altogether, surveys have established that instances of physical violence against CPWs is concerning, but that it is mostly threats and psychological violence that are common (Littlechild, 2005a; Littlechild, 2005b; Shin, 2011; Stanley & Goddard, 2002).

2.2. 'True magnitude' of client violence

Although large surveys on the prevalence and incidence of violence against CPWs report similar findings; there is still a need to understand the subjective experience of CPWs (i.e., stress) (Kim & Hopkin, 2015; Stanley & Goddard, 2002; Vogus, Cull, Hengelbrok, Modell, & Epstein, 2016). In other words, the problem is not just prevalence; it is also the 'shadow of violence' or what happens when violence is continually being anticipated (Kim & Hopkin, 2015; Vogus et al., 2016). On average, 50% of CPWs report meeting with at least one hostile or intimidating parent each week (Littlechild et al., 2016). And so, CPWs think about violence even when it does not erupt. CPWs who are worried about their safety at work also report higher levels of emotional exhaustion (Vogus et al., 2016) and lower levels of organizational commitment (Kim & Hopkins, 2015). Similarly, studies on the experiences of healthcare workers have revealed that simply working in a climate perceived as tense can be damaging to mental health (Hylen et al., 2017; Ramacciati, Ceccagnoli, & Addey, 2015). Describing the subjective impact of the work climate is, therefore, an essential aspect of understanding the actual magnitude of client violence in child welfare (Cull, Rzepnicki, O'Day, & Epstein 2013 Kim & Hopkins, 2015; Vogus et al., 2016). Understanding the subjective experiences of CPWs is also key to identifying solutions that can address both actual prevalence and perceived safety (Vogus et al., 2016).

2.3. Violence and work setting

In addition, surveys may also be glossing over the reality of certain professionals. Generally speaking, child protection agencies operate similarly to mental health treatment centers; some services are offered in the community (e.g., investigations, home services, foster care) while the most intensive services are offered in specialized residential centers (e.g., group homes, rehabilitation centers). Only a handful of studies have sought to document the experiences of CPWs in residential settings (Alink, Euser, Bakermans-Kranenburg, & van IJzendoorn, 2014; Geoffrion & Ouellet, 2013; Winstanley & Hales, 2008) and all have reported high percentages of physical assaults. Specifically, these studies reported rates of physical violence in the year prior ranging from 37% (Alink et al., 2014) to 64% (Winstanley & Hales, 2008). One study found that 56% had also been assaulted more than once and 72% received threats of violence (Winstanley & Hales, 2008). A similar trend has been described in other populations of social workers working in residential settings (Harris & Leather, 2011). This suggests that CPWs in residential settings find themselves at the intersection of two major risk factors for physical violence: working in child protection services and working in a residential setting (Shin, 2011; Winstanley & Hales, 2008). It is essential to expand on the subject of violence against residential workers to identify potential solutions to client violence tailored to their work setting (Cull et al., 2013; Vogus et al., 2016).

In sum, although there is a growing number of studies on the issue of violence against CPWs, there is still a need to explore the subjective experiences of CPWs to truly understand the magnitude of this problem. Also, smaller studies suggest the need to compare the experiences of fieldworkers and residential workers as prevalence rates appear to be different than the general trend described so far.

3. How CPWs perceive client violence

Many studies have pointed out that CPWs, social workers, and even the organizations that employ them tend to view client violence as 'part of the job' (Littlechild, 2005a; Laird, 2013). Consequently, CPWs feel they must understand and extract meaning from the hostility of their clients if they are to perform well at work (Stanley & Goddard, 2002; Laird, 2013). And yet, serious case reviews continue to conclude that CPWs often have difficulty understanding violent clients and translating that understanding into effective interventions (Laird, 2013).