

Managing Violence, Aggression and Conflict in Social Work

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CONTENTS

	Page
Acknowledgements	i
Contents	ii
List of the Published Works	v
Abstract	viii
SECTION A: THE CRITICAL APPRAISAL	1
1. Introduction	2
2. The nature and extent of aggression and violence against social work staff	6
3. Theories of violence relevant to social work settings	10
4. The publications	14
4.1 <i>Introduction</i>	14
4.2 <i>Overview of the published work</i>	17

4.3	<i>Methodology for the empirical studies</i>	26
4.3.1	Introduction	26
4.3.2	Methodology	29
4.3.3	Reasons for the choice of methods	31
4.3.4	Analysis of the strengths and weaknesses of the qualitative approaches utilized in the empirical research	32
4.3.5	Analysis of the strengths and weaknesses of the quantitative approaches utilized in the empirical research	37
4.4	<i>Key themes</i>	38
4.4.1	The development of key themes over time within the Published Work	38
4.4.2	The systematic collection and analysis of workers' and managers' views and experiences	38
4.4.3	Issues of power and control	40
4.4.4	Effects on workers and their interventions	42
4.4.5	The importance of manager and agency support, and the links with issues of under reporting	43
4.4.6	How issues of gender affect the nature of aggression and violence experienced by workers and managers	43

4.4.7	Managers' constructs on the nature and effects of violence and aggression against staff	47
4.4.8	Similarities between abused children's experiences of aggressive parents, and workers' experiences of aggressive parents	47
4.4.9	The nature and effects of 'dangerous' workers	48
4.5	<i>Implications for further research</i>	49
5.	The contribution of the Published Work to theory, policy and practice	50
6.	Conclusion	55
	References	56
	SECTION B: THE PUBLISHED WORK	62
	<i>Appendix 1: Ethical approvals</i>	559

List of the Published Works

In the following list of Published Works, the numbers set in bold type refer to the numbers allocated to the different publications as subsequently referred to in the critical appraisal. Section A 4.2 sets out chronologically the purpose of each of the different publications included in this thesis, and how each of the Published Works relates to the others.

Publication number 1. Littlechild, B. (1993) *Managing Aggression and Violence towards Social Work Staff: Moving from Individual Blame to Agency Support*, Hatfield: Centre for Social Work Studies, University of Hertfordshire

Page number 63

Publication number 2. Littlechild, B. (1993) *'I needed to be told I hadn't failed': Experiences of Violence against Probation Staff*, Hertford: Hertfordshire Probation Service/University of Hertfordshire

Page number 119

Publication number 3. Littlechild, B. (1995) Violence Against Social Workers, *Journal of Interpersonal Violence*, 10, 123-130

Page number 177

Publication number 4. Littlechild, B. (1996) The Risk of Violence and Aggression to Social Work and Social Care staff. In Kemshall, H. and Pritchard, J. (eds.) *Good Practice in Risk Assessment and Risk Management*, London: Jessica Kingsley Publishers

Page number 186

Publication number 5. Littlechild, B. (1997) 'I needed to be told I hadn't failed': Experiences of Violence against Probation Staff, *British Journal of Social Work*, 27(2), 219-240

Page number 204

Publication number 6. Littlechild, B. (1997) *Dealing with Aggression*, Birmingham: Venture Press

Page number 227

Publication number 7. Littlechild, B. (1998) Does Family Support Ensure the Protection of Children? Messages From Child Protection Research, *Child Abuse Review*, 7, 116-28

Page number 305

Publication number 8. Littlechild, B. (2000) '*I know where you live*': *How child protection social workers are affected by threats and aggression. A study into the stresses faced by child protection workers in Hertfordshire: with notes on research into Finnish social workers' experiences*, Hatfield: Centre for Community Research, University of Hertfordshire

Page number 319

Publication number 9. Littlechild, B. (2002) The Effects of service user violence on child protection networks, *Trauma, Violence and Abuse*, 3(2), 144-158

Page number 383

Publication number 10. Littlechild, B. (2002) *The Management of Conflict and Service User Violence against Staff in Child Protection work*, Hatfield: Centre for Community Research, University of Hertfordshire

Page number 399

Publication number 11. Littlechild, B. (2003) Working with aggressive and violent parents in child protection social work, *Practice*, 15(1)

Page number 524

Publication number 12. Littlechild, B. (2003) *Managing parental carer violence against child protection social workers*, CareKnowledge Briefing Number 5 (www.careknowledge.com)

Page number 537

ABSTRACT

Managing Violence, Aggression and Conflict in Social Work

This thesis examines the causes and effects of violence against social workers. In particular, it addresses issues of conflict arising from certain social workers' roles, and the nature, extent and effects of aggression and violence against social workers in both probation and child protection work. The management of these issues is also examined in depth.

The thesis contains critical reviews of the literature available at the time of the preparation of the publications, which drew out key issues for theory, policy and practice. It also contains three empirical research reports, which utilized a mixture of qualitative and quantitative approaches. The first piece of research was undertaken within a probation service, and the last two pieces were carried out with child protection social workers and managers in a large social services department.

The work highlights the importance of incorporating the experiences and views of social workers and managers concerning the management of aggression and violence from service users within their agencies' policy development. The issues addressed within the research reports include the effectiveness of support available for staff and managers, and how policy and practice relate to the dilemmas and problems raised for workers and managers dealing with threats within what can be ambiguous roles, particularly within child protection work. The work within the thesis addresses how policies and practice relate to the protection of children when parent service users display violence and aggression. It analyses the place of risk assessment both in relation to threats to workers and in the potentially negative effects on the protection of the child(ren) and others involved. The possible effects on the protection of children as a result of such threats, particularly within the Developing Violent Scenarios identified within the thesis, are also explored.

The work incorporates possible ways of dealing with those clients who present aggressive and violent behaviour, within a consideration of how issues of power, control and gender affect the nature and effects of threats to workers.

On the basis of original research and analysis of the relevant literature, the work offers a model of how issues of under-reporting, effects on victimized staff, and support for staff individually might most effectively be incorporated into the development of agency policies and risk assessment procedures to reduce risk to both children and staff.

SECTION A: The critical appraisal

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1. INTRODUCTION

The background to the Published Work

This thesis examines the causes and effects of violence and aggression against social workers. In particular, the body of work addresses the nature and extent of aggression and violence presented by certain service users against social workers in probation and child protection work, and the effects on workers and managers of such behaviour. It examines issues of conflict arising from the nature of social workers' roles, as well as how staff might best be supported in dealing with such situations. It explores ideas on how practitioners can best approach aggressive and violent clients they might encounter in their work, effective responses to those clients, and how these matters might best be managed within agency policy and practice. The effects of role ambiguity in the child protection social work role, as well as its effects on clients' potential for aggression and violence and the protection of children, latterly became a feature of the Published Work.

My interest in this field began as a result of my experiences as a social care practitioner in residential work, and then continued when I became a qualified social work practitioner, and later a manager, in field social work. My experiences in these settings were that aggression and violence from clients were common features of the work, but that these were rarely addressed in discourses concerning practice, theory or policy. This led me to contribute to a policy and practice document produced by the British Association of Social Workers (1988), and to my subsequently carrying out training and consultancy on these issues for a wide range of probation, social services and voluntary agencies for over 20 years. This interest has continued through into my academic activities within the University of Hertfordshire since 1988.

The contribution of the Published Work to theory, policy and practice

The Published Work has contributed to theory by identifying the types of aggression, violence and conflict within social work that are most difficult to deal with, and the reasons for these difficulties. It has also contributed to ideas on gendered differences in the types of violence exhibited by clients, and experienced by staff.

It has contributed ideas on the effects of different types of violence against staff, particularly concerning the nature of, and possible reasons for, Developing Violent Scenarios, within which threats can build up over time, and where the intimidation is not obvious to others. This makes them particularly difficult for individual workers, agencies and managers to deal with effectively. The work has also contributed to theories on why staff under-report certain forms of violence, and in particular the forms of Developing Violent Scenarios.

The work offers ideas on how power and control issues, arising from the nature of the ambiguous and judgmental social work role in probation court welfare work and child protection work, can contribute to the violent and aggressive behaviours of certain parents.

The work presents considerations of the ways in which aggression and violence from parents impacts upon the assessment process. It also examines the consequent responses to those clients who present such behaviour, and the possible reasons for these responses. The possible causes of the actions of a small group of workers who are perceived by social workers and managers as potentially dangerous are also explored.

The work considers the ways in which government guidance has contributed to theoretical approaches that lead to the avoidance of the nature and effects of violence against child protection social workers.

The Published Work has contributed to policy considerations in this field by examining the importance of identifying, and giving greater recognition to, the experiences and ideas of social workers and managers involved in probation and child protection work with aggressive and violent service users. The encouragement provided by 'cultures of support' to report incidents can in turn improve the systematic collection and analysis of such experiences and ideas, which then can improve formulation and review of policy.

The work provides knowledge and guidance on policies, and means of policy development, which can provide more effective support, training and supervision of social workers. It also discusses the possible impact of clients who present aggressive and violent behaviours upon the assessment process in child protection social work, as well as the consequent responses to clients who present such behaviour.

The Published Work has contributed to knowledge of how workers and managers can develop their capacity for more effective practice by providing analysis and guidance on the best ways for individual workers to approach situations of conflict and aggression.

The structure of the thesis

The thesis consists of two distinct sections. Section A comprises the critical appraisal of the Published Work. Section B comprises the Published Works themselves.

Within the critical appraisal, section 2 provides a brief outline of the nature and extent of aggression and violence against social work staff.

Section 3 briefly explores a number of theories concerning the causes of violence, and their relevance to the social work settings studied in the Published Work.

Section 4.1 contains an introduction to the publications, with the chronology, nature and purpose of the different publications set out in section 4.2. The Published Work

includes a variety of types of publications, including critical reviews of the literature available at the time of the preparation of the publications which draw out key issues for theory, policy and practice. It also includes empirical research reports.

Section 4.3 examines the empirical studies presented in the Published Work. The first of the three pieces of empirical research was carried out within a large probation service, at a time when probation officers were required to be trained social workers. The last two were carried out within a large County Council's Social Services Department. This section also includes the rationale for the methodologies chosen for the empirical studies, in addition to discussion of the value and limitations of the methodology and methods utilized.

Section 4.4 examines the development of the main themes and findings examined within the Published Work in relation to theory, policy and practice.

Section 4.5 discusses what further research is suggested from the consideration of the findings within the empirical research studies.

Section 5 then summarizes the contribution of the Published Work to theory, policy and practice.

Section 6 provides final concluding comments.

Section B then presents the Published Works in chronological order.

2. THE NATURE AND EXTENT OF AGGRESSION AND VIOLENCE AGAINST SOCIAL WORK STAFF

This section sets out a number of the main themes that have informed the study of violence against social workers, all of which to some extent have influenced the progression of the themes taken forward in my Published Works.

Violence against staff in field social work became a major issue in the United Kingdom during the 1970s and 1980s (Bute, 1979; Rowett, 1986; Brown *et al.*, 1986). There have been deaths of at least eight social workers in England, the majority of whom worked in mental health or child protection areas, caused by violence from service users since the 1980s. 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). There was a high level of activity, and a number of reports, from trade unions, professional associations and employers' organizations during the 1980s and 1990s which emphasized that employers should give more serious consideration to the incidence, management and effects of violence against social work staff (publication 6).

Violence from service users can significantly affect social workers' capacity to carry out their work effectively, as well as their commitment to that work (Norris, 1990; Littlechild, 2000, 2002; Royal Holloway College, 2001; Brockmann and McLean, 2000; Brockmann, 2002). Pahl's (1999) analysis of research findings from the National Institute for Social Work's work force survey demonstrated that violence and threats of violence to social workers were commonplace, and were major areas of stress for them. Fear of violence is also known to be an important factor in probation officers' and social workers' concerns about their work (Royal Holloway College, 2001; Smith and Nursten, 1998).

Concerns relating to how violence and threats against staff can negatively affect assessments by child protection social workers, and agency decision-making processes, have been raised by a number of authors (Reder *et al.*, 1993; Farmer & Owen, 1995, 1998; O'Hagan & Dillenburg, 1995; Stanley and Goddard, 2002).

Findings from the British Crime Survey (Budd, 1999) confirm that social work is a high-risk occupation. Social workers and probation officers are included in a category of 'Other education and welfare', within which 2.6% reported being assaulted, and 2.3% reported being threatened during 1997. However, the sub category of social workers and probation officers were particularly at risk whilst working- 9.4% had been assaulted, and 9.5% had been threatened. This group was amongst those at the highest risk of all the groups considered. The only group at significantly greater risk of physical assaults was the police (24.6% victimized). The National Institute for Social Work's review of the research (1999) confirmed that social care staff experience violence and abuse more often than staff in many other occupations. The most recent research into probation work (Royal Holloway College, 2001) found that between 1997 and 1999, 33% of officers had been threatened in their work, 90% of whom had been verbally abused, and 8% physically assaulted.

There are significant variations in the experiences of staff in social work and social care, depending upon which type of work they undertake. For example, the incidence of violence against residential workers within social services departments is higher than for field staff (Balloch, Pahl and McLean, 1999; Brockmann and McLean, 2000). It would appear from these figures that if the worker is in an affective relationship with clients due to their close sharing of daily living areas and routines, such as in residential work, and where s/he is having to intervene in arguments and fights between users, s/he is at greater risk of physical violence and threats than field workers (see also Rowett, 1986). However, the experiences of violence may be worse for field workers, as they are isolated from the immediate support of colleagues, which is available in residential units (National Institute for Social Work, 1999; Brockmann and McLean, 2000). The Labour Research Department (1987) in its research on

workplace violence in the public sector found that the most serious violence occurred when the members of staff were working in isolation.

Examination of the gender variations in relation to this area of inquiry has also been a feature within the literature (Rowett, 1986; Norris, 1990; National Institute for Social Work, 1999; Pahl, 1999; Brockmann and McLean, 2000; Brockmann, 2002). Pahl (1999) found that in the National Institute for Social Work workforce studies, 1 in 5 men had been physically attacked in the twelve-month period studied, whilst for women, the figure was 1 in 10. Pahl suggests that when compared to female staff, males may be more likely to intervene in potentially dangerous situations. Rowett (1986) also found that male workers were proportionately more likely to be physically attacked than females. Rowett (1986) concluded that fieldwork staff were more likely to be assaulted by females, probably as a result of a high rate of interventions with single parent families which were usually headed up by mothers.

There are several other important areas examined within the literature concerning violence against social workers. One of these relates to how clients' experiences of power and control within the social work role may affect their use of aggression and violence (Brown, *et al.*, 1986; Norris, 1990; Reder *et al.*, 1993; Parton, 1998; National Institute for Social Work, 1999; Pahl, 1999). Another relates to the lack of consistency of definitions, which has been identified as a problem for research and policy development (Rowett, 1986; Brown, *et al.*, 1986; Norris, 1990; Department of Health, 2000; National Institute for Social Work, 1999; Brockmann and McLean, 2000). A further one relates to the prevention of, and response to, aggression and violence, where problems have been identified due to workers' fearful responses to, and under-reporting of, such experiences. Further areas which have been identified as in need of greater consideration are unsupportive responses of managers and organizations to the member of staff at risk of or subjected to such behaviour (Rowett, 1986; Norris, 1990; National Institute for Social Work, 1999; Department of Health, 2000; Brockmann, 2002; MacDonald and Sirotych, 2001), and a lack of response to clients who present such behaviour (Norris, 1990). This latter area has been a neglected one compared

with a number of the other issues discussed in this section. All of these areas are discussed in depth in the critical appraisal and Published Work.

3. THEORIES OF VIOLENCE RELEVANT TO SOCIAL WORK SETTINGS

There is a wide range of theories concerning the causation of violence. Some attempt generic explanations, others are more specific to certain types of violence. This section briefly explores a number of these, and their relevance to the social work settings studied in the Published Work.

Biological explanations tend to emphasize hormonal and genetic influences. Sociobiological theories promote theories about the defence of territory in relation to these factors (Lorenz, 1966). Psychological constructs place a focus upon personality types, and social situational aspects, whilst psychoanalytic theories consider the part that constructs such as intrapsychic conflict, denial mechanisms or impaired ego may play (Dankwort, 1992). Sociological and anthropological approaches analyse violence from theoretical perspectives concerning collective processes and institutional features, and the part interpersonal and structural processes have to play within these (Hearn, 1998).

The theories examined in this section are those that offer most to the analysis of violence against staff in probation and child protection work. These are theories concerning reactive violence, patriarchy, exchange/social control theory, learning theory, and resource theory.

Reactive violence, sub-categorized into expressive and instrumental reactive violence, is seen as a reaction to external threats towards the person and their social role, rather than being explained by intra-personal theories, such as psychoanalytical or biological theories (Hearn, 1998). Violence can be seen as a way for clients who feel powerless when confronted with the social worker's role to regain some feelings of power and control in the situation, even if only for a temporary period (Breakwell, 1989). Reactive theories can be psychological, where frustrations arising from poor communication skills lead to aggression; or sociological, where in the child protection scenario, for example, mothers' violence can be explained by our knowledge that it is

usually the mothers of allegedly or actually abused child (ren) who are the ones to engage with the social worker, even if there is a male partner (Rowett, 1986; publications 8, 10). This type of expressive reactive violence can be seen to be unplanned, and caused by frustration and powerlessness in reaction to the external threats which the client experiences, whereas instrumental reactive violence can be seen as a reaction to the external threat when the client decides to use aggression and violence as a means to an end. This latter form of violence better explains the different types of violence males tend to carry out against social workers. These theories are useful in analysing the findings in my child protection research concerning the types of violence males and females used against social workers (see section 4.4.6). Combined with our knowledge of how mothers are judged within social work processes, they can aid in the analysis and consideration of the findings of the child protection research reported in the Published Work (publications 8 to 11).

The research evidence demonstrates that patriarchal explanations may be valuable in explaining why most violence within intimate relationships is carried out by men against women (Dobash and Dobash, 1992). Such approaches are helpful in explaining some of the dynamics and intimidating behaviour displayed by certain males within families against their female partners and children, as well as female social workers. In conjunction with other theories explored in this section, patriarchal theories provide some explanation for the differences in types of aggression and violence presented by males and females, and how these types of behaviour can then affect social workers (publications 8 to 11).

Gelles and Cornell (1990) reviewed theories of intimate violence in families and concluded that exchange/social control theory was the most relevant to explain the knowledge we have of such abuse, when modified to take into account power/control and reward/punishment issues within an integrated theory of family violence. This would be applicable to 'child abuse, wife (and partner) abuse, and the hidden forms of intimate violence' (p. 116). These 'hidden forms' they identify as violence to elders, parents, and siblings, but these processes also appear to apply to child protection social

workers, when they are threatened as a result of challenging the power/control strategies of some males as set out in Published Works 8, 9 and 10. Gelles and Cornell state that they expect people only to use violence when the costs do not outweigh the rewards. When linked with learning theory, this approach fits with our knowledge that people who are violent to social workers often have a record of previous violent behaviour (Rowett, 1986). These theories then have a bearing on explanations of why repeats of such behaviour appear to be relatively common. If clients learn that their aggressive and violent behaviour produces no reactions from the agency to set limits to such behaviour, they are likely to repeat it (publications 1, 6). If no boundaries are clearly set, and there is no reaction, the client can learn that it may prove in her/his interests to be abusive and aggressive, producing the desired effect of discouraging interventions by workers and agencies.

Learning theory (Bandura, 1975) also assists understanding of why workers sometimes do not perceive reporting to be in their interests, and therefore do not do so. This can happen if they observe or experience reporting to be unsupportive or even to result in their being blamed for the incident (publications 1 to 4, 6, 8; National Institute for Social Work, 1999; MacDonald and Sirotich, 2001).

Resource theory also considers issues of power (Goode, 1971). This theory suggests that all social systems rely to some degree on force or the threat of force. The more social, personal, and economic resources a person commands, and the more force s/he can muster, the less likely s/he is to use, or need to use such resources. This relates to the relative powerlessness social work clients may feel, and to why clients are violent or threatening, which links again to the idea of status, particularly for males. Clients of social work agencies are nearly always the poorest in society, with the least status and resources, and are greatly over-represented amongst the clientele of these agencies. However, it has been argued that child abuse is more equally distributed amongst the different socio-economic groups than the evidence from clients' socio-economic background suggests (Corby, 2000). It can thus be argued that the poorest people in society, who command least resources, are disproportionately subjected to the

controlling functions of child protection social workers, and that this may have a bearing on why intimidation and threats can be a feature of responses from parents.

4. THE PUBLICATIONS

4.1 Introduction

This section sets out the main developments and themes examined within the publications included as part of this thesis. These are:

- a) The nature of aggression, violence and conflict which workers and managers experience. Issues explored include the types that are most common, and those which are the most difficult to deal with; the extent, nature and effects of under-reporting of different types of violence, and the reasons for this; the effects of different types of aggression and violence on workers, managers, and their work
- b) The importance of clear definitions of what constitutes violence against staff, and of agency policies that provide a culture of support for staff to recognize and report different types of aggression and violence
- c) The extent to which staff's experiences and views have been, and how much they should be, included in the development and review of policies and procedures concerning work with aggressive and violent clients
- d) The effectiveness of agencies' and higher managers' support of workers and first line managers in their attempts to carry out their work when aggression and violence is presented by clients
- e) How power and control issues can negatively affect the experiences of both clients and of workers within child protection social work. This relates to the role ambiguity present in such work, where the power and control functions of child protection social work result in an increased risk of clients attempting to wrest back some of that power and control

- f) How interlinked factors of gender, power and control can affect the nature and effects of aggression and violence experienced by workers and managers, including the different types of aggression, intimidation and violence presented by male and female clients
- g) The extent to which aggression and violence from parents impact upon the child protection assessment and intervention processes with aggressive and violent clients
- h) The similarities between abused children's and workers' experiences of aggressive parents
- i) The best ways in which agencies can protect and support staff, as well as deal with those clients who present aggressive and violent behaviour
- j) The best ways in which individual workers can assess and minimize risk
- k) Within child protection work, the types of approaches and behaviours that produce 'dangerous' workers, and the effects of such workers on others in their agency, and on the child protection process itself.

Within the critical appraisal of the Published Work, citations for the various Published Works are given where this identifies their contribution to knowledge in these areas.

Throughout this thesis the term 'victim' is used in relation to staff who are subjected to aggression and violence from clients. The reason for this is because the evidence presented in my critical reviews of publications and research in this field, and my own empirical research findings, demonstrate that there is a great deal of minimization of the extent, nature and effects of such aggression and violence within agency policies and procedures, leading to the problems which are identified in the Published Work

presented in this thesis. Whilst staff may perceive themselves to be victimized, this is often not addressed in the way such staff would wish.

'Victim' is defined in the Shorter Oxford English Dictionary (2002) as a *'person who is taken advantage of: a person subjected to cruelty, oppression or other harsh or unfair treatment...'* The concept of a victim until very recently has usually invoked connotations of 'weakness' and passivity. However, victims have now been accorded greater status both in criminological theory (Rock, 2002), and in the criminal justice process, where they have been given greater rights in legislation and policy (Sanders, 2002). These developments have helped victims to have their need for support recognized in relation to both what is often a disempowering set of psychological consequences arising from the crime(s), and within what can be a disempowering criminal justice process. Similar developments were being sought by a number of respondents in my probation and child protection studies.

In order to produce a discourse which more accurately reflects the realities of clients and social workers, and the need to provide policies and cultures that protect workers in agencies, the term 'victim' is used to signal a clear focus on the seriousness of the effects of certain forms of aggression and violence against workers as they experience them.

4.2 Overview of the Published Work

This section sets out the chronology, nature and purpose of the different Published Works presented in this thesis.

Publication 1

Managing Aggression and Violence towards Social Work Staff: Moving from Individual Blame to Agency Support: 1993.

The purpose of this monograph was to analyse and critically review the findings from current research and other published work concerning violence against social workers, and present ideas for ways to improve the difficulties highlighted in that review.

It identified a number of the issues and themes that formed the initial basis for questions addressed in the three pieces of empirical research, and later theoretical and critical review publications. These included discussion of

- i. responses to those clients who present aggressive and violent behaviour
- ii. victims' needs
- iii. policy development and review
- iv. workers' individual approaches to dealing with potentially violent incidents.

The work built on the most important works available at that time. This included the empirical studies of Rowett (1986) and Brown *et al.* (1986) on violence against social workers; Norris's (1990) critical review of, and empirical study within, the field; and Poyner and Warne's work for the Health and Safety Executive (1986) on policy and procedures. It also included Shapland, Wilmore and Duff's (1985) empirical work which demonstrated the particularly severe effects on victims of crime when they were victimized in their workplace, and importantly, victims' published accounts (publication 1).

On the basis of this, the work contained within it a model, developed further in later publications 4, 9, 10 and 12, of how knowledge about under-reporting, effects on victimized staff, and support for staff individually might most effectively be

incorporated into the development of agency policies. It also set out ways of dealing with potentially violent situations for practitioners, and possible ways of dealing with those clients who present aggressive and violent behaviour. It emphasized the importance of clear definitions of violence within agencies, set within a culture of support for staff which makes clear what to report and how. It also examined the need to develop and review policies and procedures based on the collation and analysis of staff experiences. This consideration of under-reporting built particularly on the work of Rowett (1986), and Poyner and Warne (1986).

The idea of a culture of support which addresses issues identified in the Published Work resulted from this initial review of the knowledge base. This critical review found that issues such as fear of being seen as 'weak workers' if they reported such aggression and violence, or of themselves being blamed for the aggression, were the result of workers' uncertainties concerning managers' and agencies' support in response to such reporting. The probation research findings reported in publication 2, and later the child protection research findings reported in publications 8 and 10, confirmed that these were areas of concern in those areas of social work.

Publication 2

'I needed to be told I hadn't failed': Experiences of Violence against Probation Staff: 1993.

This research report set out the findings from empirical research concerning staff experiences of violence and aggression against Hertfordshire probation service staff. Further details of the methods, sample and some of the main findings of this piece of research are set out in Table 1 of section 4.3.1.

It builds on the themes identified in Published Work 1 by exploring staff's experiences of violence, its effects upon them, and their experiences of support from managers and the agency as a whole. It also examined the effectiveness of such support, and reactions and responses to clients who present aggressive and violent behaviour. Findings from this research were reported in the British Journal of Social Work

(publication 5). The findings informed the areas of inquiry pursued within the two pieces of child protection research (publications 8, 10).

The findings from the research concerning workers' experiences of agency policies, their concerns about reporting aggression and violence, the agency's reactions to such reporting, and how these relate to under-reporting in these areas, were cited by Brockmann (2002), Brockmann and McLean (2000), the National Institute for Social Work (1999), and Jones and Fletcher (1999). The quantitative data concerning the level of risk to probation staff were quoted by Her Majesty's Inspectorate of Probation (1995), as these were the first published sets of figures analysing these risks. The results of this study were cited in the Royal Holloway College's Economic and Social Research Council funded *Violence Against Professionals* research report (2001), and by Gabe *et al.* (2001), publications which specifically drew upon the methodology utilized in my probation research.

Publication 3

Violence Against Social Workers: 1995.

This publication reviewed current published work in the field concerning issues of definition, under-reporting, gender, identifying those at risk, as well as responses to those clients who present aggressive and violent behaviour. It also provided a critique of agencies' policies and support systems. Particular attention was paid to under-reporting of violence, including racial and sexual harassment. These themes were followed through in a number of the later Published Works.

The conclusions were consistent with the findings presented in publications 2 and 5, relating to the empirical research in probation, which found that all forms of aggression and violence are under-reported, and that sexual harassment is the least reported of the different types of aggression and violence that staff experience. The variety of reasons for this as presented in these findings was similar to the reasons Norris (1990) found in his research. Victims were concerned that they would not be believed and/or would not be taken seriously; that they would not have their

victimization addressed within the agency; that they themselves may be blamed; that having to experience such violence should be accepted as 'just part of the job'; and that the client would probably not be dealt with in any event.

Publication 4

The Risk of Violence and Aggression to Social Work and Social Care staff. In Kemshall, H. and Pritchard, J. (eds.) *Good Practice in Risk Assessment and Risk Management*. 1996.

This book chapter drew together my considerations of the issues I had found from findings in my critical reviews of the literature at that time, and was aimed at providing managers and practitioners with information that could aid development of good practice and risk reduction. The model of policy development set out in this publication is cited by and Mallik *et al.*, 1998.

Publication 5

'I needed to be told I hadn't failed': Experiences of Violence against Probation Staff. 1997.

This article related the probation research findings (2) to issues identified in the previous Published Works, in particular reasons for under-reporting; identification of those at risk and their roles; issues of gender; and experiences of support. These areas were followed through in subsequent Published Works. One finding which particularly influenced the subsequent choice of child protection social work as a focus for research, and the areas of inquiry pursued within it, was that court welfare workers were found to be at greatest risk within that service when making recommendations about residence orders concerning children where parents were in dispute about this.

Publication 6

Dealing with Aggression: 1997.

This book had the purpose of providing knowledge about aggression and violence against staff for managers and practitioners. This reflected my belief that research and scholarly activity should provide feedback in 'useful' ways for practice and

management, from which there can be better assessment of risk, as well as planning within staff's own practice, in order to deal with aggressive and violent clients more effectively. The book included considerations of what staff should be able to expect in relation to agency support when facing potential or actual violence, and in the aftermath of such situations. It also included guidance on risk reduction in face-to-face situations, policy development, and meeting the needs of victims.

The piece of work placed an emphasis on ways of working with those clients who present aggressive and violent behaviour. The reason for the greater focus on this area was the findings from the probation research which demonstrated that this was not well dealt with by the probation service, and which was instrumental in my decision to pursue this as an area of inquiry in my two pieces of child protection research (publications 8 and 10).

Publication 7.

Does Family Support Ensure the Protection of Children? Messages From Child Protection Research. 1998.

This publication had the aim of analysing the effects of role ambiguity in violence against social work staff undertaking child protection work, and how such considerations were absent from an important and influential Department of Health publication (1995a) that provided an overview and analysis of child protection research findings in the 1990s.

This piece of work identified how issues of role ambiguity and conflict in child protection social work were ignored in official policy and research at that time, a theme subsequently pursued within the two pieces of child protection research (publications 8, 10), and three of the other published works (9, 11, 12). These were later explored and developed within the analysis of findings from the child protection research (publications 8, 9, 10).

These considerations led to the further development of the model set out in publications 1 and 4, identifying how the reality of the experiences of child protection work should be taken into account in policy and procedures (publications 8 to 10, and 12).

Publication 8

'I know where you live': How child protection social workers are affected by threats and aggression: 2000.

This research report set out the findings from empirical research with child protection staff in a social services department, the purpose of which was to gain knowledge of their constructs and experiences of violence from parent service users. Further details of the methods, sample and some of the main findings of this piece of research are set out in Table 2 of Section A4.3.1. It drew on the findings from the research with Hertfordshire probation service (publications 2, 5) that demonstrated that workers who were making decisions about children when parents were in dispute about access and residence orders appeared to be most at risk from violence. Also, this piece of work confirmed the place of role ambiguity as an important issue for social workers and clients, a theme followed through into publications 10 and 11.

The findings also produced information on workers' experiences of complaints made against them, and other ways in which they could be made to feel intimidated. These experiences included 'hidden' threats that can be contained within what I termed 'Developing Violent Scenarios', denoting situations in which there was a build up of threat to workers over time that had significant negative consequences for some of the victims, a theme followed through in publications 9, 10, and 11.

In addition, the work identified the issue of supervisor/manager support as being of key importance in dealing with staff concerns about aggression and violence from clients, a theme followed through into publications 9, 10, 11 and 12.

This publication developed themes to a greater extent than the previous probation research concerning the effects of aggression and violence from clients on assessments and interventions.

The issues I raised in examining the influence of power and control within professional roles was quoted in one of the papers for the National Task Force on Violence Against Social Care Staff (Lindow and McGeorge, 2000).

Publication 9

The Effects of service user violence on child protection networks: 2002.

This publication set out to present a synthesis of findings from the empirical research contained in the Published Work, and the issues arising from reviews of the literature, including possible links between violence to workers, children, and non-abusing family members. It drew on findings from the first piece of child protection research (8), further critical review of the literature on violence against social workers, and intra-familial violence against children and women. The model set out in earlier publications 1 and 4 was developed further in the light of the findings in this research which identified possible effects on children, as well as the inadequate responses to those clients who present aggressive and violent behaviour.

Publication 10

The Management of Conflict and Service User Violence against Staff in Child Protection work: 2002

This research report examined further the issues raised in the first piece of child protection research (8) with managers of child protection social workers within the same authority. The reason for this focus was the importance of managers' approaches to clients who present aggressive and violent behaviour, and support and supervision of staff who were victims, as identified in that first piece of research. Further details of the methods, sample and some of the main findings of this piece of child protection research are set out in Table 3 of Section 4.3.1.

The research inquired into managers' perspectives concerning the issues raised by workers in the first phase of the research. In addition, it explored managers' perceptions of their responsibilities; their own experiences of support; and the effects of violence on their workers and on themselves. It also examined

- i. the extent to which issues of parental violence against women partners/workers were included in assessments
- ii. the types of violence presented by male and female parents
- iii. the effective management of clients who present aggressive and violent behaviour parents' perceptions of social workers.

This report contained a more fully developed version of the model set out in publications 1, 4 and 9, which addressed how violence against staff could be taken into account in developing and reviewing policy and procedures, how the needs of staff can best be dealt with by managers, and how the risk factors to children from such violence can be taken into account.

Publication 11

Working with aggressive and violent parents in child protection social work: 2003.

This publication examined further the findings from the empirical child protection research studies (publications 8, 10). In particular, it addressed the effects on workers of different types of aggression and violence, and the problematic areas to be addressed in order to provide the most effective forms of support and supervision. The links between risks to workers and risks to abused children within violent and threatening families were also examined in this article. It explored social workers' views on the types of agency and managerial responses which professionals found helpful and unhelpful when:

- i. responding to their own difficulties when victimized
- ii. responding to those clients who present aggressive and violent behaviour
- iii. protecting both themselves and the children they were working for.

It also considered further the avoidance of this issue in practice, policy, and research.

The findings from this research were reported by the Scottish Executive (2003).

Publication 12

Managing parental carer violence against child protection social workers: 2003.

This briefing paper for managers/practitioners presented an analysis of a number of the key features explored in my critical reviews and empirical work, which were set out specifically for use by agencies, managers and workers. These included the effects of violence against child protection social workers, the importance of clear definitions, the importance of increasing reporting rates, and links between violence against staff and risks to children as found in a number of child abuse death reports. The paper also discussed supervision, agency and manager responsibilities, and good practice issues.

It built on the findings from the research reports and the model for risk assessment and policy development in relation to violence against social workers first presented in earlier publications.

4.3 Methodology for the empirical studies

4.3.1 Introduction

This section will discuss the nature of the three pieces empirical research (publications 2, 8 and 10) presented in this thesis and the reasons for the choice of methodology and methods. It will also address the strengths and weaknesses of the qualitative and quantitative approaches used in my research.

Tables 1, 2 and 3 set out the main areas of inquiry for each study, the methods utilized, the sample, and a selection of main findings.

Table 1

Research study/publication number/year	<i>'I needed to be told I hadn't failed': Experiences of Violence against Probation Staff</i> (publication 2) 1993
Main areas of Inquiry	<ul style="list-style-type: none"> ○ Workers' experiences of violence ○ The effects of violence upon them ○ Their experiences of support from managers ○ The effectiveness of manager/agency support ○ Any other issues they wished to raise in relation to this area
Methods/ Sample/Return rate	Postal questionnaire sent to all 203 probation staff below assistant chief level. The questionnaire included open ended and closed questions. There was a 62% return rate
Main findings	<ul style="list-style-type: none"> ○ There are lessons to be learned for agencies from the experiences of staff who have been subjected to aggression and violence ○ The high rate of under-reporting of non-physical aggression ○ The importance of manager and agency support ○ Differences in victimization rates dependent upon the gender of victims and that of clients who present aggressive and violent behaviour

Table 2

Research study/publication number/year	<i>'I know where you live': How child protection social workers are affected by threats and aggression (publication 8)</i> 2000
Main areas of Inquiry	To gain data on <ul style="list-style-type: none"> ○ What types of aggression and violence staff had experienced ○ What constructs workers formed in relation to why violence against them occurs ○ The effects on them and their work; and ○ What types of approaches might best deal with these issues for all concerned
Methods/ Sample/Return Rate	Postal questionnaire sent to all 192 Social Services child protection staff in a large local authority social services department in England, which included open ended and closed questions. There was a 25% return rate. This was followed up by semi-structured interviews with 7 social work staff in the same large local authority social services department in England, determined through purposive sampling, following analysis of the postal questionnaire returns. In addition, 5 interviews with social work staff in Finland were determined by who was prepared to put themselves forward for the interview
Selected main findings	<ul style="list-style-type: none"> ○ Physical violence is comparatively rare, and personalized and orchestrated threats over a period of time from service users had the greatest effects on staff ○ There were differences in the types of violence displayed by service users depending upon their gender ○ Issues of power, authority and control in the child protection role affected workers' decisions and actions in relation their work.

Table 3

Research study/publication number/year	<i>The Management of Conflict and Service User Violence against Staff in Child Protection work</i> (publication 10) 2002
Main areas of Inquiry	<ul style="list-style-type: none"> ○ To explore further the constructs workers and managers formed in relation to why, and in what circumstances, violence occurs in child protection work ○ To explore managers' responsibilities in relation to dealing with violence against staff in child protection work, the effects on themselves and their work, and the effects on the work of their supervisees ○ To examine what types of approaches might best deal with these issues for all concerned ○ To explore further to what extent child protection plans incorporate issues arising from clients' aggressive and violent behaviour
Methods/ Sample	<p>Semi-structured interviews with 20 of the 40 Social Services child protection managers in the same local authority social services department in England which participated in the first piece of child protection research (publication 8).</p> <p>This sample was determined in relation to geography, in that one manager and one assistant manager was interviewed in each of the areas within the county, in order to not skew findings by having a disproportionate number of staff from a small number of areas. 13 interviewees were female, and 7 male, which reflected the population as a whole. All who were approached agreed to participate</p>
Selected main findings	<ul style="list-style-type: none"> ○ The ambiguous role of child protection as currently determined itself produced risks ○ Whilst mothers carried out most of the reported physical violence, it was the less obvious (to others than the social workers) threats and intimidating behaviour from males that had the greatest effects, and which were not adequately dealt with by the agency

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| | <ul style="list-style-type: none"> ○ Power and control dynamics were not sufficiently taken into account when formally planning and reviewing the work ○ A number of workers were judged by managers to require careful monitoring of their potential 'dangerousness' to themselves and the children involved |
|--|---|

4.3.2 Methodology

The empirical research presented in this thesis used both quantitative and qualitative approaches. Both the postal questionnaire in the probation research (2, 5) and the first piece of the child protection research (8) used a survey questionnaire containing open-ended questions and closed questions. The quantitative data arising from the responses to the closed questions within the survey enabled the studies to identify the types of situation where workers are at risk- for example, in relation to the number and type of incidents experienced; age and gender of victim, and the clients who present aggressive and violent behaviour (publications 2, 5). This approach was subsequently utilized by Gabe *et al.* (2001), making reference to my work (see also Royal Holloway, 2001).

The probation research and the first piece of child protection research used closed questions within postal questionnaires specifically designed for quantitative analysis (publications 2, 5, 8). They also contained open-ended questions designed to facilitate respondents' capacity to set out their experiences from within their work. Semi-structured interview schedules were chosen for use with workers and managers for the first and second phases of the child protection research, drawing on approaches from the qualitative/interpretative tradition (publications 8 and 10), to ascertain in greater depth respondents' experiences and constructed realities of child protection work (publications 2, 5, 8).

The methodological underpinning for the research drew on some of the approaches within grounded theory, in that areas explored with respondents led to new lines of inquiry in the next phase of the research. It was carried out in this manner in order to discover the constructed realities of workers and managers, and to develop the validity and richness of findings, with a view possibly to develop theoretical constructs (Glaser and Strauss, 1967). Within the qualitative/interpretivist tradition, the first phase of the child protection research with workers (publication 8) identified issues arising from the responses to the closed and open-ended questions in the survey questionnaires. These were then explored further with workers in semi-structured interviews. In turn, the second phase of the child protection research with managers (publication 10) used semi-structured interview schedules that explored issues drawn from areas raised by respondents in the first phase of the research.

Response rates

There was a 62% (n=126) return rate for the research undertaken in the Hertfordshire probation service (publications 2, 5). The response rate was probably enhanced because the researcher had worked closely with that Service and its staff for several years in a training role prior to the sending out of the questionnaire.

The questionnaire sent out for the first piece of the child protection research (publications 8, 9, 10) produced a response rate of 25% (n=48). The reason for the lower 25% return rate was probably due to the researcher not having had the same contacts with the managers and staff within the child protection agency as there had been with the probation agency staff. This brings limitations to the use of the findings. The experiences of workers who responded to the open ended questions and gave interviews provided valuable data in relation to the research aims. However, the small number of 21 respondents who reported being victims means that the findings should be treated with caution, for example when attempting to generalize from them into any predictions about areas of risk to staff. The responses to the open ended questions in the questionnaire were valuable in identifying particular issues raised by respondents which, when considered alongside the other evidence from published work and the

findings from the probation research (2, 5), offered fruitful lines of inquiry to add to the knowledge base, such as the concept of Developing Violent Scenarios.

4.3.3 *Reasons for the choice of methods*

Within the postal questionnaires, closed questions were used to ensure standardized data from respondents' responses concerning, for example, gender of those clients who present aggressive and violent behaviour, number and type of incidents experienced, etc. These results were amenable to producing some valuable data from the numbers involved in the probation research (publications 2 and 5), whilst because of the lower return rates and numbers of respondents in the child protection research (publications 8 and 10), only simple, indicative statistics could be drawn from the data, which means that the potential to generalize from these results is limited. Such quantitative work is effective in highlighting areas for further exploration through qualitative means (and vice versa). Whilst quantitative research is valuable because of the way it can be used to define, count and analyse variables (Silverman 1985), the value of qualitative research is that it can capture respondents' constructions and meanings they attribute to their experiences and situations.

Use of semi-structured interview schedules in the child protection research studies allowed exploration of key issues, with the interviewer guiding interviews in terms of keeping within the pre-determined themes being explored. Such semi-structured interview schedules facilitated respondents' capacity to raise the issues they wished to as a result of their experiences and constructs. In so doing, areas of concern were revealed which included ways complaints are used by some service users as a means of intimidation, and the issue of 'dangerous' workers. Open-ended questions were used to explore both workers' and managers' experiences and views. Everitt *et al.* (1992) stress the importance of discovering subjective meanings of respondents in the process of 'getting to know', and how this can be partly achieved by using such open-ended questions.

Everitt *et al.* (1992) contend that quantitative data can be derived from qualitative work, and Baruch (1982) argues that it is possible to 'count the countable' within qualitative work, which was the approach taken in the empirical research presented in the Published Works. In relation to the method of analysis used for the qualitative data, Burns (2000) and Hawkins *et al.* (2001) recommend content analysis as a means of organizing data from within interview records. This method of analysis utilizes open coding of interview records in order to identify themes and issues raised by respondents. Such an approach allows a basic indication of issues in a numeric fashion, by counting the categorized themes identified. This technique was used by Hawkins *et al.* (2001), and in the empirical research presented in the Published Works, to provide an indication of which types of situations or personal constructs may be more common than others, and allows for further theory formulation/theory testing.

4.3.4 *Analysis of the strengths and weaknesses of the qualitative approach utilized in the empirical research*

The value of interviews as part of qualitative approaches in researching stress and violence in social work is evidenced by their use in a number of key studies. Balloch *et al.* (1999) carried out interviews in their research with social workers and found that concern about violence was one of the main causes of stress for social workers. Smith and Nursten (1998) also used interviews in their work and found that violence was a major reason for social workers' reported fear at work.

Whilst there are clear benefits from the use of qualitative approaches, there is a major methodological debate about the use of interviews in gaining data, concerning whether it is best to use 'naturalistic' interviews within the qualitative tradition, or at the other extreme using closed questions which can more easily produce statistically based, quantitative data (see Hammersley 1992; Hammersley and Atkinson, 1983; Everitt *et al.*, 1992). In evaluating these options, it was determined that completely unstructured, naturalistic interviews would not be appropriate for the aims of the research. It is recognized within the literature that there needs to be a framework to

guide the interview, or the interviewee would not be able to focus on the areas the research aims to explore (Hammersley and Atkinson, 1983).

Glaser and Strauss (1967) state that data analysis in qualitative traditions is not about establishing objective truths, but about reaching tentative approximations. Guba (1990) contends that reality can never be fully apprehended, only approximated. What it can do is to allow researchers to some extent to 'see through the eyes of' subjects (Bryman, 1988). However, this can, if approached too simplistically, involve a failure to analyse these accounts. Everitt *et al.* (1992) state that such subjectivities need to be analysed within our understanding of structural context, which was the case in my child protection research.

One of the criticisms that can be levelled at the use of interview data, from the interactionist perspective, is that respondents may distort social reality (Hammersley and Atkinson, 1983, 1995), or keep hidden what the interviewer really wishes to find out (Denzin, 1970). Commenting on these dilemmas, Brown and Sime (1981) considered '*an account is neither naive nor an apology for behaviour, but must be taken as an informed statement by the person whose experiences are under investigation*' (p. 160). Garfinkel (1967) argues that accounts are part of the world they describe, and so are valid in that way.

Whilst it is possible that workers and managers may have distorted their accounts, for example by managers stating they supported workers in ways which in reality they did not, this was not borne out by the congruence of what workers stated concerning managers' support, and what managers subsequently reported.

Denzin refers to six problematic areas that can distort interviewees' responses (Denzin, 1970: 133-8). These are reproduced below, and I add to each point how I attempted in my interviews for the child protection research with managers (publication 9) to minimize the influences of such possible distortions.

a) *Respondents possessing different interactional roles from the interviewer.*

I was able to engage with interviewees by demonstrating that I had an awareness of current issues/problems in the field, and that I was in some way attuned to their experiences, whilst not over-identifying with them or their experiences.

b) *The problem of self-presentation, especially in the early stages of the interview.*

This relates to how interviewees may wish to put forward an image of themselves. I tried to make clear that I was not judging respondents or their work in any way, but wanted to know about their experiences. However, it is possible that the respondents had concerns about my motives for undertaking the research, and to what use any findings might be put. I tried to minimize these by making clear to respondents that confidentiality and anonymity were assured, and that the research was conducted independently from their employing agency. They could therefore hopefully feel confident that there were no 'hidden agendas' for carrying out the research, or that that there might be distortion of data due to commissioners of research influencing intentionally or unintentionally the formulation of the research questions, methodology, or presentation of findings, as none of the research was commissioned by their employing agencies.

In addition, issues of gender needed to be taken into account in approaching and interviewing staff. In my own interviews with male managers, as a male myself, this might have produced skewed data, as men might wish to present as being in control of situations, as being 'macho' and strong in dealing with aggressive and violent clients, that they were not afraid, and could retaliate and 'handle' themselves. Such processes may have been in place with some male respondents, and in some of the interviews with child protection managers, a small number made remarks that could have been interpreted as such image portrayal, which was possibly exacerbated by my being a male interviewer. Conversely, however, two male managers reported the strains they felt concerning expectations upon them from others that they should be able to deal with aggressive and violent situations, because they were males; they were, they felt,

not allowed their own uncertainties and fear, being expected by others to assume a coping and 'traditional' male role.

In relation to my interviewing female managers, my being a male may also have affected respondents' answers, and what they were prepared to share with me. They may have had concerns that as a male I may have had attitudes from which I might judge them in some way from a 'male' perspective, and/or from a view of women and how they might, or should, react to intimidation, aggression and violence. Such interactional and reflexive issues in relation to gender are explored by Miller and Glassner (1998) and David and Sutton (2004). Adkins (2002) emphasizes the importance of reflexivity for social researchers, paying particular attention to areas that need to be addressed in the consideration of gender issues.

c) Problems of volatile and fleeting relationships to which respondents have little commitment and so can fabricate tales of self that belie the actual facts.

All respondents were professionals with a level of commitment to their area of work. However, respondents may have said certain things to me as a means of trying to get certain issues in a report that managers might note and act upon.

d) The difficulty of penetrating private worlds of experience.

I believe that I was able to relate to the workers and that they were able to relate to the concerns of the research and, therefore, with the researcher- see point a) above. However, there is still the possibility that some respondents were concerned about how their views or actions might be viewed by the researcher, which may have affected what they were prepared to reveal within the research process; see point b) above.

e) The relative status of interviewee and interviewer.

I believe that this was not a difficult issue, as I had no managerial or other agency powers over the managers interviewed, for example.

f) The context of the interview.

This relates to a number of the issues addressed in the above points, for example my status as the researcher, and the purpose of the interview. It also refers to practical issues, such as whether it takes place at their home or at work. Nearly all of interviewees chose to give their interviews in private rooms in their offices. One elected to be interviewed at their home.

Other potentially problematic areas concern the effects of the interviewer's beliefs, predilections and manner of engaging with the interviewee, which also need to be considered as areas of possible bias (Denzin, 1970; Hammersley and Atkinson, 1983, 1995). Being aware of these problems, I attempted to minimize their effects as far as possible, whilst at the same time keeping interviewees focused on the themes being explored.

In the analysis of data, both the responses to the open-ended questions contained in the survey questionnaires and the transcribed interview records were examined and re-examined over a period of time in order to draw out themes within the responses, and also to highlight particular incidents and issues. These identified themes and messages were then refined and developed over a number of readings and analyses. The records, codings and analysis for both phases of the child protection research were examined, re-examined and developed over a period of months. Two full re-examinations of the data were undertaken, in which two research colleagues checked and agreed the codings and validity of the categories. All the questionnaire responses and interview records were studied by the same person, with a further researcher checking those codings and the interpretations of phrases and themes into the different coding areas. The value of written responses to the survey questions and the transcripts of the taped interviews is that they are open to scrutiny by others, and therefore provide greater objectivity in coding, a process that took place in both pieces of child protection research (publications 8, 10).

Certain types of violence are comparatively rare, but can have significant impact on how both workers and children are protected in the most serious cases (Stanley and Goddard, 2002; Littlechild, 2002). Therefore, learning from perhaps only one set of circumstances reported by a respondent can be important in highlighting messages about the types of risk which can affect workers and agency protection structures. Whilst they could not be viewed as themes, the issues arising from these types of incidents were also set out in the findings.

Each set of interviews was carried out by the same researcher, (the first seven in England for publication 8 by a research colleague), so there were no problematic issues of consistency between interviewers. However, the gender of the interviewer and the interviewee may have had a bearing on the responses (see point b) above).

4.3.5 Analysis of the strengths and weaknesses of the quantitative approaches utilized in the empirical research

Quantitative data allows the calculation of, for example, incidence rates or gender factors in relation to identified variables, and allows comparison between them. Such data are also relatively easy to code and analyse in a statistical sense, unlike much qualitative data. There is no claim that the majority of findings in relation to the quantitative elements of the research are statistically significant. However, whilst they are indicative and provisional, rather than predictive, they do give indications of the types of situations that produced greatest risk for social workers, and affected their work, in particular in relation to gender issues. Statistical tests would not be valid for the numbers of respondents studied in the two phases of the child protection research. Within the group of 21 respondents who reported being victims from amongst the total of 48 who responded to the questionnaire, there is however the possibility of making groupings of meanings that demonstrate particular areas of concern for a number of them (see section 4.3.3). This can produce data that demonstrates the effects that they experienced for themselves, and the difficulties in dealing with those effects.

In the probation research (publications 1, 5), chi-square tests for significance were carried out (Burns, 2000). Whilst there were variations in, for example, the rates at which gender affected victimization, the only statistically significant correlation was found in the area of sexual harassment, where 1 in 17 of female staff reported such victimization (with only half being reported verbally to managers, and one in three being reported in writing), but no male reported such victimization.

4.4 Key Themes

4.4.1 *The development of key themes over time within the Published Work*

This section examines further how certain issues and themes have emerged and developed within the Published Work. There is a certain amount of repetition of points within the Published Work presented, as they were published for a variety of different purposes, and also because different themes emerged and were incorporated within the areas being studied over time. This body of work has been developing for over ten years, and some of those findings and ideas are now familiar within the field. It has also meant that some points are developed in different contexts within later publications for different audiences and purposes. For example, the book *Dealing with Aggression* (publication 6) contained developed versions of some of the ideas in publications 1 and 3, with substantial additions concerning work with those clients who present aggressive and violent behaviour. Some areas were not developed well within these earlier works; for example, issues of gender, power and control within child protection situations are not addressed in publication 6. Thus whilst there are overlaps in some of the pieces of work, each presents new ideas, syntheses and/or developments of previous work.

These themes can be grouped together as set out in the following sections.

4.4.2 *The systematic collection and analysis of workers' and managers' views and experiences*

Publications 1, 2, 5, 8, 9, 10 and 12 explore the importance of systematically gaining and utilizing workers' experiences, and including these in the development and review of policies and procedures. This is a frequently neglected area in policy and research. The importance of gaining the views of staff in this area is emphasized by Brown *et al.* (1986), Rowett (1986), Norris (1990), Budd (1999), and Balloch *et al.* (1998). My work has developed this in relation to probation staff (publications 2, 5) and in relation to child protection staff (publications 7, 8, 9, 10, 12), and my work in relation to this latter area is cited by Jones and Fletcher (1999) and Brockmann and McLean (2000).

I initially explored the definition of violence, and how this relates to the under-reporting of aggression and violence in my developing analysis in publication 1 in 1993, as there appeared to be a mismatch between the supposed aims of policies, and workers' experiences. My work explored reasons why aggression and violence often went unreported, and Publication 3 was cited by the National Institute for Social Work (1999), in particular in relation to under-reporting of sexual and racist aggression, and by MacDonald and Sirotich (2001) in relation to under-reporting and policy development. This has since been a developing theme within my work (publications 1 to 6, 8 to 12). These matters relate to who defines what as a violent incident - is it the victim or others in the agency? What are the influences on workers recognizing threatening or violent incidents, and/or reporting when they are subjected to such behaviour? My research increasingly highlighted that these personal constructs of what constitutes a violent incident partly determine whether workers will report it or not, and will vary depending upon how workers/managers personally experience different types of behaviour from service users, and managers'/agencies' actual and anticipated responses. These issues are also highlighted by the Department of Health's (2000) *Task Force on Violence Against Social Care staff*, Brockmann (2002) MacDonald and Sirotich (2001), Bowie (2002), and Gabe *et al.* (2001) as being of importance, the latter two quoting my findings in this area, as does the National Institute for Social Work (1999). The importance of agencies having clear definitions of what is meant by violence, and what staff should expect not to have to endure, are examined as themes within the Published Work. The recognition of the importance of

taking staff's experiences into account in formulating and reviewing policy in order to make policies effective, and to reduce risks by taking into account the reality of social work practice, are also developed as themes throughout the Published Works. My work in this area is cited by Bowie (2002) and by the National Institute for Social Work (1999), in relation to the importance of definitions, recognition of how individuals experience the various types of aggressive behaviour differently, and the possible effects of uncertainty about definitions and managers' and agencies' responses to their reporting.

4.4.3 *Issues of power and control*

I developed my inquiries into the issues of power and control in the social work child protection role through my critical analysis of the literature, and in my empirical research, in the later stages of my Published Work (publications 7 to 12). This focus developed as a result of scrutiny of a number of other studies and a literature review concerning issues of power, authority and control in the role as experienced by workers and parents. Brown *et al.* (1986) and Norris (1990) identified this as a key feature amongst possible causes of aggression and violence from clients, and demonstrated that the majority of violent incidents took place in relation to child protection work when children were taken into care, and to mental health admissions. My findings from the probation research (publications 2 and 5) demonstrated that the court welfare staff within the probation service studied were most at risk of violence and aggression when, as separating parents may see it, officers were making decisions about 'who will have the children'? It was in the course of analysing the results of my empirical child protection research, and the associated literature, that a consistent link between power/control issues surrounding domestic violence, child protection and violence against staff began to emerge. I started to explore this theme in publications 8, 9, 10 and 11, and synthesized these ideas most fully in publication 9.

These findings concerning the possible reasons for certain types of client violence against staff can be analysed in relation to theories of violence in general (see section 3 of this critical appraisal), and also relate to gender issues (sections 3 and 4.4.6). As

discussed in the sections 3 and 4.4.6, males appear to display instrumental reactive violence, as opposed to the expressive reactive violence normally exhibited by mothers.

In addition, there appear to be links between the power and control elements that are a key feature of the child protection role, how these affect workers and their performance within the role, and the place of role ambiguity in exacerbating some of the problems. A number of the respondents within the two pieces of the child protection research (publications 8, 10) made clear that parent clients often experience the social work child protection role as controlling, powerful, and judgmental, whilst clients have very little power and control (see e.g. National Institute for Social Work, 1999). Reder *et al.* (1993) explored how clients can experience the power of child protection social workers, and the effect on their self esteem and unmet dependency needs, and how this can lead to increased aggression from them towards workers. The National Institute for Social Work (1999) notes that certain types of interactions with clients will always produce more conflict than others, such as the provision of personal care, making decisions about eligibility, or restricting or controlling. If we link these points to our knowledge of how power, authority and control affect social work interventions (Brown *et al.*, 1986; Parton, 1998; National Institute for Social Work, 1999; Pahl, 1999), there are clearly issues here which need to be taken into account in policy and practice, which are built into my models contained within publications 9 and 10. Pahl in Balloch *et al.* (1999) notes that social work staff were more likely than other staff groups to have been shouted at, insulted or threatened, without being physically attacked, and that this may be a reflection of their *'very real power, which can provoke service users and their relatives to abuse, but which also protects them from more serious physical attack'* (p. 91). These findings are consistent with those from my child protection research, where the effects of power and control within the child protection social work role became clear, and how these relate to aggression and violence as exhibited by parents (see section 4.4.6). These considerations demonstrated the importance of the support for staff in three distinct areas where power/control issues were evident. First, in relation to role ambiguity when a social

worker is required to investigate, whilst simultaneously offering a supportive role working in 'partnership' with parents (see Department of Health, 1995b). Consideration of such matters led Masson (1997), Hetherington *et al.* (1997), and Corby (2000) to question the viability of social workers being able to carry out these functions simultaneously. Secondly, as an area of risk that is not well recognized by agencies, and thirdly, in relation to how workers can feel uncertain about their own role (publications 8, 10, and also section 4.4.9 on 'dangerous' workers), as well as about their agencies' actual and potential response if they report being a victim (publications 1, 2, 5, 6, 8 to 12). My work in these areas is cited by, amongst others, Jones and Fletcher (1999), and MacDonald and Sirotich (2001).

Considerations of these areas led to proposals within the Published Work on how knowledge of such 'power/control' mechanisms might be utilized within child protection supervision, assessments, and the management of violence from certain service users (publication 9). The need for such matters to be included in qualifying training for social workers, and in training of managers, is addressed in publications 8, 9, 10 and 12.

4.4.4 *Effects on workers and their interventions*

My inquiry moved on to consider the specific effects of different types of parental violence against child protection workers and their practice, including responses to violent parents- a configuration of interlinked factors considered in publication 9. A number of articles and books identify in a general sense how violence from service users- particularly when exhibited by men- can affect child protection assessments (e.g. Farmer & Owen, 1995; Farmer & Owen, 1998; O'Hagan & Dillenburg, 1995; Humphreys, 2000), which also informed my developing work. My work on the unique difficulties faced by workers and agencies in child protection work has been cited by Brockmann (2002) and Brockmann and McLean (2000).

4.4.5 *The importance of manager and agency support, and the links with issues of under reporting*

A key feature highlighted for front-line workers within publications 8 to 12 was the importance of effective support and supervision from first line and higher managers in response to the effects on them, and the agency responses to aggressive and violent service users.

This was an area which I explored further in the research with managers (publications 10, 11, 12), which identified that clarity of purpose and skilled supervision for child protection social workers are vital elements of the role which can be compromised by the effects of role conflict, aggression from individual family members, and constant abuse from and/or conflict with parents. The findings demonstrated that this can lead to workers leaving the work (cited by Brockmann, 2002, and Brockmann and McLean, 2000). Perhaps even more seriously for the children themselves, however, were situations where workers had not reported the build up of issues to managers in order for them to be dealt with, and to ensure the protection of the worker and the child(ren). This issue is examined further in section 4.4.9. These latter concerns are also explored by Stanley and Goddard (1997, 2002), whose work I have incorporated into my own analysis, particularly in relation to Developing Violent Scenarios.

4.4.6 *How issues of gender affect the nature of aggression and violence experienced by workers and managers*

The Published Work has highlighted gendered differences in the types of violence offered by service users.

In my child protection research studies, the findings, although deriving from a small number of respondents and therefore to be seen as provisional observations, suggest that the personalized and Developing Violent Scenarios types of violence are carried out by men. This I have linked to ideas of the power/control strategies as used by men as mentioned earlier, where they can be seen to be instrumentally reactive to the

power/control elements within the child protection social work role. Within the same type of analysis, women's physical violence can be seen as expressively reactive to an immediate threat from social workers to remove their children (see discussion of reactive violence in section 3). The Developing Violent Scenarios can include sustained, orchestrated and personalized verbal abuse and threats, and the following of workers in the street or in cars. The effects of these types of personalized threats, which could produce the most severe effects on worker victims, as set out in publications 8 through to 12, are cited by Brockmann and McLean (2000) and Brockmann (2002). These patterns of power and control displayed by some abusers to induce fear in victims can be similar to patterns identified in males who stalk women (McGee, 2000; Budd and Mattinson, 2000).

The findings demonstrate that there are gender differences in relation to which clients carry out the different forms of violence in different types of situations, suggesting that men do not display their violence in ways which are open to observational scrutiny by others in the professionals networks; they threaten and intimidate in less public ways, in the same way as they can do in their violence against their female partners, and the children involved (publications 8, 9, 10). Such behaviour appears to be part of a power/control continuum that they may not want to have brought to the attention of others (publications 9, 10). This is in accordance with Gelles and Cornell's (1990) modified exchange/social control theory discussed in section 3, in which they expect people only to use violence when the costs do not outweigh the rewards. Such an approach also emphasizes certain men's needs to maintain and exercise their position of authority and power, which also fits with the type of instrumental, intimidating and frightening behaviour exhibited by males in my two pieces of child protection research, in contrast to mothers' violence which tends not to be instrumental.

Mothers' more usual form of violence is exhibited in a way that is obvious and open to scrutiny by other professionals, and is unlikely to help them to keep their children with them. The Published Work has examined how women can be oppressed by the child protection system, and the stresses this places upon them, in addition to the abuse,

intimidation and disempowerment they can experience from male partners (see, e.g. publication 9). Hanmer and Statham (1999) examine the injunctions on women in the mother role to act in highly prescribed and powerful ways as a 'fit' mother, although there are no such injunctions for men to be 'fit' fathers. These pressures on mothers within the child protection process lead me to the view that on occasions a woman's final response when removal of her child(ren) is imminent can be physical violence arising from desperation and rage, as all other strategies to keep them have failed, and can therefore be viewed as expressive reactive violence. Breakwell (1989) has stated that violence can be seen as a way for clients to gain some control and feelings of power in the situation again.

In relation to victimization, it was always female social workers that were subjected to the personalized and Developing Violent Scenarios types of violence, which were carried out by males (publication 8). This may link with the National Institute for Social Work's point that the status of the worker may have an impact upon what types of violence they may be subjected to, and by whom (National Institute for Social Work, 1999). However, a larger scale survey would be needed to give quantitative data on these variables, as it may be that it is predominantly female social workers undertaking this role, which may explain why it is females who are victims. Similarly, in my probation research (publications 2 and 5), there were differences in the types of aggression and violence staff experienced, based upon their status in the organization, which may be part of the reason for differences in victimization rates. The research findings presented in publications 2 and 5 that examined issues of gender found that probation service officers were subjected more than other groups of staff to threats and sexual aggression, but no physical violence. It also found that women had a slightly higher chance of being a victim of aggression and violence than men, but there were more major variations when broken down into the different subcategories of posts occupied, where for example, women seniors were more than twice at risk than men. Rowett's (1986) findings that fieldwork staff were more likely to be assaulted by females, were reflected in the findings in my child protection research, but not that of my probation research. In my first piece of child protection research (publication 8),

physical assaults were carried out against women by women, though one 'near miss' involved a male client.

There is, then, a mixed set of evidence concerning why certain groups are subjected to violence in its different forms, which may be predominantly due to status, role or gender, which would require a larger scale quantitative survey to determine which of these variables are most important in different settings and situations.

These findings also throw further light on theories of men's violences, as Hearn termed them (1998), and, I suggest, extend the list of arenas he indicated for such violence. Hearn proposes that these arenas include violence to strangers and to known others, specifically women, children, each other, animals, and their own selves. To this list, I would add child protection workers, whose role is threatening to certain males' power/control nexus as exhibited within their family networks. Hearn also states that there is still not any certainty about the level of inter-connectedness of men's different types of violences. I would contend that the findings from my child protection research adds weight to the assertion that certain violent males use similar strategies in their different life arenas (publication 9). These findings support Hearn's conclusion that men's use of violence demonstrates '*a persistent and close connection of violence with power, control and dominance*' (Hearn, 1998, p. vii). They also support Hearn's findings that their '*social power and control ... reduces intervention against them and that violence*'. (ibid, p. viii).

The findings from my two phases of child protection research demonstrated that the agency's responses to male clients who presented violence was seen to be generally ineffective or lacking altogether (publications 8 to 11). Practice, policy and research concerning clients who present aggressive and violent behaviour against child protection staff have been minimal (National Institute for Social Work, 1999). Where there is violence and threats from the mother's male partner, workers' attitudes and agencies' policies and practices can lead to the avoidance of the key issue of male violence in risk to the child, as identified by O'Hagan (1997) and Humphreys (1999).

Hearn's research (1998) with men who have been violent to women, in which he interviewed the abusers and the workers involved, led him to the conclusion that *'most agency contacts are not directed at moving men away from violence. Finding an agency worker who focuses primarily on the violence is extremely unusual'* (p. 192). The Published Work has explored what the worker/agency responses are to male clients who present aggressive and violent behaviour (publications 5, 6, 8 to 11), and found that attempts to work with service users on their part in the aggression are a rare feature in responses (publications 9 and 10). My work and findings in this area are cited by Brockmann and McLean (2000).

4.4.7 Managers' constructs on the nature and effects of violence and aggression against staff

Publications 10, 11 and 12 presented findings from my empirical research that focused primarily on child protection managers' constructs of aggression, violence and threats to staff, and on the problems presented for workers and managers by such behaviour. This second phase of the child protection research particularly focused on managers' views on the risks presented to workers and children by threatening parents (publications 10, 11, 12). Whilst such risks are recognized in a number of the reports examined in the Department of Health review of findings from child abuse death inquiries (1991), and the work of Reder *et al.* (1993), they have not been routinely utilized in risk assessments or risk management procedures by managers and agencies in relation to the protection of staff and children. Publications 9, 10 and 12 provide suggestions for how this might be done. Publications 9 and 12 link the research findings presented in publications 8 and 10 to a wider analysis and critical review of the issues which relate to the protection of both staff and children by consideration of new elements to include in assessments.

4.4.8 Similarities between abused children's experiences of aggressive parents, and workers' experiences of aggressive parents

Publications 9 and 11 explore how workers may experience the same disempowering factors in relation to certain situations as abused children and non-abusing partners.

Publication 9 also examines the possible crossover points between factors associated with risk to children, and those to non-abusing partners.

The similarities between abused children's experiences of their parents' behaviour, and experiences of social workers victimized by abusive parents, are examined in publication 10, drawing on Cawson's work on the experiences of abused children (2002). These similarities are also apparent in a review of associated research (see e.g. Stanley and Goddard, 1997, 2002; Mudaly and Goddard, 2001).

4.4.9 *The nature and effects of 'dangerous' workers*

Whilst the literature on violence against workers has concentrated on service users' actions, my child protection research (publications 8, 10, 11) discovered that there is concern amongst workers and managers about workers whose avoidance of the ambiguous controlling and difficult interventions inherent in modern child protection work may produce dangers for themselves, other workers, and for the children involved.

Gibbs explores concerns about how some child protection workers can be 'dangerous' if they are not supported by good supervision (2001). Stanley and Goddard (1997, 2002) also present evidence of how workers who are subjected to aggression and intimidation by adult service users in child protection work, when not properly supervised, can become 'dangerous' in such circumstances. These issues were also raised by respondents in my child protection research findings and discussed in my publications 10 and 11. This accords with the work of Stanley and Goddard (1997, 2002), who identified how some workers accommodated the aggression of service users as a defence mechanism, meaning they were not then able to challenge the abusive parents and their behaviours, causing problems for the child, other workers, and the agency. Managers in my study reported that sometimes workers could exhibit reactions to severe intimidation and threat that are similar to those displayed by hostage victims, which supports the findings of Stanley and Goddard (1997, 2002).

4.5 Implications for further research

Two main areas for further research are indicated by the findings from the empirical research and the review of others' findings presented in this thesis, which I plan to carry out in the future. First, the need for research with parent service users who are violent concerning their attributions and constructs about this. Such research could also incorporate the views of the relevant social workers and managers involved in the same situation. In addition, the experiences of adults who were abused as children could be sought (similar to the work of Cawson *et al.*, 2002), examining the impact of the use of aggression, threats and violence against themselves, other family/informal network members, and child protection workers.

Secondly, the need for a large-scale survey to produce further qualitative and quantitative data based on the child protection findings, using the same mix of open-ended and closed questions as used for the probation research and for the first phase of the child protection research. The child protection research has now produced data on the types of situations workers and managers face, which has raised issues that could be valuably explored further on a larger scale, using both quantitative and qualitative methods. Such issues include the effects on the workers themselves and on the families and children with whom they are working, to determine numbers who have experienced the different types of violence; and the causes and effects of the violence, in particular in relation to gendered issues. This would also include the types of manager/wider agency responses which are helpful or not, and the place of power/control issues.

5. THE CONTRIBUTION OF THE PUBLISHED WORK TO THEORY, POLICY AND PRACTICE

This thesis for Ph.D. by Published Work has examined the nature, causes and effects of violence against social workers. In particular it has addressed the nature of conflicts arising from the social work role, the nature and extent of aggression and violence against social workers in both probation and child protection work, the management of such aggression and violence, the types of support which staff value, and the effects on workers and service users. It has contributed to theory, policy and practice arising from the analysis of the effects of aggression, violence and threats against social workers and managers in the ways set out in the following sections.

1) *Theory*

The Published Work has identified the types of aggression, violence and conflict that are most difficult to deal with, and the reasons for this. The work has also contributed ideas on why there are gendered differences in relation to which types of violence are exhibited by clients and experienced by staff. It has additionally identified possible links between the similar ways in which violence and threats by male parents are made against women and children in their families, and against social workers.

Further, the work has developed ideas on the types of effects, and possible reasons for these effects, arising from the different types of aggression and violence identified. In particular, the development of theory concerning reasons for Developing Violent Scenarios is explored. Such threats can include orchestrated and repeat threats and intimidation which are not easily obvious to others, and which build up over time. This makes them particularly difficult for individual workers, agencies and managers to deal effectively with. The work has also contributed to theories on why staff under-report certain forms of violence, including reference to the importance of a shared definition amongst all in the agency about what constitutes violence, and how this should be dealt with in policy development work.

It also examines the ways in which workers and managers deal with the conflicts, dilemmas and problems raised by their work, and the key role played by agencies and managers in the support of staff in carrying out their work when clients use aggression and violence against them.

The work offers ideas on how power and control issues arising from the nature of the ambiguous and judgmental social work role in probation court welfare work and child protection work can contribute to the violent and aggressive behaviours of certain parents. It examines how in turn parental aggression against workers can affect workers and the child protection process itself, and how the role ambiguity experienced in such work may exacerbate problems arising from these.

The work explores how role ambiguity can lead to social workers being perceived by parents as very powerful, judgmental and controlling rather than supportive and helpful. This can then affect the performance and well-being of social workers in child protection work, and can also sometimes place children at greater risk. Also explored are the types of approaches employed by a small group of workers who are perceived by social workers and managers as potentially dangerous, due to their feeling unable or unwilling to work in ways that address the factors affecting the abuse of children within this ambiguous role. The work demonstrates how such issues are closely connected with considerations of how the gendered nature of different types of aggression, violence and threats impacts upon social workers, managers, and the assessment and intervention processes themselves.

The work presents considerations of the extent to which aggression and violence from parents affects the assessment process, and reasons for this. It also examines the consequent responses to those clients who present aggressive and violent behaviours, and the possible reasons for these.

The work has set out reasons why the inclusion of workers' and managers' views and experiences in a systematic manner within the formulation of policies and procedures

is important. Such inclusion is required in order effectively to deal with clients who present aggressive and violent behaviour, to produce effective policies and procedures which protect staff and make them feel safe, and to produce effective risk assessment and risk management procedures. As part of this, the work has also put forward ideas concerning how government guidance has contributed to theoretical approaches that contribute to the avoidance of the nature and effects of violence against child protection social workers.

2) *Policy*

The work has set out the importance of identifying and giving greater recognition to the experiences of social workers and managers involved in probation and child protection work when dealing with service users who exhibit aggression and violence. The importance of developing cultures of support which encourage the systematic collection and analysis of workers' and managers' experiences and views are set out. The improved reporting and recognition of the problems caused to staff and clients that are the results of such supportive cultures can then contribute to the formulation and review of policy in order to make it more effective.

It has also demonstrated the importance of having policies on updating risk assessments over time, so that they are not completed only at the commencement of interventions. The need for policies to incorporate risk assessment measures to take into account the possible effects on workers of aggressive and violent parents is also examined.

The work provides knowledge and guidance concerning ways in which agencies and managers can develop policies which best support workers and managers to carry out their work when aggression and violence is presented by clients. This also includes policies on the effective support and supervision of social workers, and on provision for the training needs of staff.

It has addressed how knowledge about gendered differences concerning the different types of experiences of aggression and violence as presented by clients needs to be taken into account in policies and procedures.

The work demonstrates the ways in which aggression and violence from parents can impact upon the assessment process in child protection work, and the consequent responses to those clients who present aggressive and violent behaviour, which need to be taken account in policy development. The importance of managers' training and approaches in recognizing and working with workers who are identified as possibly 'dangerous' is analysed.

The work has provided models for ways to consider the effects of threats, aggression and violence on the protection of staff within policy development. It has done the same in relation to policies concerning how to assess the meaning, effects and possible risks of violence from parents to social workers in child protection processes and plans.

The Published Work has developed ways in which policies and approaches can be put into place which provide a culture of support within which workers can report aggression and violence, for their own safety, for better protection of children, and for the development of staff safety policies and procedures.

3) *Practice*

The Published Work has contributed to knowledge of how workers and managers can develop their capacity for more effective work in a number of ways.

It provides analysis and guidance on the best ways individual workers can approach situations of risk, and the most effective ways to deal with conflict and aggression in the build up to, and during, face-to-face confrontations.

The work has examined ways to enhance workers' and managers' abilities and knowledge in assessing and managing risk in relation to workers' safety. It has contributed knowledge in how to assess risk in relation to the safety of children who are the subject of child protection investigations when the workers are subjected to aggression, intimidation and violence. It also looks at the best ways to support staff when they are subjected to such violence. This is particularly important in relation to Developing Violent Scenarios.

The work examines the best ways staff can deal with the conflicts, dilemmas and problems raised in their work, and considers the best reactions to, and ways of working with, those clients who present aggressive and violent behaviour.

6. CONCLUSION

This thesis has examined the causes and effects of violence against social workers. In particular, it has addressed issues of conflict arising from certain social workers' roles, and the nature, extent and effects of aggression and violence against social workers in probation and child protection work.

The work has highlighted the importance of incorporating the experiences and views of social workers and their managers within their agencies' policy development procedures. The thesis has included considerations of the effectiveness of support available for staff and managers, and how policy and practice relate to dilemmas and problems raised for staff dealing with threats within ambiguous roles, such as child protection work.

The work within the thesis has addressed how policies and practice relate to the protection of children when parent service users display violence and aggression. The thesis has analysed the place of risk assessment both in relation to threats to workers and in the potentially negative effects on the protection of the child(ren) and others involved in the networks of aggressive and violent parents.

The work has considered ways of dealing with clients who present aggressive and violent behaviour within a context of how issues of power, control and gender affect the nature of threats to workers.

The thesis has offered a model of how issues of under-reporting, effects on victimized staff, and support for staff might most effectively be incorporated into the development of agency policies in order to reduce risk to both staff and children.

Overall, this thesis offers insights into how theory, policy and practice might incorporate knowledge about the issues examined within it.

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**Managing Aggression
and Violence towards
Social Work Staff:
moving from
individual blame to
agency support**

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Contents

Chapter One	Page
Moving from Individual Blame to Agency Support	1
The issue of under-reporting	3
What do we mean by violence?	5
Moving from individual blame to staff ownership	7
Issues of ethnic origin and racism	8
Issues of gender and sexism	10
Developing a culture of support	11
Chapter Two	
The Needs of the Victim, Staff Group and Agency	13
The effects of individual and colleague responses	13
Immediate effects on the victim	15
Who should help?	19
Emotional after-effects: personal and professional	19
Counselling	21
Compensation	23
Mediation	24
Prosecution	25
Should the worker continue with the client?	26
Reporting of the incident and agency feedback	27
The needs of staff groups and the function of the agency	31
Developing policies	33
Chapter Three	
Managing Aggression and Violence - A Good Policy	35
Who owns the policy?	35
Poor policy, good policy	38
Specific areas to address in a local policy	41
Ownership of the Policy	48
References	52

CHAPTER ONE

MOVING FROM INDIVIDUAL BLAME TO AGENCY SUPPORT

Recent years have seen a surge of interest in the issue of aggression and violence towards social work staff. Demands from unions, professional associations, and individual staff groups have resulted in a growing number of training packages produced, training courses, and policies being developed. Reports on the problem from the National Association of Local Government Officers (1979; 1989); and the National Association of Probation Officers (1989) all highlight the risks to staff and the possible effects on those who are unfortunate enough to become victims of violence at work.

The employers' associations have produced documents of guidance on the matter - the Association of Directors of Social Services (1987), the Association of Chief Officers of Probation (1988), as have some of the large voluntary organisations, such as the National Society for the Prevention of Cruelty to Children (1990). There have also been a number of articles and publications which have attempted to alert social work agencies and professionals to some of the issues involved in this multi-faceted problem area, so we know that there is a level of concern. However, this monograph will contain arguments that support the view that there is as yet little work which gives a perspective on policy formulation and review within social work agencies which draws on the research and victim accounts we do have available to us. Such a perspective can lead to practical guidance for agencies at headquarters, and, crucially, local staff group level. This monograph will examine how staff needs might best be met by colleagues, managers, and agency policies, from a perspective which relates our present knowledge base to how busy agencies and pressurised workers can actually deal with situations of potential or actual violence, and how colleagues might best provide support and care for victims on an everyday basis. The basic premise is that policies should be formulated from what we know about situations of risk, and post violence effects, therefore reducing risk, and increasing support, which will make workers safer, and feel that they are safer.

There is now a good spread of work which examines what workers might do on an individual basis to identify in which types of situation they might be at risk of aggression or violence from clients; how they can recognise when a situation might be building up to violence; and what sort of strategies might be employed to deal with such situations. (Breakwell 1989; Bowne 1989; More 1988). This is essential knowledge, yet we need to acknowledge that this is only one of the levels on which we need to address this problem. This publication addresses these other

levels in a way which is intended to be informative, and also useful on a practical level. Such issues are of particular importance to agencies in their reviewing of policy, training, and provision for staff, especially the smaller voluntary agencies where it is not as easy to find time and resources to give to what is, still, in many places, a comparatively rare event. However, the implications for the service provided, other service users, individual staff, and staff morale in general, is of vital importance, and should regularly be addressed and reviewed; this monograph is, then, a contribution to helping that process to start, where this is needed, and then to continue the process as time goes along in all work-places and staff groups.

One of the results of this growing awareness is that staff and managers in social work agencies are beginning to realise the effects that incidents of violence and aggression can have on individuals and teams. Research evidence from surveys carried out by the Labour Research Department (1987), NALGO (1979,1989), Smith F. (1988) and Rowett (1986) show clearly that many staff feel, and are, at risk on a much more frequent basis than has previously been acknowledged, and suffer from the fear and stress those risks engender. Many workers do not feel fully supported by their managers and employers. Unions such as NALGO have campaigned on the issues over incidents on a local level (Fry, 1985; Sharron, 1985) and nationally (NAPO 1989; NALGO, 1989).

Whilst more agencies are making initial attempts at developing policies and training packages, the most valuable elements of them, and which approaches are most usefully pursued, are yet to be determined. A review of a number of some current policy guidelines (Johnson 1988), shows a very patchy picture in terms of how much they might make staff feel that they are there to support them fully and effectively. This review also analysed the assumptions which lay behind these policies about the causation of violence and the prescriptions given within them about how the problem should be approached and managed. Johnson's findings suggest that the guidelines might often make it seem that the individual worker is seen by the agency as the one responsible for dealing with aggressive clients, and not the agency. In addition, we know from Rowett's work, and victims' accounts, the devastating and destabilising effects that facing violence or aggression at work can have. (Green, 1982; Holliday, 1986; Mabry, 1986; Protherough, 1987; Braithwaite, 1988; Shapland, Wilmore and Duff 1985). These types of accounts describe the concerns of workers who have been attacked at work. The most frequent effects are loss of confidence in ability to carry out their role effectively; self-blame, guilt and anger about the incident; concerns about future safety at work, and sometimes at home; fear of reporting incidents; fear of how they will be perceived by colleagues and managers, especially when the support they have felt they have received is

questionable. The effects may be particularly powerful where workers have concerns about dealing with similar types of situations, and meeting new clients, or new situations. These effects will be examined later in this monograph, in Chapter 2.

THE ISSUE OF UNDER-REPORTING

The problems around planning to deal most effectively with aggression and violence towards staff are compounded because we know that only a small percentage of all incidents of physical violence - about 5% (see Rowett 1986), are formally recorded in agencies, because the victims do not report them in writing. Smith (1988) found that incidents of violence which are defined as verbal abuse, threats, or actual physical contact, had a verbal reporting rate of 78%, but a formal written reporting rate in his study of only 17%. Norris (1990) found in his small scale study a report rate of 91%, but acknowledges because of the nature of the study that these findings are not likely to be representative. In a major, nationwide study carried out by Carol Kedward of the University of Sussex, and set out fully in Norris, convincing evidence of under-reporting more in line with Rowett and Smith's findings was found in a wide cross-section of Social Services and Probation Departments, although it did find some evidence that the rate of reporting might be increasing in some areas. Norris's own study also found that many workers did not report incidents because they believed being subjected to certain levels of violence was part of the job, and were unsure about when to see an incident as serious enough to report. Therefore, we know that we cannot fully analyse the causes and effects of the incidents. This is particularly true in identifying the areas of work where we need to have such information in order to concentrate our efforts to combat the problem. Nor are we able to determine the true frequency or severity of violence in different settings, situations, or with particular clients. While this remains the state of our knowledge base, agencies, and staff groups locally, cannot develop systems of staff safety, because reporting procedures and attitudes do not take into account the adverse effects on staff and how they fear they will be perceived if they do report.

We know that many workers do not report incidents because they believe that they will not be dealt with sympathetically and are worried that they will be viewed negatively by colleagues and managers (Rowett 1986; Protherough, 1987). Indeed, the lack of appropriate support after incidents is specifically noted by Rowett as a reason given by workers for their not reporting incidents, and a report by Surrey Social Services, quoted in Norris (1990, page 37), observes that "Workers reported feelings of anger, frustration, inadequacy, blame and guilt after incidents in which they felt unsupported by management". We also have first hand accounts which graphically set out support which victims felt they needed

but which they perceived to be lacking (Mabry 1986; Holliday, 1986; Protherough, 1987). The worry can be that the worker might be seen in a poor light, and have prospects of advancement in their work negatively affected, if they talk about an incident and how it might have affected them. Whilst victims frequently feel the need to discuss how they might have dealt with the incident(s) differently, this should be within a clear framework of over-riding agency responsibility for support of workers.

We know, then, that many workers do not report for the following reasons:

1. the fear that they will not be dealt with sympathetically;
2. that they may be judged as poor workers for allowing the incident to have happened, or not preventing it; and
3. concern that they may well be viewed in a negative light by managers and colleagues, and this might negatively affect career progression in the future.

In a revealing reconstruction of an incident for a training video (West Midlands Probation Service, 1986), a probation officer returns from a visit where he has been abused and pushed by the father of a juvenile on whom he has been asked to prepare a social inquiry report (now a pre-sentence report) for a court. On relating the incident, and voicing the concern he has about returning to the home, the senior leans across the desk to the officer in a concerned manner and says, "Dealing with aggressive people is part and parcel of the job you know - I mean, do you have a problem dealing with aggression?"

This scene nearly always produces a powerful reaction in the participants on training days - we can all recognise certain attitudes within it which we can identify with, know are very common, and which we know we can exhibit ourselves - though we know how awful and debilitating they would be if we were to be subjected to them.

The vital shift which needs to take place is away from such personal and agency attitudes, towards personal attitudes and policies which ensure that staff can report, and receive the support they need - and for the agency to confront the issues they need to, both with the clients/consumer(s), and in developing safe practices. Poyner and Warne (1986) have stressed that in tackling the issue of aggression and violence towards staff, the first, and most important area to address is that of reporting procedures, to ensure that staff and higher management have a full appreciation of the nature and extent of the problem. In the caring professions we know that it is not just a question of better administrative

procedures, but a whole set of policies and attitudinal changes which need to take place.

There is now too much documented evidence contained within the research and personal accounts already cited, to show the effects of violence on workers, and the stress which is related to it, for managers and agencies to ignore the vital role of fully supporting workers in potentially violent situations, and the aftermath.

To emphasise the main points set out so far, it could be succinctly put that these are:

No sympathetic support = no reporting = unsafe work-places and practices, and that overcoming these difficulties are a pre-requisite for us to address in social work agencies before we can fully move forward from what often would appear to be cultures that lead to the blame for violence being laid at the feet of the victim.

The movement which needs to take place is towards developing cultures of support, in which violence is recognised as a hazard of working in certain social work environments, and seen as a health and safety issue where agencies and managers as well as front-line staff are seen as having responsibilities to provide safe working environments.

I am suggesting that in order for us to provide front-line staff with the support they need to report, and for the staff group/agency to deal openly and as adults with such problematic situations, we need to change radically how agencies respond to the victims, and to the resolution of the issues thrown up by the incident(s).

WHAT DO WE MEAN BY VIOLENCE?

Before we consider these issues further, we need to define what we mean by violence. We will all experience certain forms of behaviour differently. One person might experience a situation as threatening, and someone else would not experience the same scenario in the same way. This is one of the difficulties in discussing this issue - it is very value laden, and often very personal, the ways in which we perceive, define, and react to what might be a potentially violent situation, and indeed violence itself. This may be one of the reasons why we can be very judgmental in our attitudes towards victims.

In considering violence as experience by individuals, can we view violence as just physical assault, or is it more than this? There are various definitions, but a useful one comes from the Association of Directors of Social Services (1987, page 1): "Violence is behaviour

which has a damaging effect either physically or emotionally on other people".

The British Association of Social Workers chose a very similar definition in its policy and practice document (1988, page 2): "Violence is behaviour which produces damaging or hurtful effects, either physical or emotional, on other people".

The National Association of Probation Officers (1989, page 1) have also produced a definition, which is longer and more precise: "Violence includes a range of illegitimate or socially unacceptable behaviours, either physical or verbal, which are intended to be, or are perceived as being, threatening. Violent behaviour can take a number of different forms and have differing outcomes. This can include: threats; verbal abuse; racist abuse; sexual harassment".

The importance of such definitions is that they include serious verbal abuse and threats, racist abuse, and threatening sexual behaviour; and we need to accept that within a context of managing the effects of violence at work, we need to recognise that all these types of behaviour can lead to the effects described in the A.D.S.S., B.A.S.W., and N.A.P.O. definitions. The context of any discussions in this area must recognise agencies have a duty to support their staff when they feel violated within their work, and by other staff, as well by clients or consumers (though this monograph is not concentrating on the different issues raised by violence from other staff). Not only is this sensible personnel practice for organisations in terms of motivating and retaining staff, but it is an essential element in maintaining the level of service consumers receive from a worker and their agency.

The importance of any definition of violence having to include how the victim experiences incidents cannot be over-stressed. This is a vital component in developing support networks for staff before or after potential violence, and in policy development. Wiener and Crosby have employed a useful definition which incorporates such a subjective approach:

"If the worker experiences it as violence then for that person it will have been a violent incident. This also makes it possible to include occasions where sexism and/or racism take place, as being violent for the receiver". (Wiener R. and Crosby I., 1986, page 4).

MOVING FROM INDIVIDUAL BLAME TO STAFF OWNERSHIP

The work of Rowett clearly identifies how staff feel vulnerable in asking for support in the aftermath of an incident. They may well believe that the problem will be individualised onto them, and that it is very unlikely to be dealt with as a problem for the staff group or agency to face up to. My experience in recent years of working with groups and individuals, on helping to minimise the risk of violence in various social work settings, and with those who have been subject to violence at work, has confirmed to me that too often we are, as a profession, not confident enough or skilled enough at supporting victims.

Victims often seem to experience that they are left feeling vulnerable and de-stabilised in certain ways at work and possibly in their private life as well. Why might this be?

Possibly managers feel that they are under pressure to show to their managers that they can keep everything under control, and workers happy, and this results in ambivalence in taking up the possible consequences of fully supporting a victim; might it reflect on their managerial, and coping, style, to their detriment in the eyes of their line managers, and affect their future? Is there a more general pressure that many of us in the caring professions take on board which excuse our consumers' actions too much, rather than confront them with it, and somehow lead us to blame ourselves when something goes "wrong"?

In addition, on a personal level, dealing with potential violence and the aftermath for victims can raise in us quite primordial, learnt responses from our experiences in our own lives, such as in our own families, and in the school playground. We will have learnt to cope with the effects of threatening situations we have been through and tried to put behind us. Victims of violence often report the resurgence of feelings from incidents they thought they had resolved which are powerfully revived by threatening or physically violent incidents. Our previous experiences can make us react in pre-determined ways which may pre-date our adult learning and decision-making. An example of this is where an otherwise sensitive and careful-thinking man can react in a very "macho" style if they feel that their authority has been challenged. Such behaviour can leave others to pick up the unresolved anger and frustration having to be dealt with by someone else at a later stage - for example, in a residential care situation where control has been maintained by such attitudes and behaviour.

Our own very personal, often unexamined, reactions to having to deal with the effects of trauma in others can mean we are not as sensitive and supportive as we would like to think we might be; we may cut off from

recognising the individual feelings evoked in the victim, or deny them their experience because we find it hard to bear that we might have to go through such experiences one day. It may be that we already have been through such incidents, and if we have not fully resolved our residual feelings from then, we may find it difficult to support others going through similar painful experiences. We may believe that we could have coped better in that situation than they did and that they should have handled it better; or we deny the victim's experience of what they themselves felt. The supporting person might believe that an incident is a very minor one which would not have affected the victim at all, and convey this to the victim, who will then find it very difficult to be honest about their feelings and the effects on them; and, possibly, their subsequent work. It is vital to recognise that whilst there are some common themes which will arise for victims, their reaction will depend on their previous experiences, and the severity of the incident as they experience it, not on how we think that they should be experiencing it.

This is of particular importance in the areas surrounding ethnic origin and gender, because for example, a white male is not going to be able to appreciate all the effects of incidents on women or people from ethnic minorities because of these very differences, alongside the overlay of sexism and racism which pervades our attitudes to ethnic minorities in terms of their experiences, and how they decide to deal with the problems arising specifically for them.

ISSUES OF ETHNIC ORIGIN AND RACISM

There is no clear evidence on whether there is any significant differences in victimisation or in who the aggressors are, in terms of ethnic or racial background. The studies by Rowett (1986) and Smith (1988), whilst containing questions on the ethnic background of perpetrators, were not able to measure these factors against the ethnic make-up of all potential aggressors in the frame of reference. Whilst Smith reports that the perpetrators in his survey were reported as being 89% Caucasian, 10% West Indian, 1% African and 1% Asian (original author's classifications), we have no idea of the spread and incidence of such groups within the potential population, so no conclusions or hypotheses can be drawn from these figures.

Norris (1990) quotes from an internal study into abuse and assaults to residential staff carried out by a Metropolitan Borough Social Services Department (original source not give) which found that 37% of respondents had suffered intimidation, 67% had suffered physical assault, and 87% had suffered verbal abuse. Racial assault had been suffered by 11% of staff; we do not know whether this is an accurate figure, or if

there might be under-reporting in the survey. It is a much greater figure than other studies have produced, however.

From the results of this research he concludes that:

"Issues of race and gender, especially the former, are poorly served at the present time."; and "Matters of race are not mentioned at all in the vast majority of responses" (Norris 1990, page 82). He recommends that ".....Such complete failure to address the problem is clearly unhelpful and needs to be speedily put right".

What we do know from Smith's study is that black staff in particular may be wary of reporting incidents.

"An additional reason for believing that there was a significant under-reporting of verbal violence is to be found in the zero returns for racist and sexist violence. Feedback from members of ethnic minority groups suggested to the author that such experiences were common, but (a) that the staff coped with it by denying that it had happened, or (b) as was particularly evident in certain workplaces for Adult clients, the hostility of a predominantly Black staff group towards Management was so great that they were not willing to co-operate in a survey such as this" (Smith 1988, page 35). (It is worthwhile noting that Smith himself was a manager in another part of the Department studied when the survey was carried out).

In addition to the reasons already discussed as to why under-reporting occurs, it would seem that black workers are particularly wary about, possibly, being judged even more harshly by management - and possibly white colleagues? - than their white counterparts. A whole range of issues may come into the reasons why this might be so. It may be that because of personal and institutional racism, black workers are under even greater pressure than their white colleagues to show they can "cope", and may feel they have to show this, and their competence and skills, even more than their white colleagues to obtain recognition and promotion. Therefore, it might not be unreasonable to assume that it is more difficult for a black person to report incidents for these reasons. What then becomes essential are strategies to overcome individual and institutional racism (see Dominelli 1988, amongst others on this), and the development of a culture of support so that the underlying issues which seem to be present for a majority of all workers, regardless of ethnic origin, is not compounded even further because of issues of racism as a corollary to these problems, and the added pressure from this.

ISSUES OF GENDER AND SEXISM

In the quote from Smith's (1988) work given above, the issue of women feeling less able to report sexist violence was raised, as no incidents were reported in his study. Smith does not discuss this issue, but it may again be the case that women do not feel safe to report such matters as there is a concern that predominantly male managers will not look sympathetically either at the woman's experience of the incident, nor at attempting to stop the sexist harassment. This has been a struggle for women for some years in work-places (amongst other settings), in getting it accepted that sexual harassment is not acceptable from colleagues and bosses, nor from clients in social work agencies. Norris had no reports of sexual assaults reported in his small scale study, even though he asked for this to be considered as an act of violence. The quote from Norris's work given above (in relation to the national survey) about issues of race and gender being poorly served he follows with the suggestion that, because "there is still very little material, however, on sexual harassment or sexual assault It needs to be logged as a discrete area of inquiry (in report forms and agency monitoring) and properly researched, not least because its sensitive nature may make it especially prone to under-reporting"(Norris 1988, page 82).

Women have a right to be able to complain about such behaviour, and expect to obtain a sympathetic and supportive response. Such matters need a special section in policies at central agency level in order to ensure that this is taken on board by all in the agency hierarchy.

In terms of victimisation, the studies of Brown et al, (1986) Smith (1988), and Rowett(1986), all looked at gender issues, and are worth reading on this matter; but again the gender ratio of those who were potential victims was not determined, so it is not possible to draw any firm conclusions. A few indications did emerge, but the studies varied in findings. For example, Rowett found that residential workers are more likely to be assaulted by males; but that this might just reflect the proportion of young males in care. Field social workers, he found, are more likely to be assaulted by females, and this may reflect the nature of the intervention undertaken in many family situations, especially with single parent families.

Male fieldworkers were as likely to be attacked by a male as a female; but no female worker in his survey was attacked by a male. Proportionately, more female workers were assaulted than males.

Brown et al (1986) produced findings on both residential care workers and fieldworkers. In residential work, 39% of males had been attacked at

least once, compared to 22% of females; and 28% of men had assaulted more than once, compared to 12% of women.

Smith (1988), page 46 found that "women outnumbered men 2:1 in the reports of violence suffered and male perpetrators outnumbered females by the same ratio", and "male victims appeared to be at particular risk from male perpetrators" (as in Rowett's study). In fact, where males were victims, 83% of the perpetrators were males, and only 17% females. He also found that where females were the victims, they were almost as likely to be assaulted by a male as a female - 56% and 44% respectively. This last finding may be of importance at looking at who might be potential victims in certain settings, as it would seem there are significant gender issues here.

DEVELOPING A CULTURE OF SUPPORT

Increasingly, agencies are producing policies, which may or may not be supportive to front line staff and first line managers in enabling them to report incidents without fear of a judgmental reaction from their managers. One of the keys is to ensure that the whole issue is one which is viewed as a health and safety at work matter, where employers have a duty to take all reasonable precautions to ensure the safety of their staff. (Health and Safety at Work Act, 1974). This leads to a response which emphasises agency responsibility, not individual blame and shame.

This seems to be proving to be a slow process; even where supportive policies have been developed, my experience across many different agencies confirms that often the key groups of staff are unaware of them, and quite frequently new members of staff do not have these procedures brought to their attention, or the implications of them are not fully explained. As a result of our knowledge of factors discussed previously, and the fact that there are no tried and tested routes to follow in most agencies and work settings when an incident does occur, the importance of building up a positive staff group and agency culture becomes the first and paramount pre-requisite for starting to deal with issues of violence and aggression in the workplace. Such a culture would positively encourage reporting, recording, and proper de-briefing of the victim and, where appropriate, the staff group.

Training for staff groups as a whole is vital in starting to build up these local cultures and local policies which need to be "owned" by themselves; this needs to be built up within the group to enable these supportive practices to come about. Such training, and team building exercises, should clarify expectations on workers and managers, and what people expect of each other in their various roles, both when an incident is anticipated, and where it is happening and could not have been

anticipated. Crucially, such training and local policies, ideally based on an "enabling" policy from the agency's central policymakers, will also set out what to expect from each person in their working roles after an incident, so that the culture of support is clearly set out. They should instil confidence in workers and managers about how such situations will be dealt with, and that these will be carried out in a manner which is fair and just to both staff and clients/consumers, the latter of whom are often having to struggle to cope with numbingly restrictive financial, social and creative opportunities in their own lives.

So, then, what are the effects on victims? Before we can develop approaches which are effective in supporting people, we need to appreciate these effects more fully.

CHAPTER TWO

THE NEEDS OF THE VICTIM, STAFF GROUP AND AGENCY

The effects of individual and colleague responses

The effects of aggression or violence on a victim, and their consequent needs for support both in the short and the long term, will depend on several factors. Firstly, on the victim's own previous experience of threatening situations, and how they resolved those incidents for themselves; and secondly, on the severity of the particular current incident or incidents - as serial effects of constant threat or abuse need to be considered as part of this issue. It is the combination of these two areas, and how they interlink to affect the individual at that point, which we need to take into account, and from where we must commence our support for the victim, or we are in danger of providing overbearing, inadequate, or inappropriate support. It is with the idea of healing that managers and colleagues need to approach the victim's requirements.

This basic approach then informs the most vital element in the helping process for the victim. Often the reactions of this potentially vital support network are not as effective as they might be, leaving family, friends, and partners as the sole support network. Such networks are very important in someone overcoming the effects of an assault, for example; this is shown in a study carried out by Shepherd (1990) into the reactions of personal violence victims coming to an Accident and Emergency Department of an inner-city hospital. However, in the case of people being victims at work, there are complicating factors in this process.

What might seem obvious when looking in retrospect at a situation, (or where no stress is present, in for example, a case study discussion) is often not so obvious in the lead-up to a potentially violent situation, or in the middle, or immediate aftermath, of an incident which can often be a very distressing and destabilising incident for the victim and their immediate manager and colleagues.

The next step, then, is to unravel the special effects on worker victims, and in particular social work victims, where the very values of a basically humanitarian, libertarian profession can muddy the waters in terms of limits, boundaries, and subsequent needs and actions. This is an especially important element in a profession where we rightly or wrongly feel responsible for helping people, and take on a high level of individual responsibility in that caring role.

Firstly, immediate family in particular may often suffer regularly from the demands placed upon their members employed in social work in posts which are often extremely stressful already.

We know that in Norris's small study that his respondents "discussed nearly all violent attacks and threats with their families, and almost to the same extent with social work colleagues". (It is unclear if "social work colleagues" include managers). Family member support may therefore be put under strain; not only are they expected to put up with effects of possibly, long and unpredictable hours, and the effects of the stress a worker might bring home with them, but then, in addition, to have to accept their loved ones are abused; threatened, or assaulted because of it (M. Holliday 1986). These networks are vital to the general well-being of staff; we should not put more stress than absolutely necessary on them, or they may start to fail if too much is asked of them, and affect the victim in yet another way. In addition, confidentiality becomes a problem in such situations. Therefore, we need to ensure that staff are given as much support as possible in the workplace, as that is where the problems are generated and where they need to be dealt with.

Secondly, we know from a major study carried out by Shapland et al (1985) that there are special considerations to take into account for people who are victims of violence at work. In particular, I am suggesting from the evidence that we have that violence to social workers in their work settings raises special issues over and above the findings of Shapland, which are worth quoting at length:

".....with some of the victims off work for the longest periods, it was difficult to distinguish the point at which they recovered from the physical effects of the offence, but had entered a new phase of depression and lethargy in which the memory of the offence and the enforced inactivity of sick leave led to a reluctance to go to work. No criticism is suggested as these victims clearly wanted to return to normal life as soon as possible. This whole process was clearly very demanding for their families and led to further guilt and anxiety on the part of the victim. In fact the area of work-related assaults (on, for example, bus drivers, shopkeepers, police officers, etc.) produced some of the most severe and long-lasting emotional effects. Although few changed their job as a result of the offence, (this was a common immediate impulse), there were several whose long-term depression caused an inability to deal with members of the public. Where the victim could depend on highly supportive work colleagues or was employed by an organisation containing an attentive personnel function, it seemed that the process of return to work was greatly eased". (present author's emphases). (Shapland et al 1985, page 106.)

From our knowledge of the experiences and feelings of social workers who have been victims, linked with these findings, I am suggesting that managerial and colleague responses are vital to how staff can return to their work in a way which does not exacerbate the effects of the original incident. Moreover, I am suggesting that this is the case not only for social workers who have been subject to assaults which led to situations where "the victims (were) off work for the longest periods", but for a whole range of behaviours they were subject to, due to the particular nature of how social workers perceive their role as helpers of the most disadvantaged and vulnerable, and the personal responsibility they feel for such clients, or what they believe others expect of them in relation to those clients. The worker is often experiencing concerns about how they are seen as workers, as carers, and how they will be (or will not be) supported in the aftermath of an incident.

These issues around the balance of levels of support provided within the work-place, and that offered by support networks outside of the work-settings are a much more problematic feature of social work than is often acknowledged, and can lead to tension and unhappiness for workers, and quite possibly impaired personal relationships, and work-related performance. We may well be losing excellent workers not only in absolute terms of numbers of people leaving the profession, but also in qualitative terms of commitment and application within the work - because the effects of such trauma and stress in work is not being dealt with adequately by the policies and consequent support available from the proper place - the agency. We know from several studies, and commentators, that stress and the lack of supportive policies by employing agencies are quite probably a major cause of staff turnover and disillusionment, and that violence is a particularly important area of staff concern (Labour Research Department, 1987; Tony Morrison, 1989; NALGO, 1989).

IMMEDIATE EFFECTS ON THE VICTIM

What can Colleagues and Managers practically do?

Firstly, s/he needs to be aware of the potentially unsettling reactions a victim might go through.

Some of the immediate effects on the victim might be as follows:

- the victim sits down in your room and bursts into tears

- "No, I'm OK really, just let me carry on as normal - anyway, I have to see Cathy (a client) in 20 minutes. Just leave me alone and I'll be OK"; whilst s/he looks and sounds shaken and disorientated
- "I'm scared of leaving the office. What if they are still there, waiting for me?"
- "I need a cuddle"
- "The bastard, how dare he!"
- Three weeks after the incident, the victim seems less buoyant than normal, and hesitates just slightly in facing situations you have never perceived them to be reticent about before, especially situations which might mean them confronting or challenging, or going into new situations.

Of the many which could be picked, these are some examples of how having been a victim of assault or aggressive situations can affect people. Would you feel comfortable as a manager or a colleague in supporting someone who is experiencing such emotions? We all need to be aware of our own potential reactions so we can be prepared to offer the emotional and practical support someone needs, and not allow our own discomfort to prevent this - and of course, supporters will need some support, too.

Some of the effects of having to confront an aggressive situation will result from physiological responses within the body. Adrenalin is likely to be pumping around in the blood, and will continue to do so for an hour or more afterwards. A heightened sense of awareness, and of defensive alertness, will result from this, with the victim being in the classic state of "fight or flight". This can affect their judgement about what they should expect to be able to cope with, and their ability to cope with the demands of the work in the immediate short term, either in terms of more normal interactions, but certainly in terms of dealing with challenging or stress-inducing situations.

A very common response of the victim is to try to keep hold of their self-image, to cope with the attack on this they are likely to have suffered. The supporter needs to assess whether at that point the victim's needs are best served by them continuing as usual, or whether some firm but sensitive guidance is advisable. An example might be that the supporter will strongly encourage the victim to cancel their next appointment, or allow another member of staff to organise their next activity, especially if it is likely to prove stressful or difficult. Essential in this is not only to provide advice, which can feel patronising to a victim trying to regain their sense of self and equilibrium, but also practical help. The supporter should offer to arrange the cancellation of the next interview or task, or

take a break from the demands of their shift in a way that does not leave the victim feeling guilty they have let people down. What is important is for potential supporters to be confident in the sorts of ways they might approach a victim; if s/he is not confident and sensitive, this will only make the victim feel worse and more responsible for "pulling themselves together".

Part of this sensitivity is in recognising the signals being given out by the victim after a traumatic incident. Often, our usual learning coping mechanisms are in tatters. The victim might show this in the tone of their voice, the colour of their face, the use of eye contact; by showing vagueness in their thinking, or being over-certain, as a way of compensating for the shock and consequent instability suffered. Such responses as: "You are bound to be shaken up after that, anyone would be - I'll re-arrange that next appointment for you/arrange for another worker to see your next appointment/give your apologies to that meeting. Probably the best thing to do is to sit here for a while, and I'll get us some tea/arrange for you to go home, and I'll phone you later to see how you are"; are important.

The victim may need to be offered help in getting home if they are very shaken, as this may affect, for example, their driving capabilities.

Protection

The supporter in the work-setting needs to think through how the worker can be protected from further harassment or assault. For example, is there a possibility that an assailant will try to come back in the immediate future to do it again? Are doors and windows secured against this? Do the police need to be informed? Does the victim need protection in going to their car, or making their way home? Does the perpetrator know where the worker lives? Whilst such reactions will be at the far end of the spectrum of the types of violence offered to staff, this is precisely the reason we need to have a checklist of procedures, as we are not used to having to take such measures. However, there have been too many deaths of social workers and incidents of serious injury suffered by them for us not to take such matters very seriously.

Nurture

The supporter may find it useful to keep the idea of providing "good parenting" to the victim, and possibly taking an appropriate level of control over the situation, in a sensitive and sympathetic manner. The effects already noted may mean someone is not always able to take full responsibility for deciding on their next move, and the supporter needs to

firmly suggest ways forward as already outlined above. A hot drink (not alcohol), a quiet room, may be the immediate answer, with the helper feeling confident in offering such support without being overbearing. If the helper is awkward or uncertain, which is not an uncommon reaction to victims of violence, this will only increase the likelihood of the victim falling into an expectation that it is s/he who has to "cope".

The person may also be very sensitive to anything that might be seen as criticism for some time afterwards. Remembering those of our social work skills that emphasise acceptance; concern for the individual; of listening, reflecting; all of these will be of value to the victim, if we can offer them genuinely without too much self-consciousness, and without fear of being rejected. The confident offer itself will be of value.

Follow-up of immediate support

Following up such support is also important, so that the promised phone call that night is made; that in subsequent days the supporter asks in an unobtrusive way how the victim is. The need to be sensitively cared for, and to feel that this is happening, is an important feature in someone regaining their equilibrium, particularly in the work-place, where we know victims are keenly aware and concerned about the reactions of colleagues. In addition, if the person's line manager knows the incident has occurred, s/he can appropriately ensure the proper follow up the victim needs - and those of the staff group, and the agency's needs - are followed through.

A further reason for ensuring that the line manager is informed is that often the victim finds it hard to tell others particularly line managers, of the situation and its impact, and an appreciation of this is needed. If the line manager is already aware of the incident, and the immediate supporter ensures that they know the line manager has been told and will address this with the victim, this can take an extra burden off him or her.

It is important that the victim is aware that the line manager knows of the incident, as it is often difficult for the former to relate it fully to the latter, if at all. If both have already had this hurdle lifted from them, it can be a great deal easier to start to deal with all the issues in a positive way.

Colleagues need to be challenging, in a sensitive and supportive way, in providing support for a person who may not be in the best state to make judgments immediately after a traumatic incident.

Medical care may also need to be considered. If someone has sustained a heavy blow, whether overtly injured or not, it may be advisable for a medical examination to take place. This will probably require the

encouragement of the supporter or management, as the victim may not see the need at the time. However, an urgent visit to her/his GP or local Accident and Emergency Department may need to be facilitated. This is important as the effects of an assault may not be immediately obvious, and such an examination proves valuable in such matters as compensation claims or benefit claims.

WHO SHOULD HELP?

When someone is in need of such help as this, we should not stand on bureaucratic or hierarchical niceties. Whilst it is important to check with a line manager where possible about someone being sent home, rearranging interviews, covering for the person's duty, and all the other myriad levels of responsibilities which social workers carry out, the important thing is to fully care for the victim. This may well mean another member of staff taking responsibility for organising any gaps left in the victim's work. It can be hard for someone in social work to readily go off knowingly leaving important tasks undone; in general there is a high level of feelings of individual responsibility for others, so the victim will need to be reassured these will be attended to adequately before they will agree to go to take care of themselves.

If someone needs support, all colleagues need to be able to feel they are empowered to fully offer it, and offer it in a caring, concerned, and confident manner. This will make it easier for the supporter and the supported. The victim also needs to be made aware that the supporter will inform their line manager/supervisor of the incident and subsequent action, so that appropriate follow-up and on-going support can be offered.

EMOTIONAL AFTER - EFFECTS: PERSONAL AND PROFESSIONAL

An Assault on the Self-Image

In many respects, the worker who has been attacked goes through processes similar to those of a bereavement reaction; though in this situation, the loss is about someone's perception of him/herself, and the effect on their self-image. There is often an initial shock reaction, leading to feelings of numbness, blunting of feelings, denial, and yet with a need for support and some gentle directives from others. Then, often quite quickly afterwards, the need to try to make sense of what happened and why, and the need to explore these things with someone s/he believes they can trust. Depression, despair, self-doubt, anger,

vengeful feelings, can all raise themselves, and the worker needs to understand the natural reactions to such incidents within people, whether they be social workers, or in other social roles at the time of the incident. Again these are normal reactions of anyone who has been a victim, and they need to be acknowledged and dealt with. Such reactions have been well documented in works on the effects on victims (Braithwaite, 1988, 1990; Shapland et al, 1985; Shepherd 1990; Clark and Kidd, 1990).

The ability to cope with the work, command respect from colleagues and others, are questioned. Within a few weeks, the person will find a new equilibrium of how they view themselves in their work, and this can have far-reaching consequences on commitment to work, and how clients, colleagues and managers are approached. At best these can be positive, but at worst very negative and demoralising.

This new equilibrium will depend upon several factors; the victim's own coping mechanisms, and previous experiences and reactions to aggression and violence; and also, importantly, what help and support the victim receives at the time of the incident, and afterwards. The hours and days immediately afterwards are when a person's coping abilities are usually at their most strained.

During this time, especially, is when the person needs access to help in trying to make sense of what happened, its implications at work in terms of his/her self-identity, their individual part in what happened, and reactions to the demands of work. In following through the analogy to bereavement, and ideas from crisis theory, the person needs to "reconstruct reality, meaning and a sense of identity out of chaos" (Smith, 1982).

Again, on the spectrum of aggression and violence social workers face, these effects may only be apparent in the most severe assaults, yet less dramatic experiences of the same nature affect the majority of those who experience less severe violence and aggression.

The importance of these first few weeks is emphasised in Symond's model of victims' reaction to personal violence (1975), which is described and elaborated by Shepherd (1990), and from our knowledge of crisis theory (O'Hagan 1986). The victim may be left to struggle through on their own, having to negotiate an isolating and destabilising experience at a time when it can be most difficult to ask for support. To enable staff and managers to offer full support and for victims to have access to, and, if needs to be, demand what is necessary, requires the development of a supportive environment, and a move away from the culture of individual blame. As part of this, whilst the response of the first line manager is

important, access to confidential debriefing and counselling needs to be built into the agency's policies.

COUNSELLING

Independent counselling outside the line management structure is necessary due to the effects which victims feel in relation to their work. Even in the most supportive of staff group and agency settings, there will still be elements of the incident's effects which requires the opportunity for the person to share these outside of any sort of work-task setting, where someone will inevitably edit what they will share due to the possible ways it may be viewed. The importance of confidential counselling is in the fact that the person can share absolutely anything about the effects on them and on their work, to be considered in a safe environment.

S/he can then decide on what, if anything, they might want to do about it. It may also be that s/he may wish to raise issues that had been long forgotten, maybe from childhood days, which have been resurrected by the incident, where the destabilising effects have brought back "emotional memories" of past losses, rejections, or violent incidents; the work of Erikson (1959) on how people can regress to previous levels of development is of value as a model in this situation, where unresolved issues raise themselves again under certain stressful situations. It may be that these are of great concern to her/him, and there are fears of how this might affect relationships and work.

The value of such counselling, offered as of right, by the agency, is of great importance in helping the victim make sense of all these reactions if they wish to do so. The value of such services have been examined in Sheila Clark and Beverly Kidd's account (1990) of their initial evaluation of a confidential counselling service for caring professional staff, which was shown to have been of value. Such services should be available to all such employees, and be brought to staff's attention in a policy, with a leaflet being given to all staff including reception and domestic staff who are in contact with service users. Such publicity would ideally advertise a service to staff which was free for at least a certain number of sessions and be available by way of a direct contact to the counselling service, without the need to go through line managers. This direct access is important, as whilst many line managers would welcome and support such arrangements for access to the service, many can feel very threatened by such access and may subtly (or not so subtly) make it difficult for a referral to take place.

Often, people need to think through what happened and their part in it, to make sense of what happened in the situation, and subsequently to themselves. Such counselling should not take the place of good supervision and support by the person's line manager; it should be able to aid such a process. This of course assumes that a good policy on these matters is in place, and that good staff training on supervision skills and staff support, has ensured that this is taking place.

As far as the counsellor is concerned they should be able to claim the fees for the service without revealing any details of their work in order to maintain confidentiality. This should only cause difficulties if the agency suspects that the counsellor is claiming fraudulently, but even then this should be able to be verified without breaking confidentiality.

Many different models of counselling might be appropriate for the victims of violence, but most important are first principles. The client - as s/he then becomes - may need reassurance during the first contact, whether initiated by the counsellor or the victim, that the service is confidential; that it is client-centred, and there for the victim and no-one else, and is completely within their control; and the counsellor needs to make the client feel that whatever they bring along to the sessions, that s/he is a person of worth.

This is a very important part of the healing process, as we can see from the articles and research that have already been mentioned in this monograph, based on victims' feelings and reactions.

The first session may be arranged wherever is convenient for the client and the counsellor, as long as it provides the privacy necessary. It could take place with people in their places of work, at a "convenient" time when no interruptions should occur, but this is difficult to fully ensure, and if the client wishes to keep the fact of the counselling to his/herself, this obviously raises difficulties. The counsellor needs to be aware of these sorts of issues, as the client may possibly still be in some level of shock, and not thinking ahead to possible consequences of decisions made about, for example, venue. Usually a neutral place is best, if this can be arranged, ideally agreed and found by the agency who is supporting the service. The ideal is a room which can be booked which ensures complete discretion.

The client will be told the role of the counsellor, the limits of involvement, for example, the possible numbers of sessions, timing of sessions, and her/his relationship with the agency. This is important not only as good practice, but also in engaging the trust of the client, who may well still be wary of the role (and in some circumstances, if clear agreements have not been made with the agency by the counsellor, they

may well be right to be concerned). The client needs to know what they can expect, for them to start planning on an adult basis how they want to use the sessions.

The counsellor will want to make clear that it is up to the client what is discussed, and that whilst the counsellor may make some suggestions from their knowledge of how people react to being a victim of violence at work in general, everyone has their own unique response, and ways of working through the effects, and that they are in control of this process.

The counsellor may be confronted with many entangled feelings that have not previously been discussed, and helping someone deal with these I have always felt to be a deep privilege. Issues of self-image and self-esteem, at work and outside; anger, and vengeful feelings; of the world, or at least, work, being unfair; of ingratitude by other staff and clients of work done; the list is potentially a long one, and the counsellor can be a crucial anchor in a turbulent period for someone who is coming to the new equilibrium they will soon reach. Of particular importance is the person's possible need to think through if s/he could have done anything different in anticipating or dealing with the situation; as whilst there may be issues here for the person, it should be viewed within a perspective of self-development and agency support. One issue which can prove difficult to counsellors is the feelings about colleagues, managers and the agency, which may be shared with them. This is also one of the areas which may affect how first line-managers feel about one of their staff talking about such issues to others!

As with all other such policies and services, they need to be monitored closely to ensure that they provide what is needed. One way of doing this might be annual, confidential questionnaires sent to all staff to comment on these services, with the replies evaluated by a nominated officer who would report to an agency's Health & Safety committee or other appropriate body.

COMPENSATION

Victims should automatically be made aware of the possibilities for this in writing, stating agencies' own policies when someone has suffered physical injury in an attack, or suffered the loss of personal property. We know they often are not made aware of the possibilities for compensation (Rowett 1986). The routes through which to claim should be clearly set out, and the possibilities explored, for example, an application to the Criminal Injuries Compensation Board, where an injury has resulted. (See excellent section on this in Brown et al, 1986).

In the most serious of cases, the threat of further violence against staff or their family needs to be considered, as it is not that difficult for some clients to find out the home telephone number or address of a worker. In such circumstances, the local police need to be informed and fully briefed on the situation, and central management needs to have a policy in place that states that the cost of changing telephone numbers, and even in certain situations, change of work post and/or home, would be met by the agency. The terrible effects of living under such a threat are not easily described, and affect the whole nature of a worker's life and that of their family. It needs to be taken very seriously, and the strain of having to initiate such discussions with management at such a time should not be left until this stage.

MEDIATION

This is rarely considered as a formal process, and in some circumstances would indeed be completely inappropriate. However, there are many situations where it could be of enormous value, when after the heat of the event a client might wish to express regret and apology, or where some discussion can take place about the acceptability of such behaviour, if the client and worker and others immediately involved are agreeable to this. Such mediation is of most value if organised and chaired by a third party such as a senior manager.

Such an approach may be of particular value in residential and day care settings, where there are many more "minor" incidents, and people have to continue working together. Longer-term fieldwork may also be suitable for such an intervention. It may also be valuable for the agency's learning on how to conduct matters differently for clients and staff in a more effective manner for all concerned.

Where such mediation is not suitable, other ways of letting clients know of unacceptable behaviour should be taken. Depending on the degree and level of involvement, a manager discussing the behaviour with the client(s), or even withdrawal of the service may serve a valuable limit-setting function, where possible. This latter option is mentioned specifically by the Association of Directors of Social Services in their policy document (1987), and is a strategy not infrequently used in residential and day care settings as a response to serious and/or regular aggression and violence.

These options should also include prosecution.

PROSECUTION

Prosecution needs to be seriously considered, and should not be left entirely up to the victim - or indeed the police or the Crown Prosecution Service - to decide upon. The issue of prosecution often raises acute dilemmas for social workers; should they really support prosecution against perpetrators who they might view as vulnerable or disadvantaged in some way, therefore making the violence somehow excusable? I firmly believe that prosecution should be pursued unless there are truly exceptional circumstances; for example, some people who suffer from severe learning difficulties would be completely inappropriate to deal with through the courts. Similarly, some people suffering from mental health problems may be seen to be inappropriate to take through the courts - though some purpose may even be served here, where some perpetrators are out of touch with reality, by way of treatment orders from the court, for example.

There are also some concerns because, of course, victims do not have a final say in what the police or the Crown Prosecution Service may decide to do - including not to prosecute. In addition, victims in general are poorly treated by the criminal justice system, though recently there have been some attempts to improve this state of affairs (Home Office 1990; National Association of Victim Support Schemes 1988). There have also been some conflicting ideologies in this area. Where there is someone who is a juvenile or who has a mental health problem, for example, we might argue strongly s/he should be cautioned, or no further action taken against them. However, as victims, we may wish for the perpetrator to be prosecuted. As a general rule, I believe that it is important for some form of official action to be taken, or social workers will start to be seen as "fair game" - if they are not already. If someone assaults a social worker, and there are no negative or regulatory reactions which result from this, that person may well do it again, as social learning theory would inform us. In addition, this gives the message that such behaviour is somehow acceptable, and this may generalise to the rest of that client's life - and if it is attempted anywhere else in the public domain, it is very unlikely s/he will receive such minimal responses as frequently occurs in social work.

Limit and boundary setting is important, and this may be by a variety of different routes - a warning to the client(s) from a manager, mediation, or a warning or prosecution resulting from police involvement. If none of these seem suitable, or are not possible, then private prosecutions supported financially by the employer may be feasible. In addition, the very valuable tool of obtaining an injunction to keep someone away from a member of staff or from an establishment or office can be very quickly applied for and granted. Usually, these injunctions are only of immediate

use in subsequent situations if a power of arrest is attached to the injunction when it is granted.

What is important is that such responses are considered for each individual situation, but monitoring needs to take place, possibly as part of the incident report form, to ensure boundary-setting activities take place which:

- a. show users of the service that such behaviours will not just be tolerated; and
- b. that the victim is protected from future possibility of victimisation.

Some employers have policies which state that a prosecution will be pursued and that legal costs if incurred will be paid by the employer. The decision to pursue this should not rest solely with the victim; s/he will often find it difficult to try to determine the best course of action, and in any event, there is the issue that the agency needs to set boundaries about what is acceptable to all their staff; in this way it is not just for an individual to decide.

SHOULD THE WORKER CONTINUE WITH THE CLIENT?

Mediation between staff member victim and client perpetrator has already been mentioned; whether or not this is possible, the line manager and member of staff need to specifically set aside time to discuss whether that worker should continue with the client, or be transferred to another - or more than one - worker. If this is to happen, it is important to consider how this is managed, not least of all concerning how the client(s) is/are told about why the change is being made, and for what purpose. If the worker is to continue, a new strategy, with the violence having been expressly considered and discussed with the client as part of the new contract of work being undertaken, needs to be worked out between the worker and line manager. In residential situations issues such as which shift the worker is on, with which other members of staff, should be examined. There also needs to be consideration of whether if they are key workers they remain so. How the incident has left the resident group and staff needs to be taken into account by the worker and the manager, and as a whole staff team.

If the violence is of a sufficiently serious nature, it may be necessary to consider the removal of a service, though there are obvious complications here if the reason for intervention is for example, child abuse, or where someone is receiving a residential service. In such circumstances, policy should make clear that a staff protection plan is drawn up, and submitted

to a manager at a high level in the organisation to monitor individual plans and ensure they are reviewed at, for example, three monthly intervals. Such a plan would de-limit how contact should take place; where; and with whom.

In fieldwork, and some residential and day care situations, this might include liaising with the police to obtain their support on a general and specific level, as often they do not understand the specific nature of the situations social workers have to deal with, and the severity of risk. The situations I have experience of where the police have understood have been when I have carried out mental health assessments on potentially violent clients, when often up to 5 police officers have been sent! This is another important area in police/social work liaison; if you are to use the police, whenever possible liaise with them closely beforehand to ensure as far as possible their presence does not exacerbate the situation, but that you are both working to the same ends, and by the same means.

In residential situations, such issues as formulating a plan to alter the aggressive nature of a resident in certain circumstances might be useful, and agreed with the resident as part of a boundary-setting and therapeutic exercise. This is not a new concept in day care and residential settings; the important part of such actions which usually include the specific statement that the resident may be moved on if they do not cease the aggressive behaviour, is that it is carried out in a professional manner with a clear contract formed which the resident, and all the staff can work to, with regular reviews at short intervals; so that the situation is not allowed to slip away. Contingency plans for further incidents also need to be formulated, including what happens, and where the resident might go to, if further unacceptable violence occurs.

REPORTING OF THE INCIDENT, AND AGENCY FEEDBACK.

This brings us back full circle to where we started at the beginning of this monograph; if incidents are not properly recorded, management, unions and professional associations cannot know what factors are involved in violence to staff, such as identifying particular areas of work, specific work-settings, and what has been done to try to prevent a recurrence of such incidents. In order for this to happen, staff need to feel safe in what sort of response they will receive if they do report. To fully make it a Health and Safety issue, report forms need to be specially designed to take account of the specific issues raised by violence; the usual forms agencies use to record all injuries at work are totally unsuitable.

The two major employers organisations support the view of the Health and Safety Executive as expressed in Poyner and Warne (1986), that a

special form is needed to report incidents of violence, and indeed they append the specific form proposed by the Executive.

The Association of Chief Probation Officers state that ".....not only should incidents of violence and potential violence be recorded and monitored, but staff experiencing them should be offered support and counselling. It should be made clear that this does not represent an indication of weakness" (1987, page 2). Whilst we can agree wholeheartedly with this, it will not actually happen until the "cultures of support" mentioned previously are developed by way of central and local policies where staff groups own the developing policy and its repercussions, with a supportive central headquarters back-up.

The Association of Directors of Social Services' view is: "Employers should, with employees, ensure an effective means of recording and monitoring incidents of violence in addition to action taken under health and safety requirements"; and to ensure that "support is available at all times to employees who are potentially at risk of violence, and to those who have been victims" (1987). Again, the aims are to be applauded; what is now of greater importance is the means to overcome the causes of why these things do not happen as we would now seem to want them to do.

Where employers have used separate forms, these have often been based on the Health and Safety Executive's form. While this is an excellent form, there might be one useful addition to it, as there is no space for the victim to make suggestions about how the incident may have been avoided, dealt with better by the agency, or give any constructive comments about agency support. Such a section could prove very valuable in agency's review and planning processes which are aimed at reducing the risk of violence towards their staff. Such additions would deal with some of the difficulties of which we are now aware. This section needs to include spaces for evaluation on how the victim and manager believe the incident could have been avoided (if, indeed, it could have been), its effects minimised, and support be given to the victim more effectively. In addition, there would be a section on what exactly was considered as a response to the perpetrator, and a follow-up form four weeks later to assess the effectiveness of such measures. It could also include areas for special consideration by the agency if violence was racist or sexual.

These forms would be collated locally, and centrally by a nominated senior officer, and evaluated every six months, for example, as a separate agenda item at Health and Safety Committee meetings, or at specially convened meetings between the appropriate management level representatives, and staff representatives. Formal feedback would be

made available at local staff group meetings, to include reception and other staff as well, which would also be convened every (eg) six months to review the effectiveness of local policies and how these might be improved. Such evaluation means that all issues could be discussed from physical lay-outs of premises to back-up procedures, and post-incident support. The local discussions in particular should mean that the staff group build up understandings of what they expect of each other, each others' tolerance levels, and develop a set of limits and boundaries of behaviour which is broadly consistent.

The importance of having one person responsible for issues of violence and aggression is stressed by Norris and Kedward (1990), who note vast differences nationally in how the collection and collation of data on violence towards staff is carried out. From their study they estimate that up to 63.3% of Social Services Departments, and 69.7% of Probation Departments, do not have one nominated officer to undertake these tasks.

The importance of staff receiving feedback is important for several reasons:

1. It shows that the agency takes the incidents seriously, and is making efforts to deal with them;
2. We know from other situations where people have been victimised that it is very important that, on balance, victims need to be able to perceive more advantages in reporting than disadvantages in reporting. Domestic violence is a classic example; if a woman reports violence from her male partner, is dealt with unsympathetically and/or is not afforded means of redress or protection from further violence, she is liable to be further abused by the man for having reported him. Where a woman is afforded supportive and protective responses, she is more liable to report it to the official agencies; it is then in her interests to report, rather than against them. (Dobash and Dobash, 1992). The same is true for violence against staff.

There are two other important areas concerning reporting, and in how the incident is recorded; firstly there is an issue of how the incident is recorded on file (see next but one sub-section on "Needs of the staff group and the functions of the agency"); and secondly, the therapeutic effect of the victim putting down in writing their own experiences of the incident.

Helping the victim to write a personal account of the incident may be a valuable part of him or her overcoming its effects. It may be that the recording for the file may be enough, but it may well also be important

for the victim to write a more personal account of the incident and its effects to symbolically get it out of "running around" inside their head. Often, victims of traumatic incidents find the same thoughts, doubts and recriminations keep going around in their mind in the same way; recurring, but not resolving. Writing these thoughts down can help in overcoming them, as can de-briefing and counselling. This record should not be used for any agency purposes.

Longer Term Issues

Supervisors, line managers and colleagues should remain alert for a period of weeks - sometimes months - after an incident, as the effect on an individual will not only depend upon the severity of the attack, as has been discussed already, but also to a great extent on how the victim experienced it, and how it affected them as an individual. What is important is to overcome our projections onto the victim of how we think they SHOULD react. We all have our own unique reactions to violence; and it often raises quite primordial feelings in those around the victim, as well as in the victim themselves. Whilst not meaning to do so, we can appear as quite punitive and judgemental towards the victim, who will be very sensitive to the reactions of "important others", and already having to cope with such feelings as:

Guilt and self-blame: That it has happened, that they have let the client, their colleagues, and the agency down. Often workers will blame themselves at some level for the incident having happened; a reaction which, like the others, needs to be fully worked through in a safe situation in order to help the victim, and their future work and general well-being.

Worthlessness: A victim's self-image can be severely affected. They may believe that they are bad workers, bad carers, and have poor social work skills.

Anger and Resentment: Should I feel angry at this client, at my agency, for them having put me in this position? Have I a right to such feelings? What should I do with them?

Fearfulness: Of new clients, and of new situations, especially where they might be challenged or conflict occur.

These effects are all well documented in research studies such as Rowett's (1986), and the personal accounts of victims already mentioned, and can lead to other effects. These might be:

Impaired Relationships: Possibly with clients, colleagues, and managers, especially if the latter two groups have appeared unsympathetic or uncaring. It can also impose strains on the workers' relationships in their networks outside of work; they often have to soak up the unresolved areas of difficulty which should rightly rest with the work place. Such pressures can lead to their own problems which can, in turn, impinge upon the workers commitment and stability at work.

If the effects of such incidents are not dealt with adequately in the work place, both the agency and the worker are likely to suffer to one degree or another, even if this is not immediately obvious and takes place over a period of time. The consequences on staff and therefore, at the end of all these things, the clients, are insidious and demoralising; exactly what staff and agencies do not need in the face of all the other major stresses and changes which are taking place in social work at present.

THE NEEDS OF STAFF GROUPS AND THE FUNCTION OF THE AGENCY

Where someone has been the victim of violence or aggression, often the rest of the staff group are also affected; not only in how they respond to the needs of the individual victim, but they might also feel vulnerable, at risk, and wonder at how supported they feel by the managers whose job it is to deal with the repercussions. It might significantly reduce morale, and increase risk to staff, if these issues are not openly dealt with, which often they are not.

How staff groups as a whole respond to the issues raised by violence are often an acid test of a team's functioning and general level of supportiveness to its members. It will be important in terms of the messages clients receive about what is acceptable within that team, and this may then affect the types and nature of violence subsequently offered to them. It is not unusual for users of an agency or establishment to swap stories of events they have been through with the latter, and thus a culture of expectations on the laxity of the staff group in dealing with incidents (or otherwise) is built up on which users may well base future behaviour. This is probably best known in the closer community settings of certain residential or day care establishments, but can be an equally important factor in field work settings.

There are two particularly key features of staff group reactions over and above those already discussed. Firstly, team de-briefing. Is there a forum for discussion of the incident and its implications for the staff group, and others who might potentially come into contact with the

clients(s)? Who might need to be informed within the agency, and possibly outside, that the incident has taken place? The team need to consider what action they can take to prevent the situation occurring again, and what they as a team might want to do.

Care needs to be taken that the victim is not viewed as having to justify his/her actions; it should be a forward planning exercise which takes account of what might be learnt about back-up procedures, visiting arrangements, physical lay-out of establishments, and any responses to the same type of situation or that client in the future. These then need to be acted upon and reviewed by the whole of the staff group at regular intervals, for example, six monthly. This may not need to happen for all incidents, but the line manager and the victim would have to positively assess that it did not need to go to such a meeting, as there are not only the needs of the victim, but also of the rest of the local staff group, and the rest of the agency.

Secondly, such incidents need to be properly assessed and recorded for others to make use of in undertaking work with that client in the future, and as far as possible, provide guidance for any future worker in how to approach him/her in the most constructive and least explosive way.

The incident needs to be recorded on file in a way which does justice to the client, the victim, and the situation. The value of this lies in identifying, as far as possible, what were the elements in the situation that led to the incident, and any possible trigger factors, in order that in future, strategies to deal with that client can be worked out in a way which might help prevent a recurrence of violence. Such a record should be factual, and give ideas for future strategies. The record should be prominent on the file, and its presence made clear on any index system, to ensure subsequent workers are aware of the potential of violence, but are not just left with the fear induced by the image of a violent client. They will be offered that information in context, and with ideas and suggestions about the types of strategies, and support systems, they will need to employ and ensure are in place.

Such a document should be written in such a way as to not label a client as "violent", as such labelling is rightly objected to by most workers. Indeed, statements such as "this client is violent" is supremely unhelpful, and may indeed increase anxiety in workers who read that and deal at a later stage with the person. To be helpful, such recording should be contextual, and examine what pressures the client may have been feeling at the time; what strategies could be tried if there is a next time; and what precipitated the incident to see if there might be ways these could be avoided in future. In residential establishments for example, it may be discovered that trying to talk about a member of the resident's family in

front of a group may make them feel very vulnerable, and resort to aggression as a way of keeping it from being discussed. Workers can learn about these matters not only to respect such issues for the client (where they do not clash with the rules of the establishment), but also to avoid angry scenes.

In a fieldwork setting, it might be discovered that a particular client can be dealt with reasonably well if s/he is sober, but there will be aggression if they are drunk; and the recorded plan would be for a worker to call the police if they turned up in that state, as the staff group had determined the risk of violence would be too great.

If recorded in a factual way, with suggestions for how similar situations may be handled, they will not fall foul of open access to records policies; what will need to be considered is how such matters might be picked up with the client if they do request to see their file. This again might be an argument for having discussed the incident with the perpetrator at the time it occurred.

DEVELOPING POLICIES

Finally, this chapter will examine some areas that might usefully be considered in developing and/or reviewing any headquarters and local establishment policy in developing the culture of support which would increase openness, support, and reporting and planning within staff groups and agencies.

Is the central policy an enabling one, which will encourage staff to report incidents fully in terms of incidents and effects on them?

Will it ensure that such reports are properly collated by one person with a responsibility for so doing, and will the results of such collation be fed back regularly for discussion with all staff who might be affected by means of regular health and safety committee meetings, and staff group meetings in the individual work settings?

Will it encourage establishments to address the issues openly and will all staff, e.g. reception, domestic volunteer workers, be fully involved?

Does it encourage the development of a local establishment policy in writing, which all members of staff, including new ones, will readily understand and be able to make use of? Will policies clearly state the expectations of different members of staff in supporting each other, limits of responsibility, the expectations of the agency when a visit should or

should not be carried out, e.g. if it should only be in the office, a dual visit, with the back-up of the police?

Do local policies set out clear procedures about who should be available to provide back-up and in what manner e.g. in a certain room with a viewing window, or a telephone to enable someone to phone in a few minutes to ensure the interview is progressing satisfactorily? Are there codewords agreed in the establishment which all know and if used, all know what the response will be?

If an incident occurs do the central and local policies ensure that the issues for (a) the victim, (b) the perpetrator, and (c) the staff group are dealt with fully and in a satisfactory manner?

The most important guiding principle has to be that members of staff carrying out increasingly difficult work are made, and are made to feel, as safe as possible whilst at the same time providing the best service for the client or consumer. It may well be that the two are mutually compatible and not mutually exclusive which is sometimes seen to be the case.

What then are the sorts of detail in policies which might help the development of a culture of support? This is what the next chapter examines in detail.

CHAPTER THREE

MANAGING AGGRESSION AND VIOLENCE: A GOOD POLICY

In the previous chapters, we have looked at the needs of the victims, and staff groups, in response to incidents of aggression and violence, and how the difficulties in providing effective responses might start to be overcome.

One important way of ensuring effective responses and maintaining them over a long period of time (and not just temporarily after an incident has alerted everyone), is to develop an effective local policy based on an enabling central agency policy. Such a policy would have, as its prime objective, the aim of making front-line staff and first line managers feel supported, and safer. Rowett (1986) points out the need for such a policy from his research findings, as does Johnson (1988) in her analysis of several Social Services Department policies.

The aims of an effective policy for staff safety are, then:

- a. To reduce risk of aggression and violence
- b. To reduce isolation of staff members, physically and emotionally
- c. To increase collective support
- d. To ensure a, b and c for all staff who work in the setting who are in contact with clients/consumers of the service, eg administrative and reception staff.

Who owns the policy?

It is important that any policy relating to matters of management of violence and aggression is owned by the local staff group who operate, and are subject to, it.

Whilst a policy on some of the areas to be covered is best formulated within central decision-making bodies in the organisation, in consultation with front-line workers, such a policy needs to also encourage and enable staff groups to develop, operate, and regularly review their policy. The policy should enable staff groups to develop a culture within their setting which empowers and enables staff in their dealings with potential and actual aggression, and not disempower them.

Policies can be perceived by front-line staff as inhibiting good and creative practice, rather than promoting it; if a policy does not make clear it is to protect and support workers, and it is not just to protect the agency, then it is liable to make staff feel more vulnerable rather than less vulnerable.

Managing aggression and violence is an extension of good practice, with the added ingredient that the feelings invoked in individuals who are subject to it are powerful and often disempowering; this can mean we then do not deal well with such situations individually or collectively as well as we would like to.

Such feelings can result from experiences and feelings we have had in the past as a small child, in the school playground, as an adult or a young person - which are powerful and affect our responses to potential and actual aggression and violence later in life.

Policies need to ensure that staff know what to expect from the members of their staff group and their agency in terms of support and protection. The more confident we are in a situation, being aware of back-up procedures and knowing how they might work, the less likely violence is to occur, and if it does, to minimise risk to the worker, by ensuring they are readily accessible for support and protection.

This is why policies have to be fully developed by those whose safety they are in place to protect; as when we are in a difficult situation, we need to know some of the measures we can count on to help us, rather than be uncertain about this as well as being confronted with the client(s)/aggressor(s).

We know that those in the caring professions can find that policies on dealing with violence and aggression do not always make front-line staff feel that the policy is made for them, or make them feel fully supported (Sally Johnson, 1988).

In addition, I have taken part in many staff group courses where staff comment that they have had no knowledge of the centrally produced policy.

The importance of supportive, enabling policies, is reinforced by the National Association of Probation Officers (1989), the Association of Chief Officers of Probation (1988) and the Association of Directors of Social Services (1987) and the British Association of Social Workers (1988). Such policies need to reflect the fact that aggression and violence towards staff is a health and safety issue, under the Health and

Safety at Work Act, 1974; where agencies - and individual employees - have a duty to ensure employees' safety, as far as possible.

To sum up the main points thus far:

Policies need to be developed and owned by the staff group, within the context of a wider agency policy which ensures staff safety, and enables staff groups to feel empowered in developing local policies.

Whilst individuals need to examine what they may have been able to do differently in any particular situation, and therefore try to do differently in the future, they must feel confident that this is within a central and local policy which recognises aggression towards him/her is not their fault. Aggression and violence happens to staff at work because they are at work, and the work staff in caring agencies do is inherently risky. Most of the situations staff get into at work where this is a possibility they would not put themselves anywhere near if they were not at work.

What then might the features of a poor policy, and a good policy, be?

Diagram I sets out these main features.

DIAGRAM I: Features of poor policies/good policies

POOR POLICY

*Makes workers fearful of doing the "wrong" thing

*Makes worker worried they will be "blamed" for the incident, and not be supported

*Leaves staff isolated and exposed physically and away from readily available support

*Does not produce an environment in which an individual feels secure in who they can ask for support from, or offer support to

*Is not specific about surveillance methods in certain parts of the building, home visits, etc, to support in a situation

GOOD POLICY

+ Worker feels confident in recognising risk, asking for support

NB: Whilst in many situations we can clearly ascertain "risk" factors, this is not always possible

+ Worker feels confident of supportive response if an incident occurs

+ Reduces risk of worker being left in a situation where they cannot protect their territory or gain immediate help

+ "culture of support" makes worker feel secure in responses of colleagues/managers in face of potential and actual violence

+ Is clear and specific in terms of type of support that will be available in different parts of the building, or outside

- *Does not give proper de-briefing to a worker after an incident of aggression or violence + Gives proper and appropriate de-briefing, possibly independently, in addition to first-line managers' de-briefing
- *First line managers are unsure of their areas of responsibilities, and expectations on them from higher management and staff + Good clarity of role and duties of first line managers
- *Does not ensure incidents are properly reported, recorded, and collated to ensure certain physical areas, areas of work, and potentially violent clients are identified and the latter's actions put into context, to allow safer working practices to be planned + Ensures the areas opposite are carried out, and felt to be part of the staff group's ownership of the policy
- *Leaves victim unhelped, unsupported, and leaves perpetrator unchecked + Victim feels safe with managers and colleagues to work through the difficulties - and perpetrator is made aware of limits/boundaries

Local policies should make staff feel confident in asking for support and help if they anticipate a difficult situation; if one is building up; and after an incident.

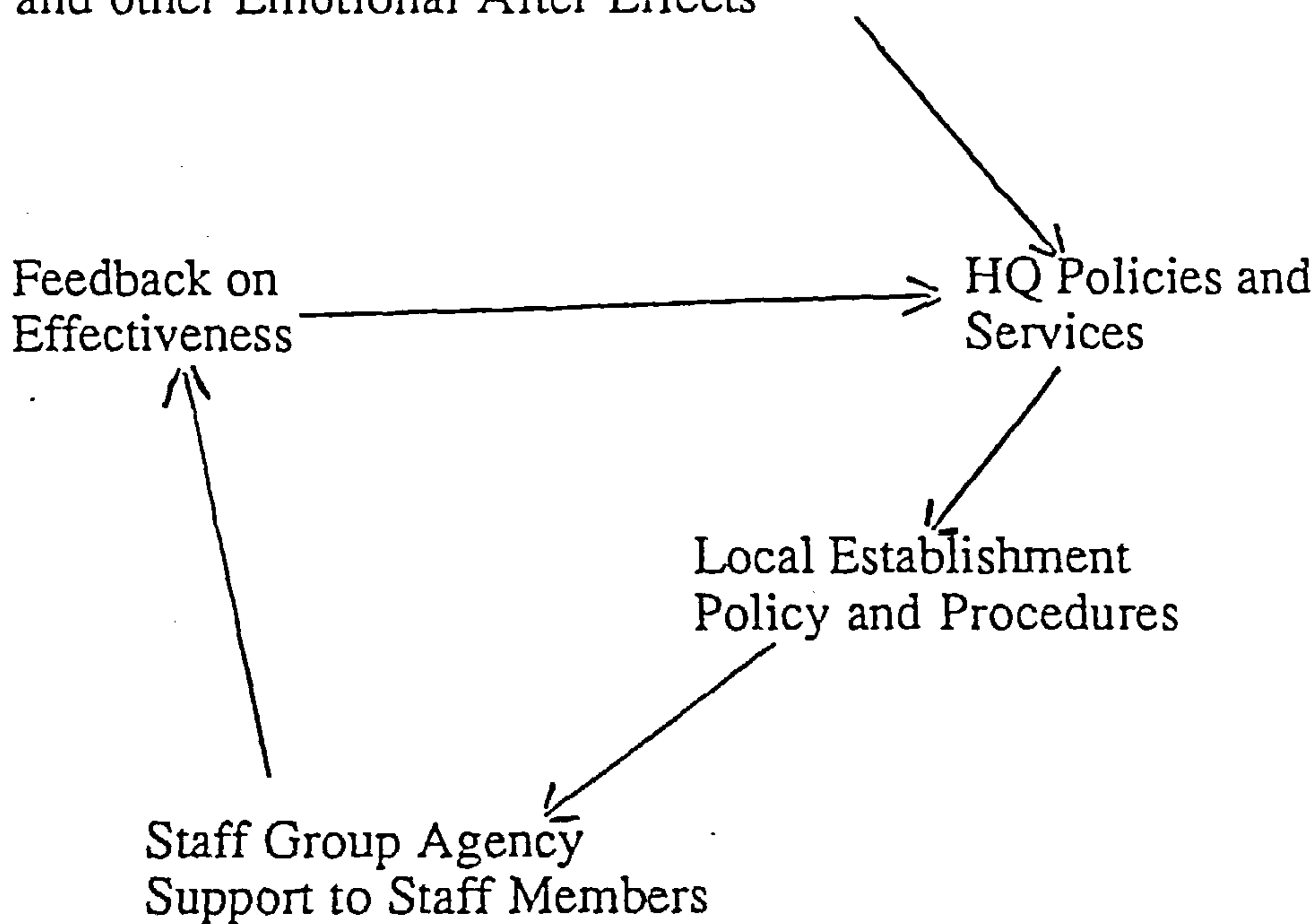
What they should not do, in these times of burgeoning policy documents, which can have the effect of professional staff feeling they are sometimes little more than automatons, is to make staff then feel that all they are getting is another agency dictat which they must comply with merely to "cover their back". If staff feel the policy is written in a way which is for the agency's bureaucratic purposes, and not for them, it is going to be an unhelpful policy for staff and clients alike, and that they might be at more risk of blame, if an incident occurs, for not following the agency policy to the letter in unpredictable, stressful and dangerous situations.

The purposes of the policy in this respect would be:

1. To move away from blaming the individual
2. To minimise risk to staff
3. Minimise isolation of staff, and
4. Maximise supportive surveillance, and confidence, in back-up procedures

DIAGRAM 2: Purposes of Policy

Knowledge of the effects of Individual Blame;
Guilt, and other Emotional After Effects



Individual blame then becomes unimportant in policy development, other than to ensure it is minimised. Such developmental procedures are then in place to ensure good practice and policies. What then might be the specific areas that need to be addressed to achieve these aims?

SPECIFIC AREAS TO ADDRESS IN A LOCAL POLICY

In order to make staff feel safer and to minimise risk, what follows are suggestions from areas other agencies and staff groups have found useful in developing local policies. Such a guide is designed to be supplemented by the issues which local staff groups have identified in addition to these.

Setting Limits and Boundaries for Clients

a. Areas of unacceptable behaviour might include:

- contact violence
- threats of violence
- verbal abuse

- sexual harassment
- racist abuse
- possession/use of drugs and/or alcohol on the premises
- other areas for local consideration

b. Agency/staff group response

- who responds?
- how?
- who is expected to be back-up in the immediate situation?
Will all staff at all times know who this is?
- when leading groups, workers need to make themselves aware of co-leaders style of working, especially in regard to what types of behaviour are unacceptable. It is also important to discuss how limits and boundaries are set and maintained so a planned and unified response is in place. In addition, regular supervision to aid working in pairs is important with a manager or other professional who is not directly involved in the group.
- where an incident/interview/confrontation can be anticipated, have plans been made for exactly who will be where, to ensure the staff member is not isolated within the establishment and situation, and supportive surveillance is actively and definitely in place, immediately it might be needed, and for as long as it might be needed?
- are staff members regularly asked if they are satisfied with the plans made, and if they have any further suggestions?
- are perpetrators given warnings about their behaviour?
How many? By whom?
- who lays down limits/boundaries after an incident - is this done in writing, face-to-face, or how?
- what other areas might you need to consider locally?

c. Setting limits, maintaining boundaries:

- would it be helpful for the staff group to produce a document stating when people can be seen; expectations on client, eg not drunk on premises; no disruptive behaviour, etc, to be given to the client? What sanctions do you have at your disposal if the boundaries are broken?
- remove perpetrator from the premises/to a different area of the work setting (residential day care)
- withdraw provision of home visits?
- withdrawal of service - for how long? What would need to change for you to become involved again?

- letter or face-to-face meeting with the client to explain possible results of further aggression - carried out by a manager?
- prosecution. Is there an agency policy, for example, that a prosecution will be pursued unless there are clear reasons in that case not to? Will the agency provide funding for a private prosecution if the police or Crown Prosecution Service decide not to prosecute the assailant?
- injunctions - can be a very valuable way of protecting staff from a persistent or serious perpetrator, but really only of immediate use if they have a power of arrest attached to them. Are there clear and readily available routes agreed within the agency as to how such an application can be rapidly made?

In considering the carrying out of such sanctions, the main questions to be answered are:

1. Will they achieve the desired effect of increasing staff safety supportive surveillance, and reducing risk?

2. Can you realistically carry them out?

For example:

- are those present physically capable of removing a client from the premises? If not, (and even if you are), it is useful to engage the police, if you can make yourself, colleagues and other clients safe enough in the meantime. In residential/day care, where is an area out of the spotlight, to remove the effects of an audience exacerbating the situation, or allowing someone to be open to calming strategies by the staff?
- where someone is being assaulted, the use of force is allowed in law to stop the attacker or prevent yourself being injured; the amount of force used should not be greater than this. Restraint techniques or leaving the situation is expected by the courts rather than punching, kicking, etc, but of course this depends on the nature and severity of any such attack.
- Is it possible to withdraw services, where there is a resident, a court order, or the protection of a vulnerable person involved? (The Association of Directors of Social Services [1987] say this should be an option.) How would such withdrawal be sanctioned in the organisation? Can such a final fall-back policy be agreed with senior managers, magistrates/judges, Social Services or Probation Committees?

- Is there support from your agency for prosecution, if police are prepared to proceed? Who should decide on prosecution? The victim? The staff group? A manager? If police do not proceed, would the agency support a private prosecution, including paying for it? Again, who would decide?
- Is there support from your agency for pursuing injunctions?

In several of these areas it is vital to set out decision/making procedures prior to incidents, so everyone is clear how, and on what criteria, decisions and action will be taken and by whom. This could be part of the written local policy; some areas may have to be discussed with central management.

Local policy issues for staff

We know that most caring professional staff have an element in their thinking and action which assumes an awesome amount of individual responsibility and expectation that they must cope with things on their own. The policy must make it clear that 'a culture of support' is a collective effort, not just an individual one.

General issues

- signing in and out/knowledge of whereabouts of staff. How can this be ensured?
- late night visits/evening office interviewing. How can it be ensured no-one is left in the office interviewing on their own? What if someone insists on working late on a different late night from everyone else? What precautions and methods can be prescribed?
- should there be an explicit statement made to staff that they are not expected to put themselves at risk for the sake of protection of property?
- each staff member has a duty to ensure client(s) (or potential client(s)) that may indicate a propensity for potential aggression or violence is recorded prominently on files or other written communication to enable other staff to be aware of any such potential, eg on Pre-Sentence Report requests, residential placement information, case recording.
- recording of incidents; should be factual, and try to identify trigger factors for the aggression which occurred; and such recording should be prominently featured on a client's file, which might also suggest possible ways to avoid similar incidents in future. If recorded in a fair way,

any client access to records guidelines should not preclude this.

- do not take a client unaccompanied in a car if s/he is volatile and/or unsure of wanting to go where you are taking them.
- Is it possible to see into interview rooms and other 'vulnerable' areas, by way of small glass windows? How else can helpful surveillance be increased?
- are reception facilities such that receptionists are safe, eg behind shatterproof glass, but not presenting a 'Berlin Wall' effect?
- lunchtimes - are workers left on their own? Are they safe from callers? Can checks be carried out, and by whom, to ensure no-one is left in a difficult situation over a lunchtime?
- What of one-person sub-offices or night duty lone workers? Who can they contact for immediate help, and by what means?

Back-up procedures for potential incidents might include, in planning for an anticipated situation, the following:

- who first encounters the client(s)?
- how many staff?
- where, ie which room, or area? Which space affords the greatest amount of unobtrusive colleague surveillance?
- leaving a door of a room ajar so a colleague outside can listen in. The open door also minimises the privacy/territory a potential aggressor psychologically works themselves up within.
- a colleague could call in after 5 or 10 minutes on a pretext (which must be seen as convincing by the client(s)) of an urgent phone call, for example, to enable the staff member to get out of the room, or indicate all is well; or for the back-up person to come back again after a certain time to finish the interview again, eg 'can you tell him/her to call back in 10 minutes if it's that urgent, and let me know?'
- alternatively, if there is a telephone in the room, the member of staff could be rung from elsewhere in the office, and the same indications given by her/him.
- sometimes a code word or code phrase can be useful, especially where some aggression is encountered which was not expected; eg the worker discusses the fact that they must let the receptionist know about another call or caller with something like: "Oh, and please tell the Senior that if Mr Smith rings, I'm tied up". Any such code word/phrase

needs to be instantly recognisable as such, and unable to be confused with any benign message; carries an agreed response, eg going to the room to try to allow the worker an 'escape route', psychologically or physically. Changing the dynamics of a growing confrontation between a worker and client(s) is an important ploy, taking the focus off all the energy directed at the first worker; such interventions, though, need to be carefully planned so they do not act as triggers in themselves. The role of an 'intervener' could be as mediator; limit-setter; placator.

- In residential and day care situations, specific strategies of challenging in front of groups, again by the intervention of another worker, can be useful, and is indeed a common tactic. Where a confrontation has been avoided, workers need to consult immediately afterwards as to how to deal with the situation, as the predisposing factors, or knock-on effects, may still be present ready to present themselves again.
- alarm systems: the positioning of alarm buttons, what sounds/flashes where; should be designed by the staff group. Systems which are merely ordered and installed by a firm with no idea of the type of work, staff arrangements and duties, and strategies employed by the establishment, can produce cynicism and alienation in the people who they are supposed to help.
- Can it be guaranteed it will always be heard/seen?
- Who is expected to respond? eg Duty Officer? Senior Officer?
- Is there a procedure people know is in place as to expectations of response?

We will never eliminate violence towards social work and other caring professionals. What we can do is to greatly reduce the risks by reviewing agency's policies and training approaches to the problem, ensuring staff are supported after an incident and that issues concerning the perpetrator are dealt with.

Such back-up systems need to be explicitly acknowledged in terms of procedures, so all know what to expect and from whom. A statement in a policy might expect the worker and supporters to devise a very specific plan of action in a situation where it is possible to anticipate difficulties. Some of the issues to take into account might be:

- Dual visiting is an effective means of reducing isolation and providing immediate back-up, and to reduce the risk of violence. Dual visiting is advisable in situations where

there are mental health difficulties, child protection issues, or issues of individual liberty. In addition, it is important to be aware of situations where clients may experience our actions as authoritarian on whatever level, even if the worker may not readily perceive their role in this way. This is particularly true in day care and residential settings, and is well-evidenced in research studies (Rowett, 1986; Brown et al 1986).

- Where a client has a history of violence, again, particular care has to be taken.
- In undertaking a dual visit, plan out strategies beforehand, e.g. to introduce why there are two of you; who will take the lead and how the other contributes; and how the two workers spend time to get to feel comfortable with each other, and the approach.
- In an office, the planning needs to be specifically geared to take into account the geography of the site; issues of territory and defensible space; and the nature of the potential aggression from the client(s). Are there 'safe areas' for staff? Can an audit of who has access to workers, and how, be made to work out a system of electronically operated doors, to limit a client's movements? Apart from the issue of doors, the same issues should be addressed in residential establishments.
- what of when interviews take place in a police cell or prison? Are workers left isolated often with people of whom they know hardly anything? Are dual visits possible and/or higher management liaison with other agencies to ensure protective procedures? Police and prison services have their own clear support procedures but social work staff are not usually part of these systems.

What might prevent the formulation and effective operation of such procedures?

1. Our own feelings and thoughts: personally, and as a result of our perceived role. We can feel very vulnerable over issues surrounding violence and aggression towards staff, due to our unresolved or poorly resolved feelings and attitudes over aggression. Also, we know that staff frequently do not want to report incidents because they fear being a double victim; of the incident and its effects, and then of the attitudes of managers and colleagues which can reinforce the feelings victims of aggression often feel, and also what they fear managers and colleagues will make of it. This fear is that others will see them as poor workers, as unable to deal with situations; and this is, indeed,

often the views of other workers on victims. Such concerns can be exacerbated by insidious racist and/or sexist attitudes.

In addition, first line managers can often feel the 'filling in the sandwich' - feeling that they are expected to deal with all the issues thrown up in their work-place by their bosses and keep the ship afloat, and the front-line staff pushing for all the things that are important to them. It can be a very difficult role for a person who feels unsure of what exactly her/his role and capabilities in such an area are.

2. Staff feel vulnerable before the terms of the policy, and attitude of colleagues:

'She/he has been on that training course on how to deal with violence, and still she/he gets into trouble". 'We have never had incidents here of aggression or violence. Why are you so worried about it?'

'We've got to expect aggression and violence in our work. Have you got a problem dealing with aggression?'

These are the sorts of attitudes and approaches we need to turn on their head if there is to be a successful central and local policy.

Ownership of the policy

Any local policy devised must be reviewed regularly where all staff who are affected are present, even if only (!) to acknowledge that it is working well. At such meetings, it should be made clear by managers that any incidents, and lessons to be learnt from them, will be discussed, whilst not exposing the victim to an inquest on their individual handling of the situation.

- To be really effective, any policy needs to ensure that incidents are reported, are collated locally and centrally, and fed back regularly to the relevant staff. The purpose of this is to learn from previous incidents, and/or workers' own experience and thinking, of what can be improved in a local policy, in back-up procedures, alarm systems, reporting procedure, support for workers after incidents, and in the lay-out of the establishment. In addition, such discussions can form the basis of discussions with central management on issues raised by aggression and violence.

The basis of any policy on aggression and violence to staff should ensure that a culture of support is formed in local staff groups, and between staff and central management. All policies need to be reviewed regularly, and findings fed back to all staff for further refinement and policy development, at central and local level. All such processes

should ensure specific input from women and ethnic minority groupings from their viewpoint. Then, and only then, will social work agencies know that they are working towards the goal of providing an agency culture which makes staff safer, and makes them feel safer.

The basic problem in achieving such a culture lies in the fact that most social work agencies are still failing to deal openly and effectively with the issues arising from violence towards staff. There is still ambivalence and prevarication about formulating clear policies on what is expected of workers, and precisely what support they can expect from their organisation, and their managers.

Equally, first line managers may also feel very uncertain in the face of unclear policies about their power and authority in this area, because of the lack of enabling and detailed procedures which empower such managers and frontline staff to deal with all the uncertainties raised by this issue.

We know clearly from the research that workers fear they will be viewed as being weak or inadequate in the face of potential or actual violence if they report it, and request support. This is why workers often do not report fears, or even the majority of violent incidents, to which they are subjected. The touchstone of judging the effectiveness of procedures and policies is whether staff are made to feel that they are responsible for the issue of violence towards them, or not.

Such policies should shift the emphasis of responsibility from the individual workers, to the agency, making it a health and safety issue. In addition, such policies need to emanate from the centre of the organisation, but allow local procedures to be worked up, and reviewed regularly, by the whole of the local staff team, with an aim of developing a culture of support for workers, and not a culture of individual blame.

The longer it takes for this to come about, the more anguish there will be for workers, the more skilled people will leave the profession, and the less effective will be the work carried out.

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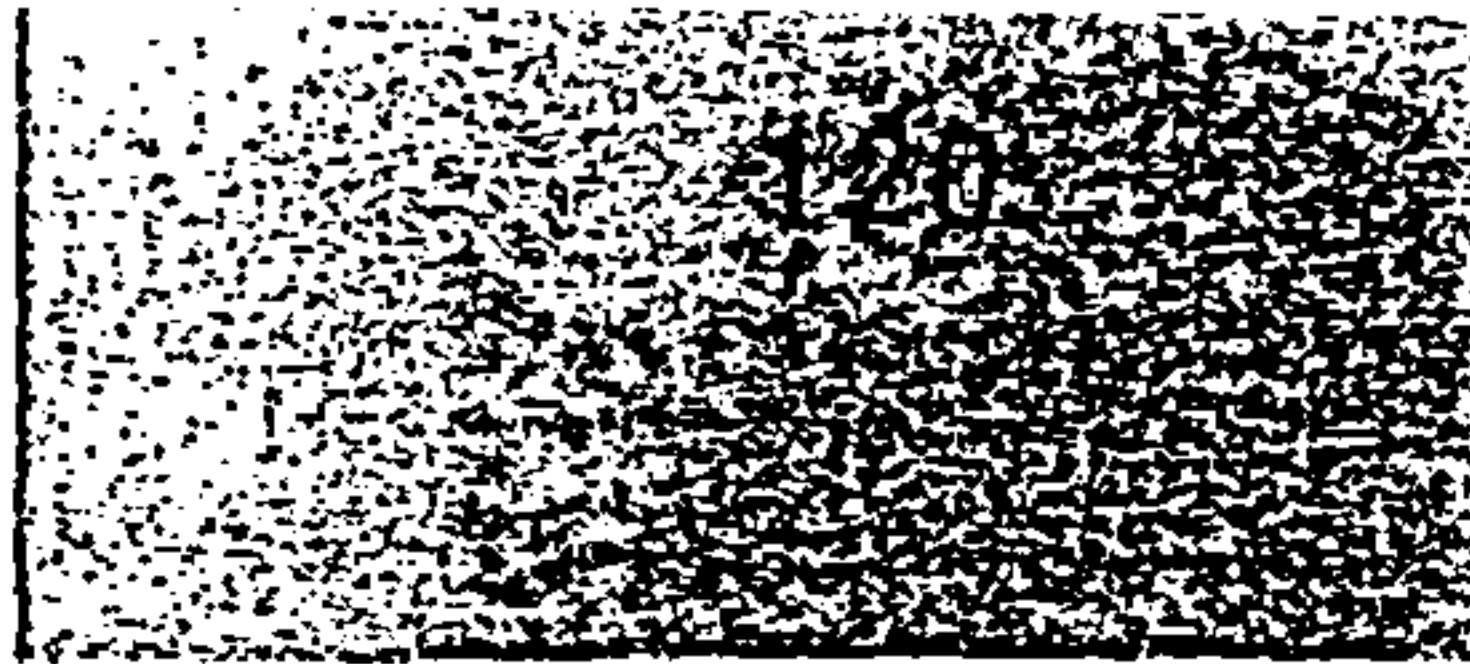
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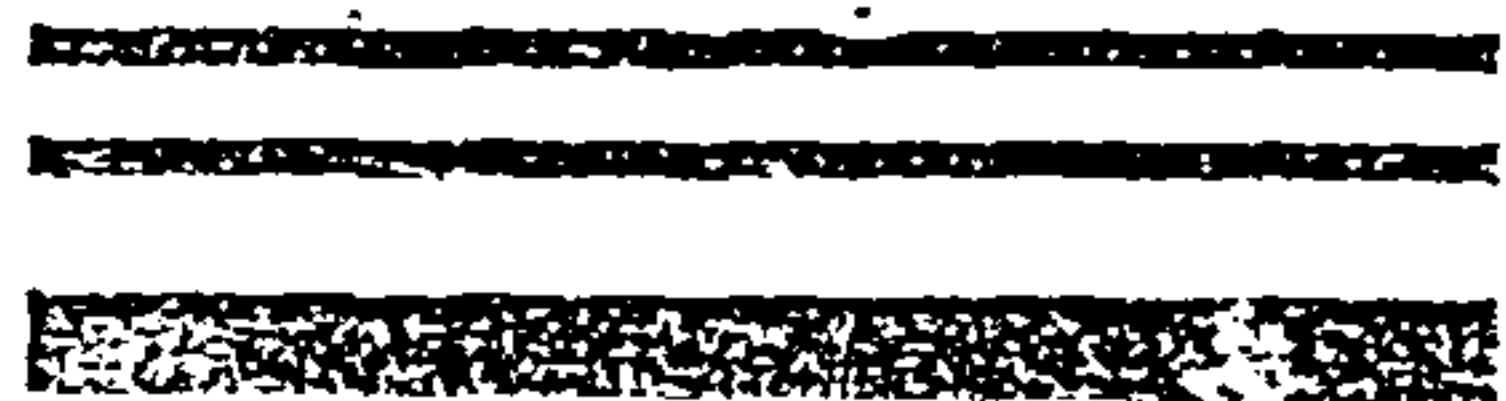
A RESEARCH REPORT
into
AGGRESSION AND VIOLENCE
EXPERIENCED BY PROBATION STAFF
IN HERTFORDSHIRE

"I needed to be told that I hadn't failed"



University of
Hertfordshire

Hertfordshire
Probation Service 



CONTENTS

	<i>Page No</i>
Acknowledgement	1
Introduction	3
Key points	5
Section	
1	7
2	13
3	17
4	21
5	25
6	29
7	31
8	37
9	39
10	47
11	53
12	55
Bibliography	57
Appendix A	59

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Introduction

All employers are legally required to do everything that is 'reasonably practicable' to provide a safe system of work for their employees. It goes without saying that the nature of probation work - interviewing and supervising people who may be upset, angry, and belligerent and may have a history of violent behaviour - potentially puts our staff at risk.

While several pieces of research into issues of violence against staff in social services departments have published there have been no independent research studies into the experiences of probation staff.

As the Suzy Lamplugh Trust says:

"Employers who ignore safety issues are guided by false economy. The stresses and strains of real or perceived violence has a deleterious effect on work. If employees feel safe they tend to perform better."

Over the last five years, the Hertfordshire service has worked with Brian Littlechild to shape a staff care and safety policy to secure a safe working environment for staff, while retaining an open and welcoming atmosphere for visitors.

The research for this report was carried out between June 1991 and July 1992. As a service we were particularly interested to uncover various features of aggression and violence towards staff:

- recording how many incidents
- noting if any particular groups of staff were more at risk than others
- identifying ways of improving the rate of reported incidents
- collecting staff suggestions for improving the policies and procedures

The findings of this research demonstrate that the rate of under-reporting of incidents of violence was very variable, with significant gender issues relevant to this. What also emerges is that Hertfordshire Probation Service has a higher rate of reporting than studies in social services departments have shown.

Only when the agency is able to collate full information about what happens to whom, when, where and in which types of setting, can use be made of it to plan for safer working environments for staff. A culture of support is clearly necessary for staff to feel able to report violence to colleagues and management.

The research also shows that our staff have clear ideas about the issues involved which can be tapped to create such a culture of support. Use of front line workers' systematic feedback is a valuable way for agencies to create and refine effective policies.

Indeed, this important report has helped us to review and strengthen our policy and practice guidelines for the health and safety of staff. Induction training for new staff is given a high

priority. The particular needs of staff working in the hostel and the court welfare unit will remain an issue for us and the probation service nationally.

One of the most important factors is to ensure that there is easy and open communication in the service about safety matters, free of guilt and fear of blame. Some practical steps have been taken. The forms that staff use to record an incident have been redesigned and the whole issue of staff safety is the subject of a newsletter for all staff. From something that was rarely discussed staff safety has become a matter for open and constructive debate.

Often old buildings cannot be re-adapted easily to some of the important proposals made in the research. Any decision our service makes to acquire new property adopts the principles set out in the report.

"Designing for safety" in every sense is part of a continuing process from Committee level to all members of staff.

Mike Lanigan
Assistant Chief Probation Officer
September 1993

Key Points

The key points that emerge from the research are noted here in summary.

The questionnaire had a response rate of 62.1% (126 staff). During the three years covered by the questionnaire:

61 staff members (one in five of all) said that they had experienced threats, abuse or assaults. If verbal abuse is included, this figure becomes one in 3.3.

All types of incidents were under-reported

The risks to staff were as follows:

Hostel staff	50.0%
Court Welfare Unit	50.0%
Probation Centre staff	36.4%
Field Teams	31.5%
Community service officers	26.8%

If we average out the risks across groups in this way, we find the result of this is 44%.

Probation officers had a one in four chance of experiencing an incident (24.7% of all incidents)

Probation service assistants had a high rate of victimisation - 58.3% compared to 44% overall

Community service officers (sessional supervisors not included in the questionnaire) had a much lower rate of victimisation

76% of all incidents with Senior probation officers were verbal abuse

Hostel staff reported no physical violence but did report sexist violence

Administrative and secretarial staff were very likely to experience verbal abuse (23.4% of such incidents reported)

Male staff were at greater risk of physical assault (1 in 12.75)

Women had a 1 in 17 chance of experiencing sexist victimisation

Incidents were not reported because:

- "Everyone knew about it anyway"
- A verbal report was not turned into a written one
- There was concern about the possible response from colleagues and managers

"I NEEDED TO BE TOLD THAT I HADN'T FAILED"

SECTION I: THE RESEARCH AND THE QUESTIONNAIRE

Recent years have seen a surge of interest in the issue of aggression and violence towards staff in the United Kingdom and particularly in England and Wales. Demands from unions, professional associations and staff groups affected in particular work-places have resulted in a growing number of training packages, courses presented and policies being put into place within agencies.

Reports on these issues from the National Association of Local Government Officers (1979;1989) the National Association of Probation Officers (1989), the Association of Directors of Social Services (1987), the Association of Chief Officers of Probation (1988) and the British Association of Social Workers (1988), all highlight the risks to staff and the possible effects on those who are unfortunate enough to experience threats, abuse or assaults at work.

There is now a good spread of work which examines what workers might do on an individual basis, by way of face-to-face tactics and means of identifying in what sort of situations they might be at risk with certain clients or client groups (Breakwell 1989; Bowne 1989; More, 1988). This is essential knowledge, yet we need to acknowledge that this is only one of the levels at which we need to address this problem. There are other issues which are of more importance to agencies in their reviewing of policy, training and provision for staff, especially the smaller establishments, offices and voluntary agencies - where it is not as easy to find time and resources to give to what is still in many places a comparatively rare event. However, the implications for the service provided, other service users, individual staff and staff morale in general are of vital importance to be addressed and researched.

One of the results of the growing awareness of the incidence and effects of violence against social workers is that staff and managers who work in criminal and civil justice and in social work agencies are beginning to realise the effects that incidents of violence and aggression can have on individuals and teams. Research evidence from surveys carried out by the Labour Research Department (1987), NALGO (1979, 1989), Smith (1988) and Rowett (1986) show clearly that many staff feel - and are - at risk on a much more frequent basis than has previously been acknowledged and suffer from the fear and stress those risks engender. Many workers do not feel fully supported by their managers and employers. Unions such as NALGO have campaigned on the issues over incidents at a local level (Fry, 1985; Sharron, 1985) and nationally (NAPO 1989; NALGO 1989).

Whilst more agencies are making initial attempts at developing policies and training packages, the most valuable elements of them and which approaches are most usefully pursued, are yet to be determined. A review of some current policy guidelines (Johnson 1988), shows a very variable picture in terms of how much these might make staff feel that they are in place to support them fully and effectively. This review also analysed the assumptions which seemed to underpin these policies concerning the cause of violence and the prescriptions given within them about how the problem should be approached and managed.

Johnson's findings suggest that the guidelines might often make it seem that the individual worker is seen by the agency as the one with primary responsibility for dealing with aggressive

clients and not the agency. In addition, we know from Rowett's work and victims' accounts the devastating and destabilising effects that facing violence or aggression at work can have. (Green 1982; Holliday, 1986; Mabry 1986; Protherough, 1987; Braithwaite 1988; Shapland, Wilmore and Duff 1985.) These types of accounts describe the concerns of workers who have been attacked at work. The most frequent effects are loss of confidence in ability to carry out the work role effectively; self-blame, guilt and anger about the incident; concerns about future safety at work and sometimes at home; fear of reporting incidents; and fear of how they will be perceived by colleagues and managers. These effects may be particularly powerful where workers have concerns about dealing subsequently with similar types of situations and meeting new clients, or new situations. The effects of how individuals perceive the potential and actual reactions of the colleagues and managers in their agency is a crucial element for the agency to consider in formulating and reviewing policies which are supportive to staff.

WHAT DO WE MEAN BY VIOLENCE?

Before we consider these issues further, we need to define what we mean by violence. We will all experience certain forms of behaviour differently; one person might experience a situation as threatening and someone else would not experience the same scenario in the same way. This is one of the difficulties in discussing this issue - it is very value laden and often very personal. The ways in which we perceive, define and react to what might be a potentially violent situation and indeed violence itself, varies enormously between different individuals. This may be one of the reasons why we can be very judgemental in our attitudes towards victims.

In considering violence as experienced by individuals, can we view violence as just physical assault, or is it more than this? There are various definitions, but a useful one comes from the Association of Directors of Social Services (1987): "Violence is behaviour which has a damaging effect either physically or emotionally on other people". Other organisations, such as the National Association of Probation Officers (1989) and the British Association of Social Workers (1988) have adopted similar definitions. The NAPO definition is used as the basis for respondents to the questionnaire used for this research to determine if, in their view, they had been subject to violence as thus defined:

"Violence includes a range of illegitimate or socially unacceptable behaviours either physical or verbal which are intended to be, or are perceived as being, threatening. Violent behaviour can take a number of different forms and have differing outcomes" (NAPO, 1989).

Such a definition is set out in this way to ensure that such areas as racist abuse, sexual harassment, threats and serious verbal abuse are included, as well as physical assault. These are the categories from which respondents to the Hertfordshire questionnaire were asked to detail any incidents which had happened to them in the previous three years.

The crucial importance of such definitions is that they do, as stated, include serious verbal abuse and threats, threatening sexual behaviour and racist abuse. We need to accept that within a context of managing the effects of violence at work, we need to recognise that all these types of behaviour are indeed violence.

The importance of any definition of violence having to include how the victim experiences incidents cannot be stressed too much. This is a vital component in developing support networks for staff and policy development. One useful definition which incorporates such a subjective approach is as follows:

"If the worker experiences it as violence then for that person it will have been a violent incident. This also makes it possible to include occasions where sexism and/or racism take place, as being violent for the receiver." (Wiener and Crosby, 1986).

This is why this piece of research deliberately allows the respondent to define 'violence' themselves, within the categories offered as guidance, to determine if they had been subject to violence and describe what surrounded the incident.

THE ISSUE OF UNDER-REPORTING

The problems in planning to deal most effectively with aggression and violence towards staff are compounded because we know that only a small percentage of all incidents of physical violence - about 5% (see Rowett 1986) - are formally recorded in agencies, because the victims do not report them in writing. Smith (1988) found that incidents of violence which are defined as verbal abuse, threats, or actual physical contact, had virtually the same formal written reporting rate in his study as in Rowett's. Norris (1990) found in his small scale study a reporting rate of 91%, but acknowledges because of the nature of the study that these findings are not likely to be representative. In a major, nation-wide study carried out by Carol Kedward of the University of Sussex and discussed in Norris's work, convincing evidence of under-reporting, more in line with Rowett's and Smith's findings, was found in a wide cross-section of social services and probation areas. Kedward did, however, find some evidence that the rate of reporting might be increasing in some areas.

Norris's own study also found that many workers did not report incidents because they believed being subjected to certain levels of violence was part of the job and were unsure about when an incident was serious enough to report. This under-reporting means that we know that we cannot fully analyse the causes and effects of the incidents. This is particularly true in identifying the areas of work where we need to have such information in order to concentrate our efforts to deal with the problem. Nor are we able to determine the true frequency or severity of violence in different settings, situations, or from particular clients. While this remains the state of our knowledge base, agencies and staff groups locally cannot develop systems of staff safety because reporting procedures and attitudes do not take into account the adverse effects on staff and how they fear they will be perceived if they do report.

We know that many workers do not report incidents because they believe that they will not be dealt with sympathetically and are worried that they will be viewed negatively by colleagues and managers (Rowett 1986; Protherough, 1987) and that nothing positive will happen to help them or the situation. Smith (1988), found that in 83% of reported incidents there was "no visible management response". The lack of appropriate support after incidents is specifically noted by Rowett as a reason given by workers for not reporting incidents, and a report by Surrey social services, quoted in Norris, notes that *"Workers reported feelings of anger,*

frustration, inadequacy, blame and guilt after incidents in which they felt unsupported by management". We also have first hand accounts which graphically set out support which victims felt they needed but which they perceived to be lacking (Mabry 1986; Holliday 1986; Protherough 1987). The worry can be that the worker might be seen in a poor light and have prospects of advancement in their work negatively affected, if they talk about an incident and how it might have affected them. The aim of research and policies in this area could be seen as being to ensure that all staff become more aware of when and where they are actually at risk, are able to openly discuss with colleagues when they feel at risk in order to help prevent incidents, and to examine whether reporting systems work - and if they do not, how they might be aided from what front line workers see as being of importance; for if incidents are not formally reported, no proper planning can take place to make staff feel safer.

This research had the aim of exploring these and other issues, in terms of the experiences of probation staff.

THE RESEARCH

This piece of research was conducted between June 1991 and August 1992 and was carried out by way of questionnaires sent to all Hertfordshire Probation Service staff, up to senior level, with a covering letter explaining what the research intended to uncover, and the use that would be made of the findings. The questionnaire and letter are reproduced in Appendix A.

The author would like to thank all management and staff of the service for their collaboration and support in this piece of research and in particular Ian Bassham, Research and Information Officer, whose suggestions and help were most valuable. He is in no way responsible for any errors or other questionable elements of this research - they belong entirely to myself. My special thanks to those members of staff who gave such careful thought to their responses - I hope I have done justice to their efforts to put their points across.

The intention of the research was to uncover various features of violent incidents experienced by probation staff. These were:

- i) The incidence of violence towards probation service staff.

This takes the definition of violence as formulated by NAPO and set out above. It is very similar to the Association of Directors of Social Services' definition and that of the Health and Safety Executive. The ACOP document on this issue did not contain a definition. (Please see letter in Appendix A explaining this in more detail).

- ii) Variations in victimisation between grades of staff/gender of staff and various other factors, such as work setting and rates of reporting.
- iii) Staff comments on how policy and procedure could be improved to make them feel more supported

THE QUESTIONNAIRE

The questionnaire was designed to be answered quickly and easily, in order to produce a high response rate. Of the 204 questionnaires sent out, 203 (see note 2.2 iii) below re: manual staff) were known to have been received. 126 replies were received. The response rate was 62.1%, which is a very acceptable rate for such a questionnaire.

All the questions were designed for collation of results on a quantitative basis, apart from three open-ended questions. One of these asked for any suggestions on how staff safety might be improved, another asked for a brief description of the most recent incident to which the respondent had been subjected (if any) and one finally asked why the respondent had not reported the incident, if they had not done so.

The covering letter was designed to ensure staff knew why and how the information was being sought, how the results would be used and assured confidentiality for respondents. Questionnaires were sent out in individual, personally addressed envelopes to staff at their work addresses, and contained an envelope marked "confidential" addressed to probation headquarters for the researcher to collect.

The findings from the analysis are presented in the rest of this report.

SECTION 2: VICTIMISATION RATES

Of those replying, 61 (48%) had been subject to at least one incident of violence in the previous three years. It should be noted that some of categories presented below are very small in terms of numbers, and it is less satisfactory to draw wider conclusions from such small numbers.

This means that at least 30.1% of all probation staff - and very probably a percentage of those not replying - were victims of violence as defined in this research.

Table One (page 15) gives a breakdown of the response rate of different groups, and their reported victimisation rates.

(NB - "total number in the service" in the table are those in post at the time of the research, not the total establishment of the service. Percentages given are expressed as a percentage of total staff numbers, not just of those responding to the questionnaire).

DISCUSSION

- i) Some groups, such as probation service assistants and senior probation officers, had very high response rates - 100% and 93.8% respectively, whilst other groups had low response rates, such as probation officers - whose response rate was 49.4%.
- ii) Other groups were nearer the average response rate of 62.1% - community service staff at 71% and reception/secretarial staff at 65.6%. Residential staff had a response rate of 60%.
- iii) One numerically small group, designated as manual staff, produced no replies. This may have been that they did not receive the questionnaires, despite them being sent by the same method as all other staff; or it may be some other reason, such as that they do not feel fully part of the service and its policies and procedures. For purposes of analysis, this group is not included in the overall figures used.
- iv) This variation in response rates means that the level of violence can be reasonably said to have been accurately reflected in the groups with high response rates. This is the case within the normal limitations of any self disclosure research, which includes such factors as respondents not wishing to fully disclose incidents, for a variety of reasons; the possibility (though very unlikely) of respondents reporting incidents which did not take place; not remembering incidents at all, or not fully; and defining incidents in a different way than the research attempted to define them. Groups with lower response rates (probation officers) are able to be commented on with much reduced levels of validity in terms of generalising about such groups of staff's vulnerability, and other areas examined in the research.
- v) With these provisos, we can see that the average of all the different groups' percentage victimisation rates, expressed as a percentage of all potential respondents in their groups, is 44% - and as a percentage of all those actually responding in a particular group, 53.3%. This

means that seniors, residential staff and probation assistants have a much higher rate of reported violence than other groups, and probation officers and community service staff have a much lower rate. If we look at reported rates from those responding from within the different groups, we find some variations in the types of violence to which staff are most at risk.

- vi) Overall, we can see that 30.1% - or 1 in 3.3 - of all staff in the service had been victims in the three years prior to the completion of the questionnaire. Even if we take out verbal abuse, which was the sole experience of 24 of the respondents who reported that they had been victims, we still see 18.2% of all probation staff had been victims during that period - or nearly one in five.
- vii) 13 incidents were reported to have been carried out by perpetrators who were heavily under the influence of drink.

7 were reported to have been suffering from mental health problems.

3 of the incidents were directly due to money payment issues.

TABLE I

BREAKDOWN OF RESPONSE RATES AND REPORTING OF INCIDENTS OF VIOLENCE BY STAFF GROUP

	Admin and secretarial	Probation Officers	Senior Probation Officers	Probation Service Assistants	Community Service Officers	Residential staff	Manual staff	All Staff
Number in post	64	89	16	12	14	5	3	203
<u>Response to questionnaire</u>								
Number	42	44	15	12	10	3	-	126
Percentage	65.6	49.4	93.8	100.0	71.0	60.0	-	62.1
<u>Reporting violence</u>								
Number	16	22	10	7	4	2	-	61
as % of all staff	25.0	24.7	62.5	58.3	28.6	40.0	-	30.1
as % of respondents	38.1	50.0	66.7	58.3	40.0	66.7	-	48.4
<u>Not reporting violence</u>								
Number	26	22	5	5	6	1	-	65
as % of all staff	40.6	24.7	31.2	41.7	42.9	20.0	-	32.0
as % of respondents	61.9	50.0	33.3	41.7	60.0	33.3	-	51.6

SECTION 3: *BREAKDOWN OF TYPES OF VIOLENCE TO WHICH DIFFERENT GROUPS ARE SUBJECTED*

This section examines the types of violence to which different staff groups had been subjected. Table Two (page 19) sets out the results of the statistical evidence from the questionnaires.

DISCUSSION

Different groups were subject to differential rates of the various types of violence. The following discussion highlights areas of particular note; where the rates of types of violence are roughly in line with types of victimisation overall, no special mention is made.

- i) Senior probation officers would seem to be subject to a high level of incidents; this involves a much higher rate of verbal abuse than other groups.

93.8% of all seniors replied, and of those, 66.7% reported incidents against them. Of these, 76% were incidents of verbal abuse, and accounted for 24.7% of verbal incidents to staff overall, whereas seniors form only 7.9% of all staff in the Service; a vast over-representation.

In addition, seniors had a higher than average rate of threats - 15.4%. These high rates may need further research to understand; possibilities may be that as significant decision-makers in the organisation, clients are complaining after other staff have been involved, and senior probation officers pick up frustrations from this. They are significant in terms of their power, authority and control in the organisation; and we know from the work of Colin Rowett (1986) and Brown et al (1986) that this a highly significant factor in violence against staff.

They also have the only reported incident of racist victimisation; there was only one reported incident throughout the Service. However, it must be taken into account that there were few people from ethnic minorities working in the Hertfordshire Service. At the time of the survey approximately 95% of the staff were white, so one incident might signal a significant problem compared to the other types of violence studied. Smith (1988) in his research suggested that black people may find it hard to report racism if they are not assured of a sympathetic and effective response.

However seniors had no incidents of sexual/sexist abuse against them; although 50% of all seniors were women. However, there is no statistical significance here as seniors make up only 7.9% of all staff, and there were only 7 victims of such abuse overall.

- ii) Reception staff experienced a high rate of verbal abuse (69.2%) within the context of the violence they suffer overall. Staff had also been subject to threats and physical and sexist victimisation, but at lower rates; there were 3 incidents of physical assault against them. It is also the case that they would expect to have a victimisation rate of 31.4% on the basis of numbers overall; which is not the case with these latter categories. Again this

might possibly reflect clients' perceptions of where power and authority lie within the organisation on issues to do with their future, and who has power over it.

- iii) Probation officers seemed to have a higher than expected rate of physical victimisation; as only 43.8% of the population, they reported 58.3% of these incidents; a significant variation. Incidents of verbal, threats, and sexist violence, were lower than might be expected; 33.8%, 26.9% and 22.2% respectively.
- iv) Probation service assistants had high levels of victimisation for threats and sexist violence. 5.9% of all staff, they experienced 26.9% of all threats, and 44.4% (4) of all sexist violence. This may be because probation service assistants develop relationships with clients, but are also seen as having less power over the clients, and are easier "targets" for such approaches. We know from Rowett (1986) that most incidents of violence in social services departments have significant relationships with their attackers and abusers.

Probation service assistants reported an expected level of verbal victimisation, and no incidents of physical or racist violence.

- v) Community service staff showed average levels of victimisation for verbal, threats and physical violence; though threats were slightly lower than expected and physical violence slightly higher - 3.8% and 8.3% respectively (community service staff making up 6.9% of the population). There were no reports of racist or sexist violence. This may be something to do with the fact that community service staff do not generally develop affective emotional relationships with their clients; their role is usually very clear and very practical, whereas probation assistants and probation officers do develop such relationships, and we know that violence and abuse is more likely in such situations. This may also be a factor in the generally lower victimisation rates of reception staff.
- vi) Residential staff made up 2.9% of the total staff population, and had victimisation rates of 11.5% and 22.2% (1 in 9) for threats and sexist abuse respectively. **This is a very high rate, but is not as high as that found in residential settings in social services departments, where the vast majority of physical and other types of violence occur in residential situations.** This may be because the residents are in a residential establishment with much clearer boundaries than in most social services establishments; the courts oversee bail, and a probation order has a very clear contract, with the effects of default clearly spelt out. Social services do in any case have higher levels of residential provision.
- vii) Whilst these comparisons show differing rates of victimisation, this is necessary to acknowledge in order for planning to be carried out in terms of particularly vulnerable areas. This does not mean, for example, that there was not a problem for reception staff; we can see clearly that they are at risk from threats and physical violence, as they have reported such incidents. The fact that they were not at the same level of risk of physical violence as probation officers does not to say it is any less of a "problem".

TABLE 2

BREAKDOWN OF TYPES OF VIOLENCE REPORTED WITHIN STAFF GROUP

	Admin and secretarial	Probation Officers	Senior Probation Officers	Probation Service Assistants	Community Service Officers	Residential staff	All Staff
Number reporting violent incidents	16	22	10	7	4	2	61
Number of incidents reported	26	42	25	17	6	9	125
<u>Verbal abuse</u>							
No of incidents:	18	26	19	6	4	4	77
as % of all incidents for this staff group	69.2	61.9	76.0	35.3	66.7	44.5	61.6
as % of all incidents of this type	23.4	33.8	24.7	7.8	5.2	5.2	100.0
<u>Threats of Violence</u>							
No of incidents:	4	7	4	7	1	3	26
as % of all incidents for all incidents	15.4	16.7	16.0	41.2	16.7	33.4	20.8
as % of all incidents of this type	15.4	26.9	15.4	26.9	3.8	11.5	100.0
<u>Physical Violence</u>							
No of incidents:	3	7	1	-	1	-	12
as % of all incidents	11.5	16.7	4.0	-	16.7	-	9.6
as % of all incidents of this type	25.0	58.3	8.3	-	8.3	-	100.0
<u>Racist Abuse</u>							
No of incidents:	-	-	1	-	-	-	1
as % of all incidents	-	-	4.0	-	-	-	0.8
as % of all incidents of this type	-	-	100.0	-	-	-	100.0
<u>Sexist Abuse</u>							
No of incidents:	1	2	-	4	-	2	9
as % of all incidents	3.8	4.8	-	23.5	-	22.2	7.2
as % of all incidents of this type	11.1	22.2	-	44.4	-	22.2	100.0

SECTION 4: GENDER ISSUES

The number of females to males in the total population on the supplied list of those in post when questionnaires were sent out was 152:51 (Total = 203). This means that the ratio of females to males in the total population was 3:1. The ratio of females to males answering the questionnaire was 3:1.

As the response rate is the same as the rate in the general population it is reasonable to assume that the findings of the questionnaire on gender issues have a good level of validity.

RATES OF VICTIMISATION: FEMALE TO MALE

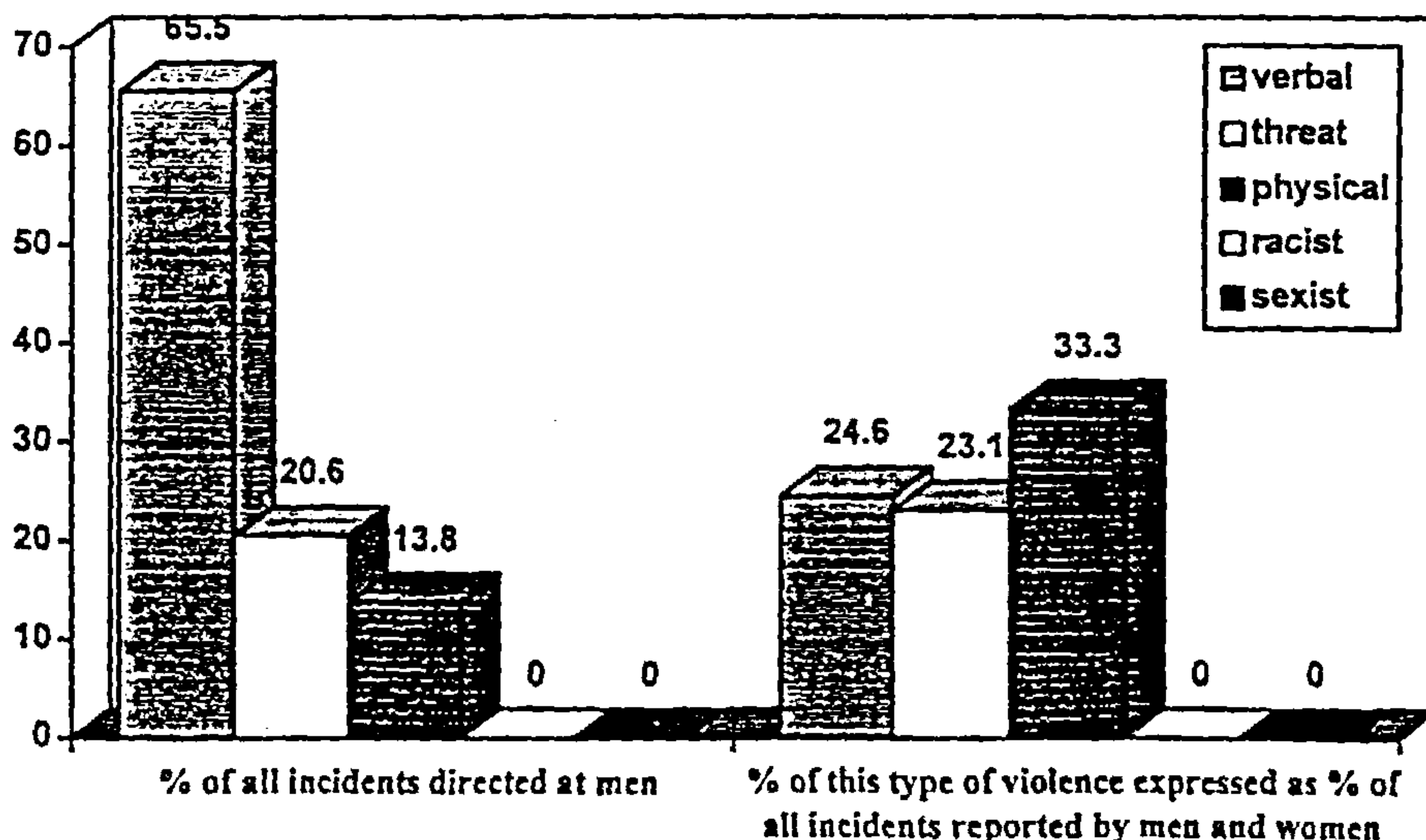
Numbers responding stating they had been victims:

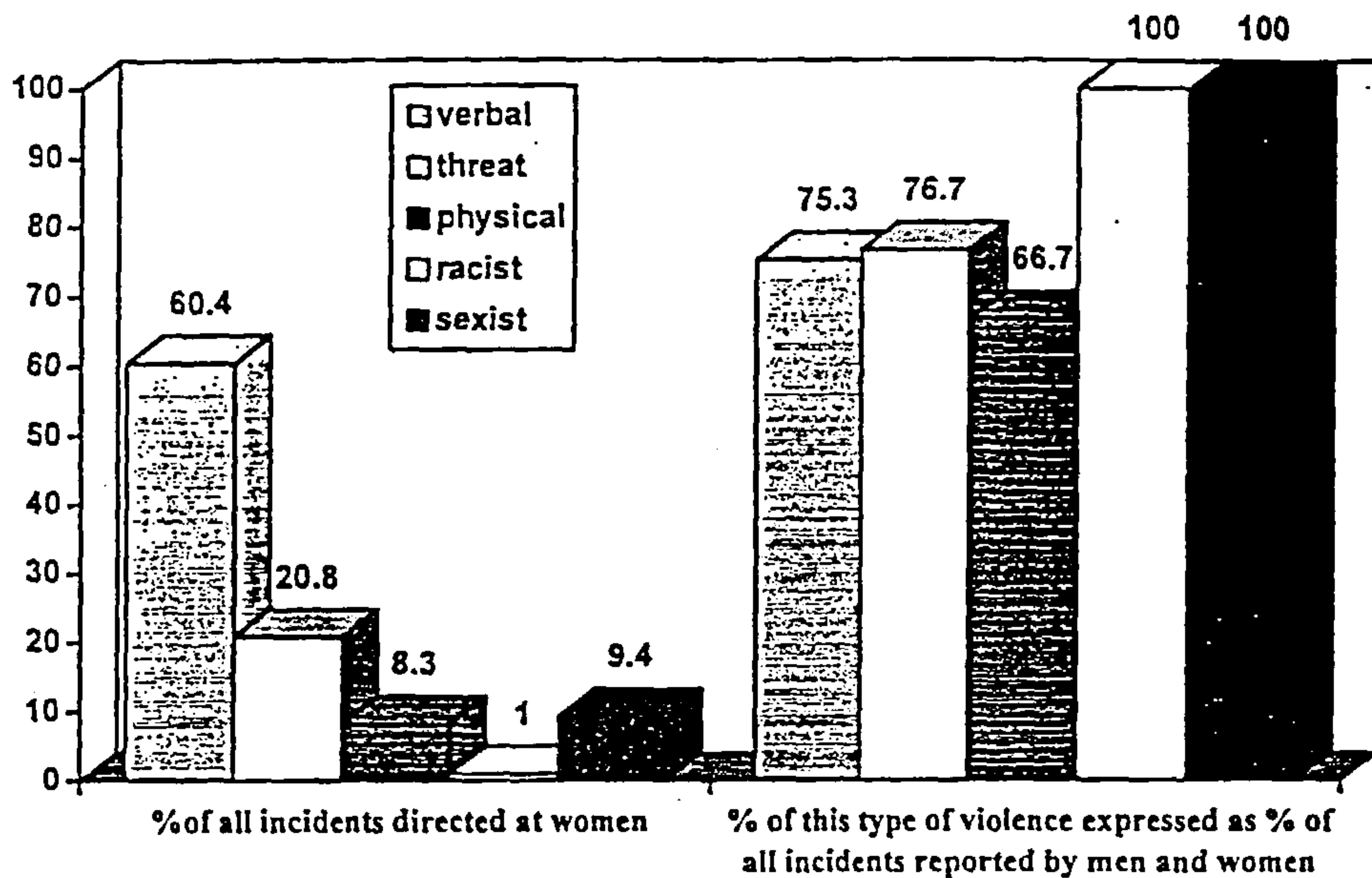
Females = 47; males = 14; so, ratio of females to males = 3.4:1

(if there had been an equal rate of victimisation, the ratio would have been 3 to 1, looking at the total population).

This means that women had an appreciably higher rate of victimisation than men. The question which follows on from this is - were there differences in the types of violence perpetrated against women and men? The graph below sets out the findings in relation to this:

Type of violence: Men



Type of violence: Women**DISCUSSION**

Overall, women had a 1 in 3.2 chance of being a victim in the 3 years prior to the questionnaire, whereas men had a 1 in 3.7 chance.

As there is rate of 3:1 of women to men in the total population, and if women and men were equally at risk of different types of violence, the proportion of reported victimisation in each category would be the same. This would indeed appear to be the case for verbal violence and serious threats.

However, it is not the case for physical violence, where it would seem that men were more at risk than women - 33.3% victimisation, when it would be expected to be 25%. Men had a 1 in 12.75 chance of being a victim during the period studied, whereas women had a 1 in 19.25 chance. However, there were no male reception staff, and the reception staff's rate of physical victimisation was low; therefore if we remove reception staff from our calculations, we find that men had a victimisation rate of 1 in 12.75, and women had a victimisation rate of 1 in 18. This means men seemed to be more at risk of such violence. This may possibly be something to do with men "sizing up" to each other, and reflects what we know of male interactions in various public places, but does not reflect what we know of domestic violence situations where women are more usually the victims. This may be to do with the fact that there is very little residential provision in probation, with less opportunity for such affective relationships to occur.

Continuing on the issue of physical violence, there were 11 individuals who had been victims (one woman had been a victim twice); seven were women and four were men. Of the seven women victims, three attackers could be identified by gender. (The questionnaire asked for full details of the perpetrator for the most recent incident only). All of these were males. In the four incidents where a male was the victim, two attackers could be identified by gender - both were males. Therefore, from the limited evidence, it is males who were always the perpetrator. Of

these five attackers, two were aged 35 or over; one was aged between 30 and 35; one between 17 and 20 and the age of the other one was not stated, revealing no clear pattern of age of attackers; a larger sample would be necessary to draw any general conclusions. Four of the five had been known to the service for more than 6 months; the other attacked the member of staff on his first personal contact with a member of probation staff.

It is a very different picture for racist and sexual violence. There was only one victim of racist violence, a woman. It may well be that all staff from ethnic minorities are women, but this invites further investigation- it may be, for example, that women are seen as easier targets of such violence.

PERPETRATORS AND VICTIMS

Analysis of the gender issues reveals that whilst no man was victimised solely by a woman, women were victimised by both men and women. It is the case, though, that the vast majority of incidents were perpetrated by men.

Of 47 women victims, 42 of the perpetrators of incidents against them were men; 4 were women; and the gender of one was not stated.

Of 14 men victims, 13 perpetrators of incidents against them were men, and only one woman was involved, but this was carried out with her male partner.

Thus, whilst men and women were both at greater risk from men, men were not at risk from women on their own - whilst women were at much greater risk from women, echoing findings from the Smith (1988) study, which had similar findings.

Of 62 perpetrators (one victim was subjected to aggression from two people at the same time in one incident), 57 were male - a ratio of 11.4:1. A rough indication of the ratio of males to females in the client group is given by examining the gender of clients made subject to probation orders in April, May, and June of 1992; 393 were males, 40 were females - giving a ratio of 9.8:1 of males to females.

Therefore, whilst the ratio of males to females was 9.8:1 when measured in this way, men were perpetrators at a rate of 11.4:1 when compared with females.

Males, then, are more liable to be violent and aggressive than women when they are clients, and this is one factor that might be important in assessing risk to staff.

A very significant area of difference is in the area of sexual (or sexist) violence. 9.4% of all violence to women staff fell into this category - 7 women suffered 9 separate incidents. This means that women had nearly a 1 in 17 (6%) - at least - chance of being victimised during this 3 year period, if we calculate by the number of incidents. However, 2 women were victimised twice; if we calculated victimisation in this way, ie only count one person as a victim once no matter how many times that they have been victimised, this would still make the rate nearly 22:1 (4.6%).

If several members of staff had been subject to a high level of multiple incidents within the same category, this latter method of calculating victimisation may be the more valid. However, as this is patently not the case, I would argue that it is more useful to consider number of incidents, so that the figure of 17:1 is most valid. This figure has more significance when we relate this finding to reporting rates of the different types of violence. We need also to remember that this is almost certainly an underestimate.

SECTION 5: REPORTING OF INCIDENTS

This section examines responses to the items in the questionnaire which inquired into who reported what type of incidents and how. Respondents were asked if they had reported the most recent event of violence or not, and if they had whether this was verbally, or verbally and in writing.

Table Three below sets out the relevant data from the questionnaires concerning reporting of incidents in relation to gender. Table Four then sets out the rate of reporting of different types of violence; links can then be made between these different areas.

Where more than one type of violence occurred in an incident, a judgement was made by the researcher as to the seriousness of the different types.

- Sexual harassment was judged more serious than the verbal abuse judged to accompany that abuse
- Serious threats were judged to be more serious than the verbal abuse conveying or accompanying them.
- Physical assaults were judged to be more serious than the verbal abuse or threats accompanying the physical abuse.

These were the only judgements which had to be made. Two responses did not make it clear whether incidents had been reported or not.

TABLE 3: MOST RECENT INCIDENTS AND REPORTING OF THEM, BY GENDER

Reported by males	Not reported		Verbal		Verbal and in writing		Total
Type of violence	No	%	No	%	No	%	No
Verbal	5	62.5	2	25	1	12.5	8
Serious threat	0	0	5	83.3	1	16.7	6
Physical	0	0	0	0	2	100	2
Racist	0	0	0	0	0	0	0
Sexual	0	0	0	0	0	0	0
Reported by females	Not reported		Verbal		Verbal and in writing		Total
Type of violence	No	%	No	%	No	%	No
Verbal	10	38.5	13	50	3	11.5	26
Serious threat	2	25	3	37.5	3	37.5	8
Physical	0	0	1	33.3	2	66.7	3
Racist	0	0	0	0	0	0	0
Sexist	1	16.7	3	50	2	33.3	6
Total No	18		27		14		59

TABLE 4: MOST RECENT INCIDENTS AND RATES OF REPORTING

(2 responses did not make clear whether incidents had been reported or not, so n=59)

Male and female	Not reported		Verbal		Verbal and in writing		Total
	No	%	No	%	No	%	
Type of violence	No	%	No	%	No	%	No
Verbal	15	44.1	15	44.1	4	11.8	34
Serious threat	2	14.3	8	57	4	28.6	14
Physical	0	0	1	20	4	80	5
Racist	0	0	0	0	0	0	0
Sexist	1	16.7	3	50	2	33.3	6
Total No	18		27		14		59

DISCUSSION

Men appeared to report verbal violence much less frequently than women. 62.5% of men had not reported incidents at all, as compared to 38.5% of females. They also reported such incidents verbally less frequently than did women; 25% compared to 50.1%. The rate of reporting incidents in writing was about the same - 12.5% for men and 11.5% for women. Only 1 in 8 (11.8%) of all verbal incidents were reported in writing by staff who had been subjected to it. Nearly one half of all such incidents were not reported at all - 44.1%.

However, males always reported serious threats, whereas 25% of women did not report them at all. Men reported incidents verbally at a much higher rate than women; 83.3% compared to 37.5%. Men and women's level of reporting in writing of such incidents was also different; men reported in writing in 16.7% of incidents, whereas women reported in this way in 37.5% of incidents. Thus men reported 1 in 6 of such incidents in writing, but women reported nearly 1 in 3. It would seem that men were happy to report verbally in these circumstances, but not in writing. **This may possibly be because they expect - or think others expect them - to cope with such behaviour without being affected by it.**

Again, the great majority of serious threats were not reported in writing; 10 out of 14, or 71.5%.

Where physical assaults occurred, men were more ready to report in writing than women. Men reported in writing in all cases, whereas women only did so in 66.7% of such cases. Whilst no women failed to report, they reported verbally only in 33.3% of incidents. **This shows a very high rate of reporting overall, much higher than we know is the case for such violence in social services departments.** This might be because the probation service is a smaller organisation than social services. It is clearer in its structure, objectives and areas of work, and it has a clearer focus for its work. Again this may be particularly so because of the lack of residential provision.

No males claimed to have been subject to sexual harassment, whilst 7 women had experienced **this** in their most recent incident. A minority - 33.3% - reported it in writing; 50% reported it verbally

only; and 16.7% did not report it at all. Therefore a majority were never fully reported, and so could not be fully acted upon. Incidents included forced kissing, hand on thigh, and being followed.

Overall, only 23.7% (14) of all most recent incidents were reported in writing and 30.5% (18) were not reported in any way at all. Even if we exclude verbal abuse, we find that a minority of all the other incidents of violence were reported in writing; only 10 out of 25, or 40% (1 in 2.5); 12% (1 in 8) were not reported in any way; and 48% were only reported verbally (1 in 2.1).

There is clearly an issue about reporting of incidents of violence. In all areas that were recorded, a minority of incidents were reported in writing. This meant that no plan of how to deal with the issue could take place in an effective way, as neither local teams nor head office had any way of mapping out areas of risk and proper Health and Safety measures for staff and work settings. Ways of ensuring that staff are encouraged to report incidents may need further examination.

SECTION 6: REPORTED VIOLENCE BY WORK SETTING

This section examines the reported rate of violence to staff in different settings by type of work carried out, eg Family Court Welfare, Community Service, etc.

Numbers are calculated as people who were in post, and does not take account job share posts as comprising one individual, ie if two people are sharing a post, they are counted as 2 posts for the purposes of this research.

TABLE 5:

Work setting	Secretarial staff			PSAs, SPOs & POs			Total no. of staff
	Total no. of staff	No. of victims	% victims	Total no. of staff	No. of victims	% victims	
Court Welfare	3	0	0	12	6	50	15
Community Service	8	2	25	15	4	26.8	23
Training Unit	1	0	0	4	0	0	5
Field Teams	49	14	28.6	86	28	31.5	135
Residential	1	0	0	6	3	50	7
Prison	N/A	N/A	N/A	5	0	0	5
Probation Centres	2	0	0	11	4	36.4	13
Total	64	16		139	45		206 *

(* including 3 manual staff from whom no responses; therefore, they are not included in the analyses, making N=203)

DISCUSSION

- i) The group most at risk were the residential staff, with 50% of all staff (excluding secretarial staff, but including Senior staff) being victims in the three years prior to the questionnaire being completed. Three incidents of serious threats were reported, with accompanying verbal abuse in at least two; and two incidents of verbal and sexual harassment were reported. This confirms findings in Social Services departments, where the level of victimisation is highest amongst residential staff.
- ii) Court Welfare staff were the next most victimised group. Although no reception staff reported any incidents, 50% of their staff reported being victims. Seven incidents of verbal abuse were recorded; four of verbal abuse and serious threats; two of physical violence (16.7% of all physical assaults (there were 12 altogether) - although this group made up only 9% of all non-reception staff); and one serious threat. This means that this group of staff

are significantly more at risk than others, and more likely to be subject to physical violence - indeed, the most likely group.

- iii) For probation centre staff, no receptionists reported being victims; though 36.4% of those in non-reception posts reported being victims. Three of these incidents were threats; one was of serious threats with verbal abuse; and one was of sexual harassment with verbal abuse and serious threats.
- iv) Field teams and community service were the next most likely setting for violence. 31.5% of non-reception staff in field teams reported being victims, as did 26.8% of community service non-reception staff. For field teams, 16 incidents of verbal abuse were suffered; 4 incidents of sexual harassment, one of which included verbal abuse and serious threats; 5 incidents of physical violence; and four incidents of threats, two of which contained verbal abuse also.

For the community service staff, several incidents of verbal abuse were reported; one of physical violence; and one serious threat.

For reception staff, 28.6% of those in field teams were victims, and 25% in community service. For those in the field, two incidents were of physical violence; two were sexual; two were threats, one with verbal abuse; and eleven of verbal abuse. In community service, two incidents of verbal abuse was reported.

- v) For prison staff, no incidents were reported.
- vi) The most common place for violence to occur in field offices was
 - a) in the waiting area (36 (59%) - though seven responses were not completely clear if it was in the waiting area or an interview room are included in this figure)
 - b) in interview rooms - 5 (8.2%).

Several incidents also occurred in groupwork settings - 3 (4.9%); two on the street (3.3%), two in a car (3.3%), two in the home of the client (3.3%), and one in the home of the member of staff where the staff member had strong grounds to believe it was a client who perpetrated the incident (1.6%). Other venues are not easily classifiable.

SECTION 7: REASONS FOR NOT REPORTING INCIDENTS

- i) There emerged several reasons for not fully reporting incidents as a result of analysing the answers to question 10 on the questionnaire - "Could you say briefly why you did or did not choose to report the incident?" This section examines what these reasons are, the implications for the service resulting from the reasons given for not reporting, and, finally some examples of responses to the question.
- ii) The reasons for not reporting are:
1. *Everybody knew about the incident anyway, so there was no need to report it in writing. Related to this was respondents' frequent belief that if the senior was told, this meant it would be dealt with and therefore reported in writing.*
 2. *The results of the assumptions in (1) above may mean that incidents reported verbally were often not reported in writing (see section 5).*

12 respondents stated that they did not report incidents because they had told colleagues, or that their colleagues had seen the incident. The difficulty with this is that not all staff may have seen it or been aware of it - or have had it brought to their attention. They therefore may not know a particular individual can act in that way, or in what circumstances that person may become aggressive again. In addition, new staff will not have this information if it is not recorded in a way which is fair to the client and the worker - in ways which identify precipitating factors, and ways to possibly deal with that client in the future.

The overall picture of a client's behaviour cannot be built up if there are several incidents, and therefore no plans can be made with all concerned about how situations could and should be handled. If the victim him/herself does not report it, there is less chance of his/her ideas and learning from the incident to be used for planning purposes in the future. Also, it means that certain unacceptable behaviour may seem to be acceptable by clients towards staff if it is not fully considered what the response from the agency and team should be collectively, and these considerations acted upon.

Respondents often thought that if they had reported the incident to their senior, it would be reported in writing and dealt with somehow. In one quite serious incident, detailed below, a senior seems not to have advised a member of staff to report the incident in writing.

Examples of these are:

- A receptionist was followed home by a young client and challenged him at the time, but "did not report it (verbally or in writing) because I felt he got the message at the time."

- A receptionist who had to deal with a drunken man who was very abusive and obscene, requiring the police to be called, did not report it verbally or in writing as "all staff were at some time or another involved in similar incidents, and I assumed that the case had been reported by someone else."

- A community service officer had serious threats made against him by someone who had just had their order breached. On reporting this verbally to the Senior, "I understand that it (reporting in writing) was done for me by the SPO at that time."

- A probation service assistant subject to verbal abuse did not report it verbally or in writing "purely because other members of the team were aware of what was happening."

- A probation service assistant was threatened and pushed around a room by a client, and whilst he reported it verbally, because "I felt that security matters needed to be considered, ie how was this person given access to the office. Also I thought that colleagues should be aware of this person's behaviour," it was not reported in writing.

- A receptionist stated that: "a well known client with a drink problem came into the office during the lunch-time period, which I was covering on my own. He was carrying a bread knife. He pointed the bread knife saying 'you're too pretty for me to cut your throat'. Without thinking I said 'you shouldn't have that - give it to me' and took the bread knife from him, placing it out of his reach. He said 'sorry' and left. After reporting the incident to my colleague and senior probation officer verbally, I was not advised to put it in writing to anyone; it was thus reported verbally, but was not reported in writing."

"I have felt particularly vulnerable at this office, because its locality and structure does not lend itself to being a safe environment. I did not feel the need to report the incident as the whole office was aware of his behaviour and every member of the office met to discuss the best course of action with this client to minimise the risk to secretaries and everyone else involved. My colleagues were very supportive and I feel confident that if any such incident occurs again I will be able to get immediate support and/or counselling from all probation officers and the senior here."

- A reception member of staff experienced the following: "A person who used to be a client in the probation service came in as a voluntary client. He was disturbed because things were going wrong in his private life and when he became violent with the senior probation officer, the police were called. The next day he came and broke our reception window and broke the flower pots - I had to call the police. All was reported to the senior probation officers who took the appropriate action."

- A male probation service assistant was confronted by a man in a group who "became extremely agitated and threatened to take me outside for 'a good tanning'". It was not reported in writing.

- A female probation service assistant was in her office with a "very drunk homeless female client wanting money and ignoring all offers of food". As well as being extremely verbally abusive, she was throwing items around. The co-habitee was also drunk and

abusive, and an Alsatian dog joined in barking in an agitated way. The incident was not reported in writing because "all the office knows the client and this has happened many times before". The question is begged as to why it is allowed to keep happening?

- A female probation officer on duty had a man demanding to be told where the womens' refuge that his wife was in was situated. On refusal, he had slashed his wrists, and later threatened to set himself on fire. The police were called to remove him. His verbal abuse "made me feel threatened". This incident was not reported in writing.

- A female probation assistant was leading a group in a probation centre when two group members "were verbally abusive in different ways. With one the posture was threatening and the threat to 'smack me in the mouth' I considered real. The other was verbally abusive to an extent I had not experienced previously, and was very abusive in sexual and other personal ways. I do not think people realised how affected I was personally. I feared admitting that I was paralysed and did not know how to proceed". This highlights the need for sensitivity to the subjective experience and difficulties of the victim.

- A female officer, verbally abused and spat at by a duty client, was aided by the Senior, and therefore she did not report the incident as the senior "had witnessed most of the incident."

- A female officer did not report that she was physically threatened by a female client with a psychiatric history because she did not want, literally, the "client's card marked".

- A female officer sexually harassed in her car by a client reported it verbally so a male officer could be allocated, but it was not reported in writing.

3. *The individual member of staff did not believe that it was serious enough an incident to report, or believed that it was part of the job to endure such behaviour.*

The agency and staff group culture is vital in ensuring situations are dealt with openly and effectively. 9 respondents specifically cited the above reasons for not reporting.

The problem with this is that what is not serious to one person may be very serious to another, and if no reporting takes place, other members of staff will not be forewarned of potential problems. Examples are:

- An officer in residential work was intimidated by a resident with covert threats of personal violence. It was discussed with the supervisor but no report was made as there was not an "incident" to discuss.

- A female probation officer had to deal with a client who was drunk and "got hold of me and tried to kiss me". The incident was not reported in writing as "I was a bit shaken, but I did not feel he was more than a nuisance."

- A receptionist who has frequently experienced 'severe verbal abuse' stated that "I have never had any training or advice on how to deal with this abuse when it occurs - it seems

to be 'part of the job' and we are expected just to ignore it. I have found abuse threatening and difficult to cope with."

- Court Welfare staff seem to be very familiar with aggression from parent clients. One officer reported several incidents of aggressive outbursts from angry parents when recommendations were made in reports concerning the care of the children involved, but that "it was nothing out of the ordinary. Court welfare work, by its very nature, regularly brings officers into contact with clients' angry negative feelings, and it is not unusual for us to become a target. The regularity of experiences with aggression far exceeds that found in an ordinary field team."

- The client of a male probation officer where the former was suffering from severe paranoia began a campaign of abuse against probation staff centred on the officer in question. "Other colleagues were also harangued in the street and one was spat on. I had meant to file a written report but it slid to the bottom of priorities and did not get done. Knowing this man's history of alcoholism and contact with the psychiatric unit (diagnosed as 'personality disorder' and not mentally ill), I did not feel particularly threatened and did not take it seriously. Our policy was to see him only at the hatch, and to call the police if he became violent. I was satisfied with this policy."

It may be important to note that of the social work staff killed by clients in the past few years, about half of those clients were diagnosed as suffering from paranoid schizophrenia.

- A senior was verbally abused and did not report it in any way as "I regard it as minor. Perhaps I feel I should expect that type of response from time to time as part of the job, and writing a report is a lot of hassle."

- A receptionist had asked a man who was reported to be mentally ill to leave the waiting room because of 'unacceptable behaviour'. He has called at the office several times since, threatening 'I will kill you'. The incidents were not reported in any way at all, "Because it's part of my normal job. I don't regard it as anything else".

4. *Some people did not report incidents because they were concerned at what response they might receive from colleagues and/or managers, or other agencies; because they had not been told they could, or how to; and some of those who did report felt that the matter had not been taken seriously enough by management, or other agencies.*

Some examples of the 10 (4 in the first category, 1 in the second, and 5 in the third) people who gave one of the above as reasons for not reporting, or being dissatisfied with the response, are:

- a female probation officer was subject to an incident in which a male client shouted at her for a prolonged period very loudly, and came very close, with implicit and explicit threats of violence. The client was a 'mentally unstable' regular duty office caller. "In objective terms, I have experienced similar without feeling overly threatened. Subjectively, I experienced this event as alarming and quite distressing as it seemed the

client was out of control, real anger and hatred. He went on to assault another colleague, and has caused considerable damage to furniture, windows, etc, on many occasions". The officer did not report the incident in writing, and though she received a sympathetic response from the senior, " I was concerned I might have been seen to be over-reacting (not in fact), and remain feeling feeble at having been so scared."

This incident would seem to highlight the need for everyone to appreciate the subjective feelings of a victim as he/she experiences it, and not put across judgemental attitudes about how the victim should have experienced the incident or responded to it. Also, several victims made the link between violence directed at office furnishings and fittings, and subsequent violence to staff. It may be that such violence towards inanimate objects should be seen as a warning sign of possible violence towards staff.

- An officer made a report on an incident after a client threatened to 'get' the officer. "He also stood two inches from me and put his finger as close to my face as possible in a threatening manner. We made a report to Head Office but little happened. We also included details in the Court Welfare report, but again little notice was taken. We did not feel it was taken seriously". This may highlight the need to educate the judiciary of the difficulties of probation work, as well as higher management.

- A female probation officer was involved with several clients who were involved with serious offences. After attempting to deal with some of the issues concerning how they might stop becoming involved in such offences, the officer's windows were shot through. A considerable period of time was spent in the officer's team deciding what should be done. It was decided not to report in writing or to the police, as this could possibly make the victim more vulnerable.

As with the previous situation mentioned immediately prior to this one, this raises issues of how to ensure staff are protected, and how the courts and police can be involved in protecting staff.

- This last point is also true of an incident in which an officer was attacked in the street by an ex-client of his office (though not one of his own clients) who "set on me in an unprovoked fashion, throwing me to the ground, occasioning wounds to the head, wrist and hand. The incident was reported in writing, but the Crown Prosecution Service decided on no action due to the lack of an objective witness". No other mention is made of action from the agency, but it may raise questions as to whether, in certain circumstances, issues of a) private prosecution and/or b) advice on compensation is made available.

This officer also said that he had been subject to several incidents over the years, but felt headquarters takes little interest.

- A female probation service assistant was visiting a client at home. The client's co-habitee produced a large kitchen knife, became very sexually abusive, and held it to the member of staff's throat. The member of staff thought it was a show of power, and that this was linked to issues of sexuality, and not really meant to harm her. She reported the

incident in writing, hoping to get management approval to be very circumspect with him, and to alert others. However, she received no acknowledgement of the report at all. "Some official 'permission' would have helped. I needed to be told it was not my failure. There is a tendency not to admit nasty incidents as it looks as if you have handled clients wrongly. I was left with this."

- A receptionist did not report an incident in which she was threatened by a client who said he would 'have her' because "I have had no instruction on how to do so." This highlights the need for proper induction to take place for new staff on procedures, and the need for all types of incidents to be reported, for the worker's own safety and that of others.

Again, this would seem to have implications for agency policy and staff group culture. For people to report, they need to feel secure in a positive response to their experiences and concerns. To try to ensure staff do report, they need to feel secure in a positive response to their experiences and concerns, and if they do report, that the report is seen to have been fully considered and possible action discussed with the victim.

SECTION 8: *EXAMPLES OF WHERE STAFF FELT SUPPORTED*

There were examples given of where staff felt very supported. These are presented here so they can be taken into account as pointers to factors involved in good levels of support, to be able to learn from these, and to incorporate them in planning and personal responses. Several themes emerge from these replies as being of importance - sympathy for victims' feelings and situation from colleagues and managers, which is clearly expressed; that action was taken against the perpetrator; and that safety measures were reviewed locally as a result of the incident(s).

Examples of responses are:

- A client wagged his finger in a male officer's face, and pulled his beard, which the officer found very alarming. The respondent reported that the incident had happened three years previously, yet it still made him very angry when he recalled it. The respondent reported the incident, not expecting a response, "but they did respond sympathetically, and I was offered counselling if I felt I needed it, which I was very grateful about".
- A residential worker who was dealing with a resident who punched a door, just missing the respondent's head. The worker "reported the incident in a log book to register the resident's behaviour, so that all other staff are aware of the possibility of violence or aggression and that we are all aware of the resident's behaviour".
- A receptionist was involved when a client smashed a front door, attempted to break the hatch, and a metal tray was hurled. The respondent reported this to the senior and the police, and the Department of Social Security was informed (the client had made it clear he had a grievance against them). "The response received from the senior probation officer and the assistant chief probation officer was very positive".
- An officer was subject to a very distressing experience concerning an incident with a client who was in prison, and subsequently received letters which were sexually threatening. In another incident the officer received threats to kill from a client after he had been switched to another officer following inappropriate behaviour. The client was prosecuted for this. Both incidents "were brought to the attention of the senior probation officer immediately, and they were actively involved throughout, and also very supportive of me."
- A female probation officer in the Court Welfare Service was carrying out a second interview with a male client, where access had been set up for him to see his 18 month old child. The respondent knew this man had been violent to social workers and other professionals from his history. The first interview took place with a colleague, and without incident. The second time he arrived he was "looking angry, wild eyed, and he could have easily exploded into violence. I felt threatened and worried for the first half hour. My colleague and I were on this occasion able to pacify him. At the next interview, I was not present. Because of our knowledge of this client, again two colleagues were present. They were not able to contain him on this second occasion. He made threats, threatened the mother's life and snatched the child. The police were

called and he was arrested. He was charged and prosecuted only for carrying an offensive weapon. I felt we had dealt with the situation properly, and I had full support from my management. However I reported it because I wanted (on my senior's advice) to call a case conference with social services to discuss all the ways we could ensure the mother and child were protected from this client. This occurred and effective decisions were taken."

- A female probation officer was involved in an incident where "a colleague was threatened with a knife by a mentally disordered man (alcohol and drugs). A large knife had been taken off him and hidden. He had come to the office threatening another client - who was already with my colleague. The man was threatening my colleague because he wanted his large knife back. He had a Stanley knife. I became involved when I heard my colleague being verbally threatened in the corridor. The Stanley knife was taken from the client and hidden. A few weeks later the mentally disordered offender killed the other client in the town centre. The whole office was involved. Secretaries and other colleagues were locked in general office for their own safety. The event was seen as an incident and so reported".

- A senior stated that their office has systems for support from colleagues, and all difficult persons are discussed at team meetings and are noted in a register.

- Clear examples of what victims can find helpful were set out in the response of a community service officer. A mentally ill client who had smashed windows and furniture in the probation office twice previously, and had been taken to psychiatric hospital, suddenly emerged from a room which he had been in with a duty officer. The respondent had been waiting outside the room in case of any difficulties, and was hit hard behind the ear. The police were called, but were then sent away, as the client had appeared to have calmed down, which the respondent later considered to have been a mistake. Also the respondent did not receive medical attention, which in retrospect he thought he should have done, as bruising did occur, and there might have been further complications. What the respondent had found helpful was:

- a) He was debriefed
- b) A subsequent team meeting examined the incident, and how to improve the safety of the office and the staff was discussed
- c) The client was spoken to and was informed that such incidents would not be tolerated, and his visits to the office were strictly limited
- d) Office security subsequently improved, and a working party made certain recommendations for further improvements.

SECTION 9: STAFF SUGGESTIONS FOR IMPROVEMENTS

What does not happen in most agencies at present is the opportunity for staff who have been victims of aggression and violence to make suggestions on the report form as to how the incident might have been avoided, or how a similar situation might be avoided in future. As the victim often thinks a great deal about these very issues, this may be a great waste of a learning opportunity for the agency, individual and staff group.

The results of question 13 on the questionnaire, which asks "Do you believe that there are any matters which might be included in a central or local agency policy on managing aggression and violence which would make yourself, and your colleagues safer and feel more supported at work? If so could you briefly outline them" would seem to confirm that this is the case. 48 respondents of the 61 (78.7%) who replied that they had been victims, responded with ideas of improvements. Only 32 of the 67 (47.8%) respondents who had not been victims, came up with such suggestions. It would appear that those who have been victims do have more ideas about improving safety at work as a result of the experience of being a victim. Indeed, one person who had not been a victim stated that though she had no thoughts on improvements at the present, "they would no doubt occur to me in retrospect following an incident."

The answers to the questions were subject to a content analysis, and from an initial examination, various categories of suggestions were identified, and the number of statements relating to each were quantified.

The categories, some of which inevitably overlap, and the number of statements relating to each, are as follows. No suggestions for types of category were included in the questionnaire, to allow respondents to formulate their own suggestions.

The following seven categories are ranked in descending order of number of statements made in each one by all respondents.

1. *Physical and security measures were poor*

(The categories a), b), and c) as defined in this question are repeated throughout the following sections 2, 3, 4, 5, 6 and 7 in order to avoid unnecessary repetition.)

a) *Suggestions made by those who had been subject to violence and aggression.*

23 of the 61 (37.7%) respondents in this category had suggestions for improvements in this area.

b) *Suggestions made by those who had not been subject to aggression and violence.*

15 of the 65 (23.1%) respondents in this category had suggestions for improvements in this area.

c) *Total of all suggestions for change in this area = 38 (30.2%)*

The main concern in this category came from administrative staff, presumably because they are the first person clients normally see and it is they who are most frequently in the reception area where most incidents seem to occur. The most frequently mentioned measures respondents in this category said that they would find useful are: 1) better alarm systems (15, including 3 who asked for an alarm system to be directly linked to the police); and 2) better systems to ensure that they are not left on their own to deal with clients (3 - all reception staff). Other measures mentioned, were better hatch arrangements (5), better lighting outside of the building (1), and glass windows in interview room doors (1).

3 respondents in this category expressed regret that improvements that they had requested as offices had not been forthcoming to date. One officer reported that this was the case, but that in any event, the "geography and physical layout of the place prohibits real measures" - indicating that often probation premises do not easily lend themselves to good security layouts.

Several respondents thought physical security needed improving, though they did not make particular suggestions.

One administrative respondent stated that "The main problem, in my opinion, is the lack of security for the staff, including the clerical staff. Our front door lacks locks, and is even propped open for everyone to just walk in. We have a monitor system and a TV video screen which operates in our reception area which works perfectly, but we have been waiting 18 months for a new door - which can be locked, and reopened, internally."

"Also, our corridor has a 'walk through system'. In an emergency there is no way of quickly notifying staff of the dangers, you just walk through from office to office telling staff."

"All our staff, including clerical, are well established - often with 10 years or more service, so panic is rare. But the feeling for me still remains, winter evenings more than summer, that there is no real security at our probation office."

A probation officer suggests that "every probation workplace should be visited by a police crime prevention officer, who will supply a free report and recommendations so that burglaries to workplaces, damage to cars outside, and risks of assault on staff are minimised. Security measures in the office are woefully lacking, and even when done, lack consultation with staff."

The last point is of particular note, as often physical measures such as alarms, security windows or hatches, are put in place without full consultation with the staff who know what the problems are, and thus these measures can be unhelpful, or even make things more dangerous.

A senior probation officer makes the point that environmental factors need a higher priority, eg:

- i) safe reception hatch
- ii) safe reception area, ie not to include stairwells, large glass windows, or movable furniture
- iii) reliable escape routes

2. *Policy could be improved*

- a) 17 (27.9%) respondents made suggestions in this area.
- b) 11 (17%) respondents made suggestions in this category.
- c) Total = 28 (22.2%)

The main areas suggested were:

- more effort should be made at a local level to agree a policy to make staff safer (8 staff). These included developing a handbook to be used for induction of new staff, which would have to be signed by the line manager and member of staff; a list of potentially violent clients held inside the hatch; a central register of clients who are known to be violent; banning drunks from the office; joint interviews if someone believes a client might be aggressive; better reporting forms; not allowing staff to be in offices open to the public on their own, and allied to this, another respondent stated that there should always be an officer available as backup (both were administrative/ reception staff).

One officer suggested that policy should ensure that there is recognition of the stress involved in such situations, and "permission to feel threatened".

Another officer thought that it is "all to do with a warm and supportive atmosphere".

A residential worker believed "double cover on duty to at least enable treatment if hurt, or to be able to get off the front line for a while" was important.

One receptionist believed that there was a need for a "recognised manner in which you are able to alert colleagues that you need assistance, ie a code phrase which can be used on the telephone". Another asked that "a probation officer is prepared to attend at the scene immediately instead of leaving a difficult situation to the receptionist."

A community service officer who had been assaulted suggested the following:

"Firm boundaries with clients - the incident had been brewing up gradually as the client had previously been abusive to other probation officers, and twice caused minor criminal damage to the office, smashing windows, etc.

- All incidents should be reported to the senior probation officer

- All violent incidents - ABH and criminal damage should be reported to the police and court action taken. No more sweeping under the carpet.
- An office alarm system is required - a discreet button and clear guidelines for staff and management."

3. *There should be more support for the victim when an incident is reported*

- a) 15 (24.6%) made suggestions in this area.
- b) 4 (6.2%) made suggestions in this area.

(This large dichotomy between those who have been victims and those who have not may hold important points for those whose job it is to support victims.)

- c) Total = 19 (15.1%).

Some examples of respondent's views are:

- An administrative member of staff who reported frequent verbal abuse states that "there seems to be very little support for staff (certainly at my level, secretarial) and I would certainly welcome any directive which could help manage my feelings when confronted by aggressive behaviour".
- A probation service assistant who had been threatened thought it important that "being a victim of violence one should not be made to feel guilty, de-skilled, etc."
- A probation officer who had been threatened : "I was appalled at some of the attitudes, eg, there must be something wrong with the worker if violence erupts - where violence occurs the workers involved should be offered counselling independent of the organisation - but they can't be made to feel there is something wrong with them if they take it up."
- A probation officer who was verbally abused stated there should be: "time to recover being accepted or even enforced on the victim by managerial staff."
- A community service officer subject to verbal abuse found their immediate line manager "insensitive and dismissive".
- A probation officer who had been subject to threats and physical assault on several occasions : "Things have been reported in the past, but nothing really got done or resolved"; what is needed is "more staff support if an incident is reported. Then management should act, without repercussions for colleagues, or action should not divide office loyalties."
- A senior probation officer believed it would be valuable "if staff are sure of support and understanding, and are valued for how they respond to incidents."

4. *Happy with present arrangements*

- a) 8 (13.1%) respondents made this comment.
- b) 7 (10.8%) respondents made this comment.
- c) Total = 15 (11.9%)

Some examples of these replies are:

- "Hertfordshire probation service have already arranged training in Managing Aggression and Violence. These training sessions were for all staff. This office has been made secure as far as access is concerned, but staff answering the hatch may be subject to verbal abuse. However, it can be that the visitor is under stress, or ignorant. When it comes to "difficult" clients already in situ, then staff have methods, ie personal alarms, telephone signal, standing by, with which to support each other. Please note: I can only speak for this office, as I see it. Other offices may well not be safe as this one." (Receptionist).

- "I consider that Hertfordshire probation service has in the last few years taken all the reasonable steps to protect staff. Staff safety is regularly discussed. A number of practical measures have been taken at my office. There is independent counselling for victims of violence and aggression. I do not believe that risk can be eliminated but believe staff should not feel afraid to be at work. I cannot think of any further measures that would improve upon the present situation." (Receptionist).

- "Present arrangements adequate" (Senior probation officer).

- "Am now working in a field office where I think that the issue of violence is much more important - but as yet I have no comment. Speaking personally, as a prison probation officer I have never felt any safer. The problem of mass violence was always a possibility - in which case there was nothing I could do. Individually I experienced angry reactions, but saw this as letting off steam, rather than threatening/aggressive behaviour" (probation officer).

5. *Headquarters should take more of a lead, and demonstrate greater interest in policy development, and in supporting staff*

- a) 12 (19.7%) respondents made suggestions in this area.
- b) 2 (3.1%) of respondents made suggestions in this area.

Again, this seems a particular area where victims seem to define their needs very differently from those who have not been victims.

- c) Total = 14 (11.1%).

Several areas were mentioned in this category. Two respondents believed that there should be a central policy on when you can legitimately refuse to do a home visit on your own, and that you should not be left in an office open to the public on your own. Two respondents thought there should be a policy of not giving cash to clients, and three thought that a register of incidents and violent clients should be co-ordinated by HQ staff. One respondent thought that policy should be enforced by HQ staff, including mandatory reporting.

- An officer who was assaulted suggests that "senior management show that they care by writing a personal letter to the victim - 'I am sorry that you suffered a physical attack etc. Please discuss the incident with your team and your senior, if we can be of assistance, etc. We value your work and intend to monitor and review and improve office security and welcome proposals from your team etc'."

Another officer was clearly angry and distressed that she had not received such an acknowledgement after reporting an incident.

- A receptionist who suffered serious threats says "I do think that generally there needs to be a more efficient way of sharing information about volatile clients. I only felt OK in the incident described because the woman was tiny, and would have been easily restrained had she gone to strike me and I had a generally positive relationship with her. I also think there is a complacency/apathy about aggressive behaviour with people saying 'no-one has been stabbed in the last 15 years so why get hysterical?' Whilst I accept I have to take responsibility for my safety I think the organisation should provide the workplace where I can do this."

6. *Further training is necessary*

- a) 8 (13.1%) respondents made suggestions in this area.
- b) 5 (7.7%) respondents made suggestions in this area.
- c) Total = 13 (10.3%).

Examples of suggestions made from victims are:

- A senior probation officer states that what is needed is "Staff training as a matter of policy, on how to handle aggression. We seem to be expected cope with the situations simply because we choose this job."

- A probation officer thinks that training is necessary to "anticipate and recognise aggression," and a senior secretary believes that training is necessary "to be able to deal with physical assaults and serious threats."

Several respondents commented that training in their offices after incidents had been helpful.

7. *Procedures worked up are ignored*

- a) 6 (9.8%) respondents made suggestions in this area.
- b) Nil.
- c) Total = 6 (4.8%).

An example of views of staff is:

A community service officer states that "many hours are spent on office safety procedure, which most people ignore", and a probation officer states that what would be most helpful would be "if the course of actions were implemented that had already been discussed. Although, in the case of this office, I agree it is not easy."

SECTION 10: SUMMARY OF MAIN POINTS

- i) The questionnaire had produced a response rate of 126 (62.1%). Of those responding, 61 reported that they had been victims of one of the categories of violence outlined in the questionnaire in the previous 3 years. Many respondents had been victims of several incidents. This means that at least 30.1% of probation staff had been subject to at least one incident in the previous three years. Even if staff who had been victims of verbal aggression only are omitted from the analysis, 18.2% had been victims of the other types of violence - or nearly 1 in 5.
- ii) There were variations in victimisation across the different groups of staff. Some examples are:
- probation officers have had a one in four chance of being victims in the three year period prior to the questionnaire. They had a higher than average victimisation rate for physical violence; 58.3% of all such incidents were against this group, when they make up only 44% of all staff. Verbal, threats and sexual/sexist violence appear to be less than the overall average for all groups.
 - probation service assistants had a high rate of victimisation; significantly higher than the average - 58.3%, compared to a 44% average victimisation rate across the different groups. The types of violence that they were particularly vulnerable to were threats and sexual/sexist; as only 5.9% of the total population, they were subjected to 26.9% of all threats, and 44.4% of all sexual/sexist abuse. They were not subject to any physical violence.
 - Community service staff had a much lower than average victimisation rate; 28.6% compared to an average of 44%. They had much lower rates of victimisation in all categories than the average, and no physical or sexual/sexist abuse was reported.
 - Senior probation officers had a high rate of victimisation, 62.5%. This was mainly in the areas of verbal abuse, which was much higher than the average. 76% of all incidents to Seniors were of this nature, and whereas they were victims of these types of incident in 24.7% of all incidents reported, they are only 7.9% of the total population. They had a slightly less than average victimisation rate for physical violence. The one incident of racist violence was to a senior.
 - Residential staff (excluding administrative staff, but including Senior staff), had a higher than average victimisation rate - 50% compared to the 44% average. There were no reports of physical violence, but 22.2% of all sexist violence was to this group, whereas they make up only 2.9% of the total population. In addition, 11.5% of all threats were to this group; a significant over representation.
 - Manual staff did not respond at all. This may be because the questionnaires never reached them, despite their being sent in the same manner as all other staff - or it may be that they do not see themselves as part of such procedures. Either way, there may be an

issue about their integration into the service, especially as they appear to work alongside others in a residential setting.

- Administrative and secretarial staff had a lower than average victimisation rate overall, 25% as compared to 40%, but in some areas were at significant risk. Whilst making up 31.4% of all staff they were subject to 25% (3) of all reported incidents of physical violence, and to 11.1% of all sexual/sexist abuse (1). They suffered a lower than expected level of verbal abuse, 23.4%. They still suffered 18 such incidents.

- iii) Women clearly had a higher victimisation rate than men; whereas the ratio of women to men in the total population is 3:1, the ratio of victimisation is 3.4:1. The rates of verbal threats of violence were roughly comparable, whilst men were at greater risk of physical violence; men were victims at the rate of 1 in 12.75, and women were victims at the rate of 1 in 18 - a significant difference. This may be to do with a predominantly male client group; women victimise women in social work to greater degree than they victimise men (Rowett 1986). Also, male clients appear to perpetrate violence to a greater extent than women clients. If we take as a relatively rough measure the ratio of males to females made subject to probation orders in the early April, May, and June 1992, - 9.8:1 - and the ratio of males to females who perpetrate violence as clients - 11.4 % - we can see that this is likely to be the case.
- iv) Women, however, had a high rate of sexist victimisation - 9.4% of all incidents to women were of this nature. It would seem women have a 1 in 17 chance of being victims of such behaviour. Moreover, it was not reported frequently; only 33.3% were reported in writing.
- v) Women also had a higher rate of racist victimisation (1). However, this sample was too small to be significant to be able to generalise. We do not know if this was reported, as the questionnaire asked details of the most recent incident only; the racist incident had not been the most recent.
- vi) In terms of written reporting, all types of violence were under-reported. Overall, only 23.7% of all most recent incidents were reported in writing, and 30.5% were not reported in any way at all. Even if we exclude verbal abuse, we find that a minority of all the other incidents of violence were reported in writing; only 10 out of 25, or 40% (1 in 2.5). 12% (1 in 8) are not reported in any way, and 48% were only reported verbally (1 in 2.1).
- vii) There was clearly an issue about reporting of incidents of violence. In all areas that were recorded, apart from physical assault, a minority of incidents were reported in writing. This meant that no effective planning could take place, as neither local teams nor head office had a way of mapping out areas of risk; therefore the most effective Health and Safety measures for staff, and work settings, could not be properly planned on the basis of full information. Ways of ensuring that staff are encouraged to report incidents may need further examination.
- viii) In particular, 71.5% of threats were not reported in writing, and only 33.3% of sexual/sexist abuse was reported in writing. However, rates of reporting were generally higher than that found from similar research in Social Services departments. Physical violence is

a particular case in point; very low rates of reporting are present in social services, yet in this probation service all incidents (5) were reported verbally and/or in writing; and of these, 80% were reported in writing.

- ix) There were definite gender issues in reporting. Men reported verbal abuse less than women; men did not report 62.5% of incidents, women did not report 38.5%, though they reported such incidents in writing at about the same rate -12.5% for men, 11.5% for women.
- x) Men reported physical violence in writing slightly more readily than women - 100%:66.7%
- xi) Only women were subject to sexual violence, and only from men. They reported in writing only 33.3% of incidents, though 50% were reported verbally.
- xii) Men reported threats at a much higher rate than women. Men reported all incidents; women did not report 25%. Men reported verbally more; 83.3%, compared to 37.5%. Paradoxically, women report in writing such incidents more frequently; 37.5%:16.7%.
- xiii) The most highly victimised groups were non-reception staff in Residential settings (50%); Court Welfare Service (50%); Probation Centre staff (36.4%); Field Teams (31.5 %); Community Service (26.8%). There were no reports of incidents in prison settings.
- xiv) In reception work, those in field teams were most at risk (28.6%); those in community service work were victims at the rate of 25%. No other reception staff reported incidents.
- xv) In many ways, these results echo findings from research in Social Services departments; in other ways they do not. There is clear evidence of when staff are at risk and in which settings. It is also clear that apart from some secretarial and administrative staff in a small number of settings, all staff are at risk to some extent and that, apart from physical assault (which is on the whole reported), staff do not report in writing.

This must mean that management and staff are unable to properly co-ordinate information on violence against staff and determine and monitor agency responses to this problem. Issues of reporting - and crucially, the agency's responses to such reporting - still leave room for development. There would seem no reason to believe that this should be very different from many other services (Norris D, 1990).

- xvi) There emerged several reasons for not fully reporting incidents as a result of analysing the answers to question 11 on the questionnaire - "Could you say briefly why you did or did not choose to report the incident?" This section examined what these reasons are, the implications for the service resulting from the reasons for not reporting, and finally some examples of response to the question.

The reasons for not reporting are:

1. Everybody knew about the incident anyway, so there was no need to report in writing; allied to this was respondents' frequent belief that if the Senior was told, this meant it would all be dealt with, and reported in writing.
2. The results of the assumptions in (1) above meant that incidents reported verbally were often not reported in writing (see section 5).
3. Some people did not report incidents because they were concerned at what response they might receive from colleagues and/or managers, and other agencies; because they had not been told that they could, or how to go about it; and some of those who did report felt that the matter had not been taken seriously enough by management or other agencies (see Section 7).

xvii) **EXAMPLES OF WHERE STAFF FELT SUPPORTED**

There were examples given of where staff felt very supported. These are presented here for us to take into account the factors involved in good support for us to be able to learn from these, and incorporate them in our planning, and personal responses. Several themes emerged from these replies as being of importance; sympathy for victims feelings and situation from colleagues and managers, which is clearly expressed; that action was taken against the perpetrator; and that safety measures were reviewed locally as a result of the incident(s).

xviii) **STAFF SUGGESTIONS FOR IMPROVEMENTS**

What does not happen in most agencies at present is the opportunity for staff who have been victims of aggression and violence to make suggestions on the report form as to how the incident might have been avoided, or how a similar situation might be avoided in future. As the victim often thinks a great deal about these very issues, this may be a waste of a learning opportunity for the agency, individual and staff group.

The results of question 13 on the questionnaire, which asks "Do you believe that there are any matters which might be included in a central or local agency policy on managing aggression and violence which would make yourself, and your colleagues, safer and feel more supported at work? If so could you briefly outline them" would seem to confirm that this is the case. 48 respondents of the 61 - 78.7% - who replied that they had been victims responded with ideas of improvements. Only 32 of the 67 - 47.8% - respondents who had not been victims came up with such suggestions. It would appear that those who have been victims do have more ideas about improving safety at work as a result of the experience of being a victim. Indeed, one person who had not been a victim stated that though she had no thoughts on improvements at the present, "they would no doubt occur to me in retrospect following an incident."

The answers to the questions were subject to a content analysis, and from an initial examination, various categories of suggestions were identified, and the number of statements relating to each were quantified.

The categories (some of which inevitably overlap) and the number of statements relating to each, are as follows.

The following seven categories are ranked in descending order of number of statements made in each one by all respondents.

- a) Physical and security measures were poor (30.2% of all respondents)

The main concern in this category came from administrative staff - presumably because they are the first person clients normally see and it is they who are most frequently in the reception area, where most incidents seem to occur (see Section 7).

- b) Policy could be improved (22.2% of all respondents). The main areas suggested were:

- more effort should be made at a local level to agree a policy to make staff safer (8 staff). These included developing a handbook to be used for induction of new staff, which would have to be signed by the line manager and member of staff; a list of potentially violent clients inside the hatch; a central register of clients who are known to be violent; banning drunks from the office; joint interviews if someone believes a client might be aggressive; better reporting forms; not allowing staff to be in offices open to the public on their own (see Section 7).

- c) There should be more support for the victim when an incident is reported (15.1% of all respondents) (see Section 7).
- d) 11.9% of respondents were satisfied with present arrangements (see Section 7).
- e) 11.1% of respondents thought Head office should take more of a lead and demonstrate greater interest in policy development, and in supporting staff (see Section 7).
- f) 10.3 % of respondents thought more training was necessary (see Section 7).
- g) 4.8% of respondents were concerned that procedures worked up were largely ignored (see Section 7).

SECTION 11: CONCLUSIONS AND SUGGESTIONS FOR FURTHER WORK

- i) As a result of these findings there would seem to be a need for further attention to be paid to reporting procedures, and the response of managers to those reports; who collates the reports, how s/he feeds back to whatever monitoring system is put into place; and how a sympathetic and effective response is ensured to all staff who suffer incidents.
- ii) The findings from this research show that there are variations in victimisation rates across different settings and levels of posts. In particular, the research shows that there are significant gender issues which need to be taken into account in any planning of services in general, and in the support of individual victims in particular. In order to ensure that areas of risk are monitored over time, and whether any strategies put into place are effective, a strategy for reporting and support of staff is indicated.
- iii) Elements of such a strategy might be:
 1. A policy which makes clear whose responsibility it is to report an incident, and monitoring of this process by all concerned, eg a Staff Safety Committee with management, officer and administrative staff representation, with one senior manager who would be responsible for collating the report forms and the responses to victims who require individual attention, and clear evidence to the victim their difficulties have been taken note of locally and centrally. This officer could also prepare annual or 6 monthly reports for this committee, the senior management group, the probation committee and local work groups on the issues raised, and action taken and planned, as a result of incidents and general concerns.
 2. Revised procedures on reporting, adding to current service guidelines, with an amended reporting form asking staff for comments on a) how the incident might have been avoided, if possible; and b) what might have usefully happened afterwards in terms of support for themselves, and any suggestions concerning what action might be pursued with the client. In addition, recording of what might happen in future dealings with that client to try to ensure, as far as possible, that it is not allowed to happen again, and other staff are not put at risk through ignorance of the incident. In addition, team as well as individual debriefings would be of value in achieving this.
 3. A policy on how, and by whom, new staff are made aware of central and local policy, reporting, and back-up procedures, with monitoring of this process.
 4. Consideration be given to a confidential counselling service for staff which can be approached outside of the line management structure.
 5. There are clearly variations across teams and settings about the implementation and development of policies and supportive measures. Consideration of how to ensure safe practices for all staff in all settings needs to be considered. The findings of this research demonstrate that the rate of under-reporting of incidents of violence is very variable,

with significant gender issues relevant to this. What also emerges is that in the Hertfordshire probation service there is a higher rate of reporting than in Social Services departments that have been studied. This may be the result of proactive work undertaken by the service in the past, and/or that the culture of the service in high areas of reporting is good.

It is only when the agency is able to collate full information concerning what happens to whom, when, where, and in which types of setting can use be made of it to plan for safer working environments for staff in terms of physical space, policy development and improving staff group cultures. A culture of support is shown to be clearly necessary for staff to feel able to report violence to colleagues and management.

The research also shows that staff have clear ideas about the issues involved, which can be tapped to create such a culture of support. Staff were willing to share ideas on how such an environment can be created and maintained. Such use of front line workers' systematic feedback may be a valuable way for agencies to create and refine such effective policies.

SECTION 12: LEARNING FROM EXPERIENCE - THE SERVICE'S RESPONSE

The probation committee and the management of the service received and welcomed this important research. To a major degree, many of the findings were foreshadowed in the process of the study, but, like a personal appraisal, the final report has caused us to review again the key areas which the report highlights as needing action.

- ♦ *Physical and security measures* - this remains a problematic issue for the service, in balancing the safety of staff and in creating a welcoming an open atmosphere for visitors. With new offices, we now take expert advice on the design and environment of the reception areas and the building to ensure that the two principles are integrated into an atmosphere in which staff feel safe and visitors welcome. We are gradually reviewing all our offices to make adaptations as far as possible, but in some cases will have to move when resources permit and within an overall strategy.
- ♦ *Policy matters* - the service has worked hard to take the concern and suggestions of staff forward:
 - we have recast our policy to include all staff, students and visitors
 - each office now has its own local guidelines based on a county model and a briefing information leaflet for new staff
 - a list of potentially violent clients is held (discreetly) in each local office, and one of those who travel around the area is shared between offices
 - we do not think it realistic to ban those who misuse alcohol from offices. They are often inside the door before we know! We do consider it essential that reception staff have appropriate training to deal with difficult situations, as trained staff have been shown to be the best at defusing a threatening situation. We also believe it essential that 'back-up' systems are in place to support front line staff
 - joint interviews when dealing with potentially violent clients is already a service instruction. We are also working to ensure that we have at least one 'safe' office in each building designed to ensure the safety of staff as far as possible
 - better reporting forms have been devised
 - it is county policy that staff are not to be alone in an office open to the public. We have had to work hard however to convince staff that this requirement is in their own interests
- ♦ *Support for victims* - this is a key part of the service's policy and practice. Line managers have been trained on a 'debriefing model' basis to deal immediately with the traumas experienced by staff as a result of emotional, professional or physical violence. At the same time, the services of an independent counsellor is automatically offered to all victims on the basis that the arrangement is wholly confidential between the counsellor and staff member. The cost of this independent counselling is borne by the service.
- ♦ *Headquarters should take a lead and demonstrate greater interest in policy development and in supporting staff* - this we see as needing our continued attention. Clearly good intentions at committee and senior management level can only be effective if relevant

'messages' are heard, understood and acted upon by staff. The service will be working in 1993/94 with an outside consultancy to identify where the 'blockages' are in the system and how more effective methods of communication can be put in place.

- ◆ *More training is necessary* - we have taken the view that training in teams is the most effective way of gaining ownership by staff for taking responsibility for their own and colleagues safety. We have therefore a local training budget which each team is encouraged to use to review local procedures and practice.
- ◆ *Procedures worked up were largely ignored* - this, of course, is true of a small minority of staff. We do however believe that we are gradually changing the culture towards a balance between openness and safety.

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July 1991

Dear Member of Staff

RESEARCH INTO THE MANAGEMENT OF AGGRESSION AND VIOLENCE

Please find attached a copy of a questionnaire which is designed to determine the levels of aggression and violence Probation staff have to face in their everyday work. Your co-operation with this research will, I hope, help discover what Probation staff need in terms of policies and support when they have to face potentially difficult situations or have been subject to aggression or violence.

Whilst the Association of Chief Officers of Probation and the National Association of Probation Officers have both produced guidance on policy issues, and Probation Services have started to produce guidance for their staff, there is still no independent research into the experiences of staff which could inform such planning.

The purposes and methods of the research has been discussed and agreed with the Hertfordshire Service, and I hope you will fit time in your busy schedule to help in this matter. The questionnaire has been designed to allow its completion in the minimum time. Most questions require only a box to be ticked.

Definitions of aggression and violence can vary. For the purposes of the questionnaire, I would ask for the definition of violence produced by the National Association of Probation Officers to be used. (ACOP did not give a definition in their guidance). This is:

"Violence includes a range of illegitimate or socially unacceptable behaviours either physical or verbal which are intended to be, or are perceived as being, threatening. Violent behaviour can take a number of different forms and have differing outcomes." (NAPO, 1989).

Please include in your answers any incidents that you yourself have experienced as threatening or distressing as a result of client actions. Examples of such actions might be regular or severe verbal abuse, sexual harassment, threats, physical assaults of different types and severity, or racist abuse.

Each form contains a respondent's confidentiality number, in order for contact to be made if you agree to this in the question at the end of the form. No-one else except myself will have access to this number or the completed questionnaires, and no information about individuals will be made known. As soon as the research is completed, the numbers will be destroyed.

Thank you for taking the time to complete this questionnaire. Please return it, where possible, within three weeks of receipt. A pre-addressed envelope to Probation Headquarters is enclosed for your reply. It will be forwarded unopened to myself at the Polytechnic.

Yours faithfully

Brian Littlechild
Senior Lecturer in Social Work, School of Health and Human Sciences
University of Hertfordshire

PAGE

NUMBERING

AS ORIGINAL

173
**RESEARCH INTO ISSUES OF AGGRESSION
AND VIOLENCE AT WORK**

For most of the questions, you need only tick the appropriate answer.

Respondent's confidentiality number:

1. *What is your current post?*

- | | |
|---|-----|
| Receptionist or secretary undertaking some reception duties | [] |
| Probation Officer | [] |
| Probation Service Assistant | [] |
| Senior Probation Officer | [] |
| Community Service Officer | [] |

2. *How would you describe your work setting in terms of function?*

- | | |
|---|-----|
| Field Team Office (not Community Service) | [] |
| Residential Establishment | [] |
| Court Welfare Service | [] |
| Day Centre | [] |
| Community Service | [] |
| Prison establishment | [] |
| Crown Court Liaison | [] |

3. *For how many years have you been working in the Probation Service?*

- | | |
|--|-----|
| Under 2 years | [] |
| 2 years or more, but less than 5 years | [] |
| 5 years or more | [] |

4. *For how many years have you been in your present post?*

- | | |
|-----------------|-----|
| Under 2 years | [] |
| 2 years or more | [] |

5. *Are you in a post which is:*

- | | |
|-----------|-----|
| Full time | [] |
| Part time | [] |
| Job share | [] |

6. *Please indicate your age*

- | | |
|---------|-----|
| 18 - 30 | [] |
| 31 - 40 | [] |
| 41 - 50 | [] |
| 51 - 60 | [] |
| 60+ | [] |

Please indicate your gender

Male []
 Female []

7. *Have you ever been subject to aggression or violence during the course of your work in the last three years, from a client or a client's relatives/friends? (See definition of violence in the attached letter)*

Yes []
 No []

If your answer to this question is "yes", please answer the rest of the questions in this questionnaire. If your answer is "no", please go straight to question 13 on the last page of the questionnaire.

8. *Please tick the appropriate boxes that best describes the nature of the aggression or violence in the most recent incident you have referred to in question 7. If you have been subject to more than one incident in that time, please complete the sections under "Incident Two" and "Incident Three" as appropriate.*

It may be that one incident contained several types of aggression and violence; if so, please tick all the relevant boxes.

NATURE OF MOST RECENT INCIDENTS TO WHICH YOU HAVE BEEN SUBJECT

	INCIDENT ONE (most recent)	INCIDENT TWO	INCIDENT THREE
Physical assault	[]	[]	[]
Verbal abuse	[]	[]	[]
Serious threats	[]	[]	[]
Sexual harassment	[]	[]	[]
Racist abuse	[]	[]	[]

Other (please specify):

9. *Please describe briefly the most recent incident of aggression or violence you referred to in question 7 in the space below. Please attach a further sheet of paper if needed.*

10. *Did you report the most recent incident?*

Yes []
 No []

If "Yes" did you report it: Verbally: Yes []
 No []

In writing: Yes []
 No []

Could you say briefly why you did or did not choose to report the incident (eg did you hope for, or worry about, any particular responses?) Please attach a further sheet of paper if needed.

11. *Please indicate in this section a) the sex, and b) the approximate age of the perpetrator of the most recent incident:*

a) Male []
 Female []

b) 15-16 years []
 17-20 years []
 21-25 years []
 26-30 years []
 30-35 years []
 35+ years []

12. *Was the day of the incident the first time you had met or spoken to the perpetrator of this incident?*

Yes []
 No []

If "no", for how long had you known him/her?

Under 6 months []
 Over 6 months []

13. *Do you believe that there are any matters which might be included in a central or local agency policy on managing aggression and violence which would make yourself, and your colleagues, safer and feel more supported at work? If so, could you please briefly outline them? Please attach further sheets of paper if necessary.*

14. *Please indicate if you would be willing to be approached about a confidential follow-up interview concerning the matters raised in this questionnaire. It would be at a venue agreed with yourself, and I would carry it out personally.*

Yes
No

[]
[]

*Thank you for your help in completing and returning this questionnaire.
Your replies will be kept confidential.*

*Please return the completed questionnaire to: Brian Littlechild,
c/o Ian Bassham, Senior Information and Research Officer, Hertfordshire Probation
Service, Leahoe House, County Hall, Hertford (marked confidential).*

Publication number 3

Littlechild, B. (1995) Violence Against
Social Workers, *Journal of
Interpersonal Violence*, 10, 123-130

This article examines issues of violence against social work staff in England and Wales. Although there is a good representation of work addressing how individuals can best try to cope for themselves when confronted with violence, there is little published material that refers specifically to agency strategies that can best support workers in the front line of service provision. The underreporting of violence is considered, and the implications of this are discussed in relation to planning procedures that can help prevent violence. Particular attention is paid to issues of gender and ethnicity.

Violence Against Social Workers

BRIAN LITTLECHILD
University of Hertfordshire

AGENCY POLICIES AND STAFF EXPERIENCES

Recent years have seen a surge of interest in the issue of aggression and violence from clients toward social work staff in the United Kingdom, particularly in England and Wales. Reports regarding this issue from the National Association of Local Government Officers (NALGO; 1979, 1989), the National Association of Probation Officers (NAPO; 1989), the Association of Directors of Social Services (1987), the Association of Chief Officers of Probation (1988), and the British Association of Social Workers (1988) highlight the risks to staff and the possible effects on those who are victims of violence at work.

One of the results of this growing interest in violence against social workers, and the increasing awareness of the frequency of incidents, is that staff and managers in social work agencies are beginning to realize the effects that incidents of violence and aggression can have on individuals and teams. Research evidence from surveys carried out by the Labour Research Department (1987), NALGO (1979, 1989), Smith (1988), and Rowett (1986) show clearly that many staff feel, and are, at risk on a much more frequent basis than previously acknowledged.

In addition, from Rowett's (1986) work and victims' accounts, we know about the devastating and destabilizing effects that facing violence or aggres-

sion at work can have (Braithwaite, 1988; Green, 1982; Holliday, 1986; Littlechild, 1993a; Mabry, 1986; Protherough, 1987; Shapland, Willmore, & Duff, 1985). The most frequent effects are loss of confidence carrying out the work role effectively; self-blame, guilt, and anger about the incident; concerns about future safety at work and at home; fear of reporting incidents; and fear of perceptions by colleagues and managers. Workers may have concerns about dealing subsequently with similar types of situations, dealing with new clients, or dealing with new situations. How individuals perceive the potential, and actual, reactions of the colleagues and managers in their agency is a crucial element for the agency to consider in formulating and reviewing policies that are supportive to staff.

Although more agencies are making initial attempts at developing policies and training packages, the most valuable elements of these policies still need to be determined, including which approaches to pursue. A review of some current policy guidelines within social services departments (Johnson, 1988) gives a negative picture of the guidelines' value because staff might not view the guidelines as a means to effectively support them in dealing with the possibility and effects of violence. This review analyzed the assumptions underpinning such policies concerning the causation of violence, and suggests that the guidelines often might make it seem that the individual worker is seen by the agency as the one with sole responsibility for dealing with aggressive clients, in isolation from the agency response.

THE ISSUE OF UNDERREPORTING

The problems in planning how to deal most effectively with aggression and violence toward staff are compounded because we know that only a small percentage of all incidents of physical violence are reported. One major study found that only 5% of all incidents of physical violence were formally recorded in social services departments because the victims did not report them in writing (Rowett, 1986).

We know that many workers do not report incidents because they believe that they will not be dealt with sympathetically, are worried that they will be viewed negatively by colleagues and managers, and believe that nothing positive will happen to help them or to the situation (Holliday, 1986; Mabry, 1986; Protherough, 1987; Rowett, 1986). Smith (1988) found that there was no discernible management response in 83% of reported incidents. The lack of agency support is noted by Rowett (1986) as a reason frequently cited by workers for not reporting incidents.

A study by Norris (1990) found that many workers did not report incidents because they believed being subjected to certain levels of violence was part of the job; the workers were unsure about when an incident was serious enough to report. This underreporting means that agencies are unable to determine the true frequency or severity of violence in different settings, situations, or from particular clients. While this remains the state of our knowledge base, agencies and local staff groups cannot develop effective systems of staff safety. It would appear that in order for reporting to take place procedures and attitudes do need to take into account how staff fear they will be perceived if they do report.

Poyner and Warne (1986) have stressed that in tackling this issue the most important area to address is that of reporting procedures, ensuring that staff and higher management have a full appreciation of the nature and extent of the problem.

ISSUES OF OPPRESSIVE PRACTICE— ETHNICITY AND GENDER

In terms of ethnic or racial background, there is no clear evidence on whether there is any significant differences in worker victimization. However, in Norris's study of a large number of social work agencies, race and gender issues, especially the former, were ignored by the majority of them; the study concluded that this situation needed urgent attention (Norris, 1990).

We also know from Smith's (1988) study that Black staff, in particular, may be wary of reporting incidents. In addition to the reasons already discussed as to why underreporting occurs, it would seem that Black workers are particularly wary about the possibility of being judged harshly by management, and possibly White colleagues, than their White counterparts. What then becomes important are strategies to overcome individual and institutional racism (see Ahmad, 1990; Dominelli, 1988), and the development of a culture of support so that the underlying issues that seem to be present for a majority of all workers, regardless of ethnic origin, are not compounded even further due to the issues of racism.

GENDER

Women may not feel safe to report such violence because there is a concern that managers—especially male managers—will not look sympathetically

either at the woman's experience of the incident or at her attempt to stop the violence. Norris (1990) states that sexual harassment or sexual assault needs to be a separate and distinct area in report forms and agency monitoring that should be properly researched; it may be underreported because of its sensitive subject matter (Norris, 1990). Women should not be expected to tolerate such behavior; instead, they should be able to anticipate a supportive response from colleagues and agency procedures.

In terms of victimization, the studies of Brown, Bute, and Ford (1986), Smith (1988), and Rowett (1986) looked at gender issues; however, the gender ratio of those who were potential victims was not always determined, making it impossible to draw any firm conclusions. A few indications did emerge, but the studies varied in their findings. For example, Rowett (1986) found that residential workers are more likely to be assaulted by males; however, this might reflect only the proportion of young males in care. According to Rowett, field social workers in social services departments are more likely to be assaulted by females, and this may reflect the nature of the intervention undertaken in many family situations, especially with single-parent families. A study of Probation Service employees (Littlechild, 1993a) found that male workers were more at risk of physical violence than female staff, but that female workers had a 1-in-17 chance of being sexually harassed by clients, although no males reported such harassment.

DEVELOPING A CULTURE OF SUPPORT

The work of Rowett (1986) clearly identifies how staff feel vulnerable in asking for support in the aftermath of an incident. They may well believe that the problem will be individualized on to them, and that it is very unlikely to be dealt with as a problem in a way that the staff group or agency can effectively face. The vital shift that needs to take place is away from such ambivalent, punitive, and blaming attitudes, and toward agency cultures and policies that ensure staff can report potential and actual violence, and subsequently receive the support they need.

One of the key areas to address in developing a culture of support is to ensure that the whole issue of violence is one which is viewed as a matter of health and safety at work, where employers would have a duty to take all reasonable precautions to ensure the safety of their staff. This leads to a response emphasizing agency responsibility—not individual blame and shame. Training for staff groups as a whole is vital in starting to build up

these local cultures and local policies that need to be "owned" by teams themselves; this needs to be built up within the group to enable these supportive practices to come about. Such training and team-building exercises should clarify expectations on workers and managers, and what people expect of each other in their various roles—both when an incident is anticipated, and where it is happening and could not have been anticipated. Such training and local policies, ideally based on an "enabling" policy from the agency's central policymakers, are crucial. They also will set out what to expect from each person in his or her various roles after an incident. In this way, the culture of support is clearly set out, confidence is instilled in workers and managers about how such situations will be dealt with, and the procedures will be carried out in a manner that is fair and just to both staff and consumers.

If such cultures are not developed, we may be putting too much strain on informal and inappropriate support networks. Too often, friends and family are asked to bear the brunt of stress resulting from the social worker's role. In addition to the regular, everyday stress of much social work practice, the trauma so often experienced by victims may ask too much of such networks, causing problems for the victim and the network (Heining, 1990; Holliday, 1986).

The balance of support levels provided within the workplace, and those offered by support networks outside of the work setting, is a much more problematic feature of social work than is often acknowledged.

Lack of support at work can lead to tension, poor work performance, unhappiness, and impaired relationships for workers, and may be partly responsible for difficulties in attracting and retaining staff in the profession (Labour Research Department, 1987; Morrison, 1989; NALGO, 1989). The House of Commons Health Committee's report on "Public Expenditure on Personal Social Services: Child Protection Services" (House of Commons Health Committee, 1991), after receiving evidence from relevant professional bodies and trade unions, called on the British government to set up a study into the reasons why people leave the social work profession and, specifically, the effects of violence and abuse on staff.

We know from a major study carried out by Shapland et al. (1985) that there are special effects to take into account for people who are victims of violence at work. They found that work-related assaults engendered some of the most severe and debilitating emotional effects, and that the victim's return to work was greatly assisted by supportive personnel functions and sympathetic colleagues. These findings emphasize the need to address this area in agency policies.

THE IMPORTANCE OF REPORTING AND AGENCY FEEDBACK

The importance of staff receiving feedback on their reporting is important for several reasons:

1. It shows that the agency takes the incidents seriously, and is making efforts to deal with them.
2. We know from other settings in which people are victimized that it is very important that victims need to be able to readily perceive more advantages than disadvantages in reporting; domestic violence is a classic example.
3. Incidents need to be properly assessed and recorded in order for others to use in undertaking work with that client in the future. The incident should be recorded on file in a way that does justice to the client, the victim, and the situation. Its value lies in identifying, as far as possible, the elements in the situation that led to the incident, and any possible trigger factors so that strategies to deal with that client can be worked out in a way that might help prevent a recurrence of violence in the future.

DEVELOPING POLICIES

This article has outlined a number of issues concerning the ways in which structures and attitudes within agencies can affect staff's feelings and actions relating to violence. It has been argued that the development of a culture of support that would increase openness, supportive responses, reporting, and planning within staff groups and agencies is essential in improving staff safety. Drawn from previous work (Brown et al., 1986; Littlechild, 1993b; Norris, 1990), some key areas in achieving such a culture are as follows:

1. The central policy would be an enabling one, which would encourage staff to report all incidents of violence, including verbal abuse, threats, sexual, and racist violence.
2. The policies would encourage female staff and staff from ethnic minority backgrounds to report violence, and ensure that the policies deal with the issues as these groups perceive them.
3. Policies should ensure that such reports are properly collated by one person with a responsibility for so doing, and the results of such collation would be fed back regularly for discussion with all staff who might be affected by means of regular health and safety committee meetings, and staff group meetings in the individual work settings. They would encourage staff groups in all work settings to address the issues openly and with all staff, for example, reception, domestic, and volunteer workers.

4. Policies should encourage the development of local written guidelines that all members of staff, including new ones, will readily understand and be able to use. For example, policies could clearly state the expectations on different members of staff in supporting each other, limits of responsibility, and the expectations of the agency on when a visit should or should not be carried out. Such policies might include expectations that interviews should only take place in the office, or within the context of two workers carrying out the visit, possibly with the backup of the police. Such policies could also include arrangements ensuring regular reviews of local policies by all involved.
5. Local policies could set out clear procedures concerning who should be available to provide backup and in what manner, for example, interviewing in a certain room with a viewing window, or with a telephone to enable someone to telephone through after a few minutes to ensure the interview is progressing satisfactorily. Within the establishment, all parties would agree on the code words and, if used, all would know what the response would be.
6. If an incident occurs, the central and local policies could ensure that the issues for (a) the victim, (b) the perpetrator, and (c) the staff group are dealt with fully and in a satisfactory manner. Compensation and prosecution need to be addressed within such a supportive culture; otherwise the message may be given that violence is acceptable against social workers, as often no action is taken to make clear that such behavior is unacceptable and why. One way of achieving this is by arranging meetings to ensure that clients' unacceptable behavior is worked through with them.

The most important guiding principle has to be that staff members carrying out increasingly difficult work are safe, and are made to feel safe, while providing the best service for the client or consumer. It may well be that the two are mutually compatible and not mutually exclusive, as is sometimes thought to be the case.

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CHAPTER 12

THE RISK OF VIOLENCE AND AGGRESSION TO SOCIAL WORK AND SOCIAL CARE STAFF

Brian Littlechild

INTRODUCTION

Violence to staff in social work and social care settings is a comparatively recent area of concern and study. This chapter will examine the factors we need to take into account in managing risk of violence to staff, drawing on our knowledge of risk factors, and the problems there are in assessing and utilizing approaches to risk management. In particular, the incidence, types, settings, and locations of violence will receive attention. The client groups who pose most risks will be set out, and why they might pose such risks.

The deaths of several workers during the course of their duties focused professional and public concern on the issue in recent years. Several deaths of social workers have occurred, including those of Peter Gray, a social worker in Hampshire; Norma Morris and Isabel Schwarz in London; and Francis Bettridge in Birmingham.

Approximately 90 per cent of assaults on staff are by people who are known, and the assailants often have a previous pattern of violence. Incidents of violence, especially where the assailant is known, frequently engender feelings of guilt, self-blame, anger, and fear concerning further repercussions. Rowett (1986) found that 42 per cent of victims of physical assault said it had adversely affected their practice. In addition, workers often feel that they will be judged harshly by managers and colleagues. They often have concerns about their future safety, which can affect their work performance, and confidence in confronting situations; and suffer a severe denting of professional self-image (Littlechild 1993a).

Incidents can affect not only individuals, but also the morale, and the commitment, of groups of staff. To convince staff that the agency does take violence seriously, there need to be policies in place which ensure that consistent monitoring of the situation takes place. Such monitoring needs to take into account the experience of victimization, and allow identification of the specific nature of the types of risk, venues, and the effectiveness of responses.

To address fully the issues which we need to take into account when assessing and managing the risk of violence to staff in social care and social work settings, we need to look at three separate, but inter linked levels. These

are the personal, the team, and the agency. The inter-relationship between these areas is a dynamic one, and in this chapter, each area will be covered and the inter-relationship made clear.

THE RAP/REVIEW MODEL

The RAP/Review model for risk assessment and management is one way of approaching this area systematically, by processes of Recognition, Awareness, Planning, and Review.

Recognition

This has to take place at all three levels, personal, team and agency. In most agencies, there is now some level of recognition that their staff are at risk. In many, though not all, this has not been transferred into effective policies which are based on staff's experiences and difficulties, as is demonstrated in the research of Johnson (1988), and of Norris (1990). At the team level, recognition of the real issues needs to be aided by an enabling central agency policy. At the personal level, staff need to recognize when, and in what situations they are at risk; how to ensure effective support; how to reduce risk in face to face situations; and how to gain support if they have to face the effects of incidents. It is important for those at all levels to recognize that no matter how well individuals employ violence reduction tactics, they cannot guarantee it will not happen. This reflects a culture of support, as opposed to a culture of blame. The latter has often been the experience of many workers (Heining 1990; Johnson 1988; Littlechild 1993b; Norris 1990).

Awareness

It is important that the potential for violence, and strategies to deal with it, are kept constantly in mind. Such awareness, which can be helped by proper induction of new staff into policies and practice of violence avoidance; a constant personal awareness; and proper planning and review systems in the agency/team. This in turn provides the key to better recognition of areas and types of risk, which should lead to greater awareness and better planning, as part of a feedback loop.

Planning

At an individual level, workers need to recognize when they might be at risk, and then plan support and protection. Independent workers need to determine how to deal with the wider issues with their contracting agency. Where someone is an independent practitioner, s/he may need to take these issues to a support group of similar workers, and make representations to their employer/contractor to get such processes into place. The contractor can still be seen as having a responsibility for the safety of those contracted.

At team level, there needs to be agreement on when, and how, the issues set out in the Recognition and Awareness sections above are dealt with. Different teams examine what violence occurs in their settings, and what they intend to do about it, for example in a residential unit there might be state-

ments laid out in an admission agreement, which state the acceptability (or not) of certain types of behaviour, and what will happen if this is breached. This might include training and policy development work with the staff group.

For the agency, there needs to be one senior manager who has responsibility for collecting and collating information, and developing policies in conjunction with front line staff.

Review

Any planning must include an element of review. This is necessary at all three levels – for each individual workers, for the team, and the agency. Such review is the key to learning and effectiveness in planning to deal with violence. This could include regular reports – six monthly, possibly; based on the individual definitions and policies drawn up; numbers of incidents, of what type, to

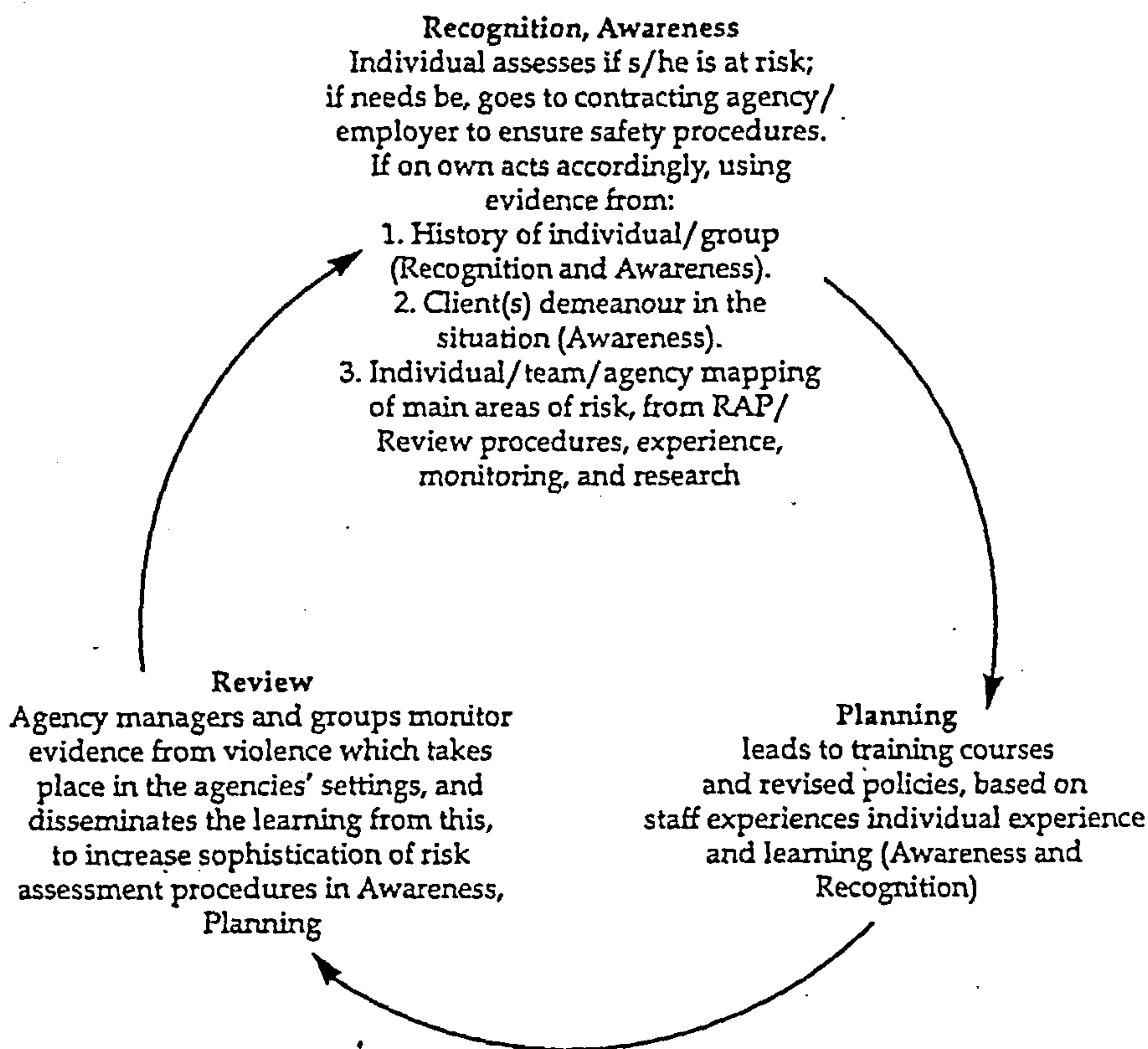


Figure 12.1

whom, for example. Suggestions drawn from this process are collated and analyzed by a senior manager with this area of responsibility, and an agency group, comprising front line staff representatives then suggests ways forward to develop agency and team policy and practice. Such review in turn provides the key to developing better recognition and awareness at all three levels, and feed into better planning – completing the all important feedback loop.

The whole system – personal, team and agency – is a dynamic one which can be represented in Figure 12.1.

A Definition of Violence

As we all have different, individual definitions of what might constitute violence, there needs to be agreement in agencies and teams on what we mean by violence. This then becomes an essential feature of the RAP /Review model, and the means by which individuals are empowered to recognize when they are at risk, and demand appropriate support.

There are various 'official' definitions we can draw on, and they provide a perhaps surprising unanimity. The Association of Directors of Social Services (1987) adopted the following: 'Violence is behaviour which has a damaging effect either physically or emotionally on other people'. The British Association of Social Workers (1988) definition is virtually the same. This can include threats, verbal abuse, racist abuse, and sexual harassment.

The importance of taking a baseline definition which takes into account the victim's feelings of whether, and to what degree, they feel violated, and how this is taken into account in agreed policies, and procedures within agencies, is difficult to overstate. Frequently, staff believe incidents are not serious enough to report, or they believe they are expected to soak up such behaviour as part of their work (Norris 1990). Workers often fear how others, especially managers, will judge them (Rowett 1986, p.122). This then leads to under reporting, due to concerns from the worker that they will be seen as weak, provocative and poor workers if they do report. Such attitudes were frequently reported in Rowett's study.

The Importance of Recording and Reporting

Under reporting is wide spread in social work. For example, Rowett found that only five per cent of all incidents of physical violence were properly reported and recorded in written form in the Social Services Departments that he studied. Poyner and Warne (1986) state in their Health and Safety Executive report that the essential feature of any strategy to reduce the risk of violence at work is the effectiveness of reporting procedures. If procedures, policies – and most important of all, a culture of support to report – are not in place, it will not be possible for colleagues, teams, or the agency to map out areas of risk, be they from individual clients, work settings, particular types of work, times of greatest risk, and so on. If there is no such mapping, or review of learning from such incidents, it is not possible to plan for safe environments. A vital aspect of ensuring proper reporting, and therefore proper risk assessment, is the need for staff to feel safe to report, and meet supportive response from managers. All the research within this field conclude that there is a major

problem of under reporting. Ways of improving reporting are pursued in Bibby 1994, Littlechild 1993a and 1993b, and Norris 1990.

Individual Awareness

The individual needs to make use of the opportunities afforded from the learning emanating from RAP/Review procedures, and link this to his/her own knowledge of themselves; how do they respond to threats, and the various forms of violence and aggression (recognition), i.e. in what situations is s/he most at risk? What happens in their behaviour, which might aid the upwards spiral of aggression (awareness), and what do they do/could they do to minimize this? (planning). Every individual has learnt to deal with aggression and violence through different experiences, for example in their home environment; at school; in youth clubs; discos; clubs; on the street.

Table 12.1. shows a brief checklist, offered as a means for individuals to make an initial assessment of the types of situations in which their previous learning might affect their assessment of, and ability to deal with a potentially difficult situation. Rate your responses to the situation; 1 means you are not threatened; 2 means you are threatened to some extent; and 3 means you are very fearful.

Table 12.1. Checklist			
I am least able to think clearly, and be appropriately assertive, when dealing with:	<i>Not</i>	<i>Threatened</i>	<i>Very</i>
	<i>threatened</i>	<i>to some extent</i>	<i>threatened</i>
	1	2	3
Males			
Females			
Older people			
Younger People adolescents; defiance, threats, challenges,			
Young children tantrums, etc.			
People exhibiting paranoid schizophrenia			
One-to-One situations			
Group Settings			

Table 12.1. Checklist (continued)

I am least able to think clearly, and be appropriately assertive, when dealing with:	<i>Not threatened</i>	<i>Threatened to some extent</i>	<i>Very threatened</i>
	1	2	3
When Working Alone			
When working with a co-worker			
When exerting authority e.g. setting/enforcing limits/ boundaries, rules, in field residential or day care setting			
When on client's territory			
When on your territory			
Other areas of concern for yourself: (List and indicate level of concern)			

Look at the overall results of your deliberations, and think through in what sorts of situations, in what type of settings, and with which clients you might be most at risk. You may think of other situations or settings relevant to your own experiences. Relate this to the evidence of risk set out in this chapter. This should then give you a good idea of your own individual needs and risk within the overall picture. Use this as a basis for discussion with your line manager as part of planning how you best use your strengths, and develop the areas you find most threatening.

GROUP CARE AND FIELDWORK SETTINGS

This section examines what we know of risk in different settings, and the risk from each client group within that setting.

Group Living and Group Care Situations

The main issues in residential care relate to the close relationships formed between care workers and residents. The dynamics are very different from fieldwork; in residential work, the working relationship is based on seven to eight hour (or longer) shifts, where meals, group living, and domestic living arrangements provide the framework for staff/resident relationships. Unlike fieldwork, staff cannot just walk away from a difficult situation. The build up

to and aftermath of an incident or incidents, can take place over days, sometimes weeks. In addition, residential workers, and to a somewhat lesser extent day care workers, are working with residents on an everyday basis to achieve social work values and aims in the development of a resident's skills and attitudes, by way of individual care plans, for example. They try to maintain a balance between the rights of an individual, and the resident group as a whole. For example, if one person is exhibiting anti social and/or dangerous, violent behaviour towards other residents, or staff, this needs to be dealt with. Such controlling is a necessary part of caring; it should not be our task to allow such behaviour to continue unchecked, not only for the safety and well being of others in that situation, but also in helping residents learn how to manage their behaviour in such situations; a vital element for someone learning to exist in any community. If residents learn that such behaviour is not dealt with, it is likely they will continue with such behaviour; and if it means they do get their own way over other interests which should be legitimately defended, they are liable to do it more. This is a clear and real lesson we can learn from behavioural psychology (Sheldon 1982). Tutt (1976) quotes a study which looked at the background of young people in Community Homes with Education, where a correlation was found between violent male figures in their previous home life, and current attitudes and use of violence, to others.

The implications are clear; a major element of care plans, and overall aims of establishments, will need to take into account the need to help clients to overcome such previous learning. However, such work leads to confrontation; and when and how we use our power, authority and control, is a key feature in when violence will be offered to staff, as Brown, Bute and Ford found in their study in the Wessex area (1986). Other pressures are also brought into the situation from outside influences, for example on a Friday evening when a young person in residential care may be let down by her/his family with whom they may have an ambivalent and difficult relationship, when told at the last moment the family cannot, after all, have them home that weekend. It then becomes essential that the rules of the establishment are seen as being implemented fairly. The group care situation can become a cauldron of difficult feelings; rejection, poor self-image, learnt aggressive behaviour, competitiveness within the group, immediate external pressures on individuals; all can fire a violent incident, and need to be taken into account in risk assessments.

We do have some knowledge of particular settings, and difficulties within them. Rowett (1986) found the same as Smith (1988) in respect of violence in residential establishments. Whereas a high proportion of incidents occur in residential establishments, 89 per cent in Rowett's study, and 78 per cent in Smith's, in each case many of the incidents were attributable to a small number of individuals who were the perpetrators on a number of occasions. Leavey (1978) found that 5 per cent of residents accounted for 37 per cent of the violence in his study, and Smith comments that his figures for residential incidents were skewed by a high number of incidents from two individuals; one adolescent, and one adult with learning disabilities. Rowett found that in terms of violence suffered in the previous five years, residential workers in

one shire county had been victims at roughly twice the rate of fieldworkers; for example, 17 per cent of basic grade fieldworkers reported being victims, whereas 38 per cent of basic grade residential workers reported being victims. Of all who reported, 18 per cent reported moderate to serious effects – moderate was extreme tissue damage, or broken limbs, for example (and 19 of these 20 were residential workers); and 6 per cent reported permanent physical harm. The group most at risk were males who were deputy officers in charge; perhaps because they intervene on behalf of other staff in difficult situations, and then become the focus for aggression themselves.

In Brown *et al.*'s study, they found that residential and day care settings accounted for over half of all incidents, though there may have been more staff employed in these settings; or they may just have returned their questionnaires more regularly. They found that 9 per cent of all incidents to all staff were due to advice giving or disciplining residents. They also found a high level of violence within day care settings; 22 per cent of staff reported they had been victims of such violence which differs from Smith's and Rowett's findings, although Brown *et al.* used a wider definition of violence. They concluded that residential staff were at greater risk than field social workers; 45 per cent of the former reporting having been victims, and only 22 per cent of the latter. These findings accord with a Surrey Social Services Department study in 1986 which showed that most staff in residential establishment had been assaulted on two or more occasions during the previous five years (Bibby 1994, p.22).

Fieldwork

Fieldworkers tend to work on their own, carrying out home visits, transporting clients in their cars, interviewing in the office. Avoiding isolation is a key feature of risk assessment and management, and in RAP/Review procedures; fieldwork staff in many settings have ensured that some planning and policies are in place, at some level, to reduce such isolation.

The situations in which staff are most likely to be at risk are when dealing with situations where clients see them as exercising 'unfair' power and control, and in particular, where their, or a relative's, liberty is at risk. This is so for mental health clients, where someone is being assessed for compulsory admission, or where s/he is in a very paranoid and psychotic state, and to a large degree, out of touch with reality. It is also true for child protection and child care work, which has been recognized as having particular risks for workers.

The House of Commons Health Committee's report on Child Protection services (1991) expressed concern at the number of people leaving the social work profession, due partly, they believed, to the level of violence and abuse which such staff suffered. The Department of Health's review of findings of child abuse death inquiries (1991) found that the threat of violence to staff had been identified as having had significant negative effects on social workers practice in a number of such situations.

Rowett also noted that 11 per cent of assailants were relatives of clients; and this was a particular feature of child protection situations in fieldwork. One in four assailants in fieldwork were clients' relatives. If we consider how much face-to-face contact there is in such situations, and therefore opportunity for this to happen, compared to other social work settings, this would seem to be a very high risk area; and unlike the profile of assailants overall – most were men – such violence was usually from women, probably as it was often single parent families where the intervention took place. Brown *et al.* found that 26 per cent of incidents in fieldwork in their study were in relation to taking children into care, as they termed it. In Probation Service work, one study shows that the group of workers most at risk are Court Welfare Officers; again, this is because such workers are seen to be making judgements about people's parenting skills, and whether the child(ren) should be with that parent, or someone else (Littlechild 1993b).

A survey by the London Boroughs Training Committee (1983) found that 67 per cent of assaults occurred in the social work office; 10 per cent were in the street; and 21 per cent were in client's homes. Brown *et al.*'s figures were 42 per cent in the client's home; 19 per cent were in the social worker's office, and 11 per cent took place in cars or ambulances. Rowett found that 50 per cent of assaults on fieldworkers occurred in the client's home; 7 per cent in psychiatric hospitals; 3 per cent in community homes; and 2 per cent in each of the following: cars; the social worker's office; police cells; reception areas; and the client's bedroom in residential child care units. In Probation Services, the only research into setting indicates that the reception area is much the most frequent area for incidents to occur (Littlechild 1993b).

OTHER FACTORS

The Relationship Between Social Worker and Client

There is a clear correlation of risk, to the relationship with the social worker. Rowett found that 85 per cent of assailants were established clients; and 84 per cent of incidents were repeats of incidents from the same assailant, in similar circumstances. Many of these were attributable to older people in residential care. Smith found that in 98 per cent of incidents in his study, the victim knew the perpetrator; and in 90 per cent staff knew of previous violent behaviour from the perpetrator; again, many were in residential care.

In his scanning survey of a number of Social Services Department, Rowett found only 3 of 112 assaults on fieldworkers took place on first meeting. He also found that more than one in four assailants had previous convictions for violence. He considered that 92 per cent of the clients were under some form of stress at the time of the assault. This emphasizes the need to record what factors may have led to violence in that particular situation.

Issues of Ethnic Origin and Racism

There is no clear evidence on whether there is any significant differences in victimization in terms of ethnic or racial background.

Norris (1990) quotes from an internal study into abuse and assaults on residential staff carried out by a Metropolitan Borough Social Services Department (original source not given) which found that racial assault had been suffered by 11 per cent of staff. We do not know if this is an accurate figure, or if there might be under-reporting in the survey. It is a much greater figure than other studies have produced, however. From the results of this research, he concludes that: 'Issues of race and gender, especially the former, are poorly served at the present time'; and 'Matters of race are not mentioned at all in the vast majority of responses' (Norris 1990, p.82). He recommends that '...Such complete failure to address the problem is clearly unhelpful and needs to be speedily put right'. Smith (1988) suggests that black staff in particular may be wary of reporting incidents, because of a concern at being judged even more harshly by management than their white counterparts.

Issues of Gender and Sexism

It may be the case that women do not feel safe to report such matters as there is a concern that predominantly male managers will not look sympathetically either at the woman's experience of the incident, or at attempting to stop the sexist harassment. Women have had to struggle for years in work-places (amongst other settings), to have it accepted that sexual harassment is not acceptable from colleagues and higher managers, or from clients in social work agencies. Norris (1990) noted that sexual harassment '...needs to be logged as a discrete area of inquiry (in report forms and agency monitoring) and properly researched, not least because its sensitive nature may make it especially prone to under reporting'. (p.82). Littlechild (1993b) found that 1 in 17 of female probation staff reported such harassment.

Smith found that 'women outnumbered men 2:1 in the reports of violence suffered and male perpetrators outnumbered female by the same ratio', and 'male victims appeared to be at particular risk from male perpetrators' (as in Rowett's study). In fact, where males were victims, 83 per cent of the perpetrators were males, and only 17 per cent females. He also found that where females were the victims, they were almost as likely to be assaulted by a male as a female – 56 per cent and 44 per cent respectively. This last finding may be of importance at looking at who might be potential victims in certain settings, as it would seem there are significant gender issues here.

MANAGING RISK: WHEN VIOLENCE IS ASSESSED AS BEING A POSSIBILITY

Some Do's and Don'ts

Use the checklist in Figure 12.2 having first considered how you react to violent situations – see relevant section in this chapter.

Figure 12.2

- Do, if possible, discuss and think through the situation with your supervisor or colleagues.
- Do organize back-up. If you are to be alone with a potentially violent client take a colleague with you, have one wait outside the door (which will perhaps be left open), or arrange for a colleague to call after a certain period if you have not returned, if you are on a home visit. Prepare what action will be taken on your behalf by colleagues in a given situation.
- Do think through, and plan, how you will approach and deal with clients in advance, if possible, if you are to be the bearer of distressing or explosive news. Invite them to the office; or your territory, if day/residential setting. Do not attempt to do this in front of their peer group.
- Do remove or hide in advance any potential weapons, e.g. knives, bottles, tools, plant pots, furniture, ashtrays, which may be nearby.
- Take off ties, earrings, etc. which could be used to cause injury.
- Don't put yourself or the client, either physically or psychologically, in a corner. Make sure that you each have exits and that either of you can back down without losing face. Arrange to meet a further time, agree to discuss matters with your boss. Perhaps suggest that the client complains to your managers, as another route through which they can direct their anger.
- Don't get into a verbal battle or feel or act as if you always have to win a point if it seems something is intractable between you and an aggressive client.
- Don't show that you are afraid or get into an aggressive mode in trying to conceal your fear. Hear your own voice; modulate it and try to keep it firm but calm. Use eye contact, but don't stare. Too forceful eye contact can appear threatening and increase your client's hostility. In particular, be very careful of use of eye contact with psychotic people.
- Do sit down if possible, at the same level as the client. You are then in a less aggressive stance. Try to maintain a relaxed posture. Squaring up to the client is rarely helpful. Sitting at a 45 angle is much better than sitting face to face.
- Do stay aware of your own feelings and reactions to those of your client. You are then more able to adjust your own responses to reduce the risk of violence.
- Do recognize the client's thoughts and feelings and communicate that recognition – but do not be patronising.

Figure 12.2 (continued)

- Do remove yourself and your client from a group if the group presence is exacerbating things. It is harder to back down in front of peers, for the worker, as well as the client.
- Do be aware of any drugs or alcohol which the client may have taken or be taking. The more taken, the less a reasoning approach will be effective.
- Don't point at the client, gesticulate or offer threats (as opposed to realistic limits).
- Do remove yourself immediately if it becomes obvious the client is rapidly becoming more aggressive or is about to attack you.
- Don't go to touch a potentially violent person to try to eject them or to prevent damage to property. Again, this issue needs to be discussed by the staff group, and perhaps more widely, as an agency.
- Do lock doors and windows if necessary until it is safe, to prevent an aggressor's access to you. Once someone has been successfully led out of the premises, there is a risk they may return very quickly, having decided they still have a score to settle.
- Do obtain support afterwards.

For further guidance on such individual techniques, see Bibby (1994) and Breakwell (1989).

MICRO-SIGNALS

These are the elements of body language which can alert us to a client's emotional state, and their propensity for violence or aggression in a situation.

Body Language

- Pacing jerky movements
- Use of space – theirs and ours
- Way of sitting/standing – towering above someone, sitting below them
- Threatening gestures
- The use of a lighted cigarette as a jabbing, threatening object
- Stiff posture
- Violence to inanimate objects

- Wagging, tense feet
- Pointing finger
- Drumming fingers
- Clenched fists
- 'Tight' facial muscles.

Eyes

- Fixed eye contact
- Averted Eyes
- Narrow eyes
- Dark glasses – someone wearing these is hiding an enormous amount of information about their attitude and emotional state from you
- Closed eyes, as part of a tense face and attitude.

Voice

- Silence
- Raised
- Ranting
- Menacing
- Shouting.

The important elements of the situation to note are how the above factors may be changing. Changes in attitude to you, or the situation, will be signalled by how these factors are changing in the interview. The worker should remain vigilant to these and adjust their approach and strategies accordingly, as their awareness of micro signals they are giving to the client(s) is of just as much importance as observing theirs. Are you in control of the signals you are giving, to reduce your messages of threat or submission?

History of Violence by an Individual

This is the most important warning factor; if there is such a history, we need to get as much information as we can on previous behaviour, and on the client's present circumstances.

Questions to ask of those who have known the client or from previously written records, will be:

- What was his/her mental state at the time?
- What was his/her domestic/social situation at the time, and what stresses were they perceiving?
- What were the stresses/trigger(s) for the violence?
- What clues do we get from these deliberations?

Questions to ask about present circumstances, will depend on answers to the above. Are the circumstances similar? If so, we need to take the precautions; if not, are we satisfied violence will not occur? If not, then set up the precautions.

Do record the incident fully, and in context, in a way which could be shared with the client. Include any possible triggers for the violence or aggression you can identify in a de-briefing session after the event, and any other ways the same sort of situation could be dealt with again in the future. Place this prominently on the front of the client's file, in a way which is in line with agency policies for recording, and open records. This is to give colleagues and future workers clues as to how to approach the client, to reduce the risk to these workers, and to reduce stress and potential further difficulties for the client if s/he is violent again. Such recording can also be useful as a tool in debriefing for the victim, and use in work with clients on their behaviour, if appropriate (Littlechild 1993a).

POTENTIAL CAUSES OF VIOLENCE FROM INDIVIDUALS

This section presents some of the theories on possible causes of violence

Mental Ill-Health

Some people suffering from certain forms of mental ill health may be more prone to aggressive and violent behaviour. This is by no means the norm for people suffering from the different forms of mental ill-health, but it can be the case that when someone has paranoid schizophrenic tendencies, normal interaction may be interpreted by the sufferer as a threat to which they could react violently. Three of the deaths of social workers in recent years have been at the hands of people with mental health problems. Rowett (1986) found that 38 per cent of assailants had been admitted to psychiatric units on at least one occasion, and of assailants to fieldworkers, this was the case for nearly 50 per cent. Brown *et al.* (1986) found that in fieldwork, 30 per cent of incidents were in relation to mental health admissions. Psychopathy, where the sufferer is only interested in their own ends, could lead that person to decide violence is a way to achieve them. The Approved Social Worker role under the Medical Health Act 1983 frequently puts the member of staff of risk.

Drug Use

Anyone using drugs illicitly – or legally, in the case of alcohol – may be subject to unpredictable behaviour. Rowett (1986) found that 15 per cent of incidents

of physical violence in his study occurred when the client was under the influence of drugs.

Emotional

Stress and frustration are the two key elements to violence arising from a person's emotional state. We need to be aware of myriad of areas in a person's life which could lead to different levels of stress and frustration; from previous experience of abuse, through to structural reasons, such as poor service at DSS offices, housing offices, and so forth.; to his/her experience of 'us' as an agency, and our response; and, if we know the client, what gives them as individuals most stress and frustration, and what their reaction to different levels of these are; we all vary in these last respects.

Physical and Chemical Influences

Where physical or chemical causes may be present in someone we are working with, we should pursue these possible causes through medical channels; otherwise, we may be judging the person on behaviour they cannot control without medical help. Often those we work with have poor access to medical care. For example, Alzheimer's Disease can produce changes – sometimes rapid – towards aggressive behaviour, through the person's fear and confusion. Deafness or the inability to speak, can lead to great frustration in stressful situations, due to the constant failure of others to understand and appreciate what the person is trying to communicate. Constant pain in an individual which is unbearable can lead to aggression.

Defensible Space

When someone is in an emotionally and physically charged state, their need to have defensible space increases. We all have different distances within which we feel imposed upon by others; this is extended when we are in such an aroused state. When someone deliberately or inadvertently invades that space, this could easily be the trigger for violence. This will also vary depending upon whose territory the interaction takes place upon, and signals to the participants about threats and submissions can be a significant element in the outcome. Being aware of not invading an enlarged area of defensible space when someone is in an agitated state is one of the most important features of risk assessment and management.

Isolation

Research by the Labour Research Department (1987) demonstrated that the risk of violence is increased – and can lead to more severe violence – when the worker is isolated from what can be seen as supportive surveillance; this was a factor in 87 per cent of incidents in social services departments. This need not be in someone's home, this could be in a residential establishment, or in an office where interview rooms are away from easy view. Avoiding isolation is a key factor in risk assessment and prevention (Littlechild 1993a), particularly on home visits.

EFFECTIVE POLICIES

The aim of an effective policy for risk assessment and management is to:

- (1) Enable effective recognition of areas of risk, in terms of work setting, types of situations, client groups and individual responses;
- (2) Reduce risk of aggression and violence; by agency, team/peer group, and individual awareness of these;
- (3) Reduce isolation of staff members, physically and emotionally, by proper planning, based on (1) and (2) above, and to increase collective support.

Who Owns the Policy of Risk Assessment and Management?

It is important that any policy relating to matters of managing violence and aggression is owned by the local staff group who operate and are subject to it. Whilst a policy on some of the areas to be covered is best formulated within central decision-making bodies in the organization, in consultation with front-line workers, such a policy needs to also encourage and enable staff groups to develop, operate, and regularly review their policy. The policy should enable staff groups to develop a culture within their setting which empowers and enables staff in their dealings with potential and actual aggression, and does not disempower them. Policies can be perceived by front-line staff as inhibiting good and creative practice, rather than promoting it, if a policy does not make clear it is in place to protect and support workers, and not just to protect the agency (Johnson 1988). Such policies need to reflect the fact that aggression and violence towards staff is an issue under the Health and Safety at Work Act, 1974 where agencies – and individual employees – have a duty to ensure employees safety, as far as possible.

Policies need to ensure that staff know what to expect from the members of their staff group and their agency in terms of support and protection. The more confident staff are in a situation, being aware of back-up procedures and knowing how they might work, the less likely violence is to occur, and if it does, to minimize risk to the worker, by ensuring they are readily accessible for support and protection. Staff need to know what measures they can count on, rather than be uncertain about this as well as being confronted with the aggressor(s). Whilst individuals need to examine what they may have been able to do differently in any particular situation, and therefore try to do differently in the future, they must feel confident that this is within a central and local policy which recognizes that aggression towards him/her is not their fault. Aggression and violence happens to staff at work because they are at work, and the work staff in caring agencies do is inherently risky. The purposes of the policy would be to move away from blaming the individual; to minimize risk to staff; minimize isolation of staff; and maximize supportive surveillance, and confidence, in back-up procedures; and to define areas for consideration for agencies, services, and state groups/peer groups to consider in defining risk.

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'I Needed to be Told that I Hadn't Failed': Experiences of Violence Against Probation Staff and of Agency Support

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SUMMARY

The research presented in this article was undertaken to establish the extent of victimization of various groups of staff in the county of Hertfordshire's Probation Service. In particular, it aimed to examine issues of gender in relation to such victimization. Staff were invited to detail incidents which they had experienced, and what factors led them to decide what to do about such incidents. In particular, reasons for reporting—or not reporting—were addressed. The research also had the aim of analysing how staff viewed issues of violence from their own perspective, and their suggestions for improving safety at work in relation to such violence. The research demonstrates that, in the main, probation service staff are safer than their counterparts in, for example, social services departments, and that they report incidents of physical violence to a greater degree than other incidents. It highlights that sexual aggression is not uncommon, but is largely unreported. The research also shows that staff who have been victims have clear ideas of the support they should receive, and how agencies should respond in a positive manner to aggressors.

Violence against staff in probation services has, in general, had a relatively low profile amongst all the many pressing issues exercising the minds of probation committees and managers. Despite a growing number of training courses and training packages, and an increase in the number of services which have policies addressing this problem, the

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research knowledge which can inform policy formulation, implementation and review is still comparatively scarce.

Reports have been prepared by the National Association of Local Government Officers (1979, 1989), now known as UNISON; the Association of Directors of Social Services (1987); the Association of Chief Officers of Probation (1988); the British Association of Social Workers (1988); the National Association of Probation Officers (1989); and UNISON and the British Association of Social Workers jointly (1996). All highlight the types and severity of risks to staff, and the need for employers to ensure a system of support is in place for staff who feel at risk from service users, for proper recording and analysis of incidents, and for supportive reactions from management when incidents do occur.

There are many publications which address what individuals could do if threatened with a build up of aggression in a situation with a client, or if violence occurs (e.g. More, 1988; Breakwell, 1989). This is important knowledge, but can be counter-productive for front-line staff if they are expected to identify and deal with aggressors on their own. Indeed, the culture in some workplaces can leave workers feeling responsible and isolated in their dealings with aggressive clients.

There are some indications of change. The *National Standards for the Supervision of Offenders in the Community* for probation orders (Home Office, 1995, p. 19) states that commencement instructions:

should . . . prohibit during the supervision of the order, on probation services premises, or when accompanied by probation service staff (or persons operating under their direction) . . . fighting, violent or aggressive behaviour, or threats of violence, and other conduct or language that might reasonably give serious offence to probation staff, other persons under supervision or members of the public.

The Standards for supervision orders for young offenders make the same statement (p. 26).

THE RESEARCH

The research was carried out in 1992 (see Littlechild, 1993a), in collaboration with the Hertfordshire Probation Service, which covers a large population of nearly a million people. It is a mixture of rural and large urban areas, which contain substantial pockets of unemployment. Minority ethnic group populations are relatively small.

The aim of the research was to examine various features of aggression and violence towards staff, based on issues identified from a review

of the current literature, and the author's experience of working as a consultant and trainer for probation services for a number of years.

The issues identified and addressed included: issues of gender; how many incidents were recorded; which groups of staff were most at risk; identification of ways to improve the rate of reported incidents; and an analysis of suggestions from staff for improving the agency's policies and procedures. These issues were examined because they have been identified as areas of concern, based on the limited amount of research evidence from studies carried out in social services departments (Rowett, 1986; Smith, 1988; Norris, 1990). There are tentative indicators that ethnicity and racism may also be areas of concern (Smith, 1988; Norris, 1990), but in precisely what ways is very unclear from the previous research. The representation of minority ethnic groups in the Hertfordshire Service at the time of the research project did not give a large enough sample to draw any valid conclusions in this area.

In general, this study suggests that probation staff are at less risk than social workers in social services departments, for example. However, the findings also identify areas of most significant risk, and of the need for further investigation into certain issues. For example, the risk of physical violence was generally low; but those in the family court welfare teams were at much greater risk than other groups. It was also the case that sexual aggression was rarely reported. Both of these areas require further study. Staff also believed that more effective use could be made of the potential learning from incidents to improve staff safety.

EFFECTS OF POLICIES

Policy guidelines have received attention in Norris's study (Norris, 1990). A review of policy guidelines in several social services departments (Johnson, 1988) showed a very mixed picture of the efficacy of such guidelines. The assumptions behind them, Johnson concluded, led to guidance which laid the responsibility firmly with the individual worker to identify and deal with potential and actual violence, and not with the employing agency. These findings, in conjunction with the knowledge we now have of the potentially devastating effects on victims of being subject to violence at work (Green, 1982; Shapland *et al.*, 1985; Holliday, 1986; Mabry, 1986; Protherough, 1987; Braithwaite, 1988; Heining, 1990) demonstrate the importance of increasing our knowledge of how best to formulate central and local guidance to make sure that staff feel, and are, safer at work. The cultures and attitudes which empower them to share their concerns and enable them to receive appropriate support are important areas of concern.

From a review of these studies and accounts, it would appear that the most frequent effects of violence on staff are: loss of confidence in skills and commitment to work; guilt and anger about the incident(s); self blame; concerns about their future safety at work, and sometimes at home. There is a real concern for victims in reporting incidents because of the concern about how they might be viewed by managers and other staff. Victims also feel some anxieties about dealing with new or similar situations in their work, after experiencing a traumatic incident (Littlechild, 1993*b*).

It would seem, then, that the effects on individual workers, and the culture within the agency about how violence to staff is viewed and acted upon, are vital elements to be considered in formulating and reviewing policies and training which are genuinely supportive to staff. These issues, identified from employees' experiences and concerns raised in previous research in related agencies, led to the formulation of the questions asked in this piece of research.

A DEFINITION OF VIOLENCE

Every individual experiences certain types of behaviour differently. One person may view a situation as violent and threatening, whereas a colleague may not. It is important that we allow the threatened person, or the person who has been victimized, the reality of their perceptions. This means we cannot define violence just in terms of physical contact violence and most definitions now reflect this. The National Association of Probation Officers (1989, p. 1) gives the following definition:

Violence includes a range of illegitimate or socially unacceptable behaviours either physical or verbal which are intended to be, or are perceived as being, threatening. Violent behaviour can take a number of different forms and have differing outcomes.

The importance of adopting such a definition is that it then includes such types of behaviour as racist abuse, sexual aggression, threats and verbal abuse, as well as physical contact violence. This has important implications for the way boundaries are developed and set out in different areas, by staff groups and agencies; for example, what is acceptable and what is not, and whether such boundaries are agreed by everyone.

The above was the definition used in this research, and contained within the covering letter. In the questionnaire sent out to staff, respondents were requested to include in their responses incidents which they had found distressing and threatening, and which fell within these broad categories. The questionnaire encouraged staff's own

formulation of ideas on whether they had been victims or not, to take into account personal perceptions of such victimization. They were encouraged to say in what types of situation they had experienced being victimized in a violent way. Respondents were also asked for details of the most recent incident, and to indicate if they had experienced any other incidents within the previous three years.

TYPES OF VIOLENCE

Examples of the ways in which respondents categorized the violence to which they had been subjected are of interest. For example, the categories of 'threats' and 'verbal' violence inevitably overlapped to a certain extent; where the incident was seen by the respondent to encompass both, the category used for the purposes of the research was 'threats'. Examples of threats were where a receptionist had a 'well known client with a drink problem' coming into the office with a bread knife, pointing it at her, and then debating whether he should cut her throat or not. A male probation officer was told that a client would see him outside the office to 'beat him up', which the officer took very seriously. A female probation officer working in a probation centre 'considered a threat to "smack me in the mouth" real'. One officer was threatened with a Stanley knife in the office reception area, the most common place for incidents to occur.

Examples of verbal violence ranged from where a female probation officer was subjected to a male client shouting at her for a prolonged period, very loudly, and very close to her face, with implicit threats of violence; through to experiences of regular aggressive swearing, and 'obscene' language over the telephone. Respondents often used the category of verbal abuse when it was linked to other violent behaviour; for example, smashing windows, or hurling furniture around the room. Many staff stated that the experience of verbal abuse, such as swearing that had a threatening tone to it, was such a frequent part of the job that it was no surprise any more. There was a wide range of responses to this type of violence, however: from little perceived reaction, through to a great deal of distress in the victim, depending upon the exact circumstances of the incident. This highlights the need to take into account the experience of the person who is victimized. This has become particularly pertinent since the finding of a breach of duty of care to an employee, a child protection team leader, by a social services department. This finding emphasized the need to take into account the effects of stress on staff (*The Independent*, 18 November 1994, Law Report, p. 15).

UNDER-REPORTING

Under-reporting was a particular area addressed in the questionnaires. We know from previous research that, often, only a small percentage of violent incidents are formally reported within agencies:

Rowett (1986, p. 58) found a reporting rate of 5 per cent for physical violence in a large social services department, and Smith (1988, p. 27) in Croydon Social Services Department, found a very similar reporting rate for incidents of verbal abuse, threats and physical violence. Kedward's nationwide study in 1989 found convincing evidence of significant under-reporting of incidents in social services departments (quoted in Norris, 1990, p. 81), and suggested that similar factors may be at work in probation services (p. 105). Kedward also concluded that there may be evidence of reporting increasing in some social services areas (quoted in Norris, 1990, p. 68), but made no comment on probation services in this respect.

THE RESEARCH METHODOLOGY

Questionnaires were sent to all Hertfordshire Probation Service staff ($n = 203$), except headquarters staff, with an explanatory covering letter. However, none of the three staff described as 'manual workers' responded. In order to make the interpretation of findings as accurate and relevant as possible, they are not included in the discussion of the statistical analyses. The letters and questionnaires were sent out marked 'confidential', as were the enclosed envelopes for replies to the researcher. Confidential questionnaires were used, due to the large numbers of potential respondents involved and because there is evidence from previous research, detailed later in this article, that individual workers are reluctant to detail their experiences to others in their agencies, or to those who might feed back to their agencies on named individuals, because of concern about possible reactions. It was emphasized in the letter that individuals would not be identified in the research.

Closed questions in the questionnaire concerned work setting, length of time in the service, incidents they had experienced in the previous three years (based on the NAPO definition), gender and age of perpetrator, a brief description of the most recent incident, and whether it had been reported or not. Open-ended questions were designed to determine why respondents had not reported, if this was the case; what they had felt was helpful or not in the support they did (or did not) receive; and a request for suggestions for improved policy and practice from the respondent's perspective. The open-ended questions were sub-

ject to a content analysis. The method of content analysis was chosen in order to allow respondents to put forward their own perspectives in answer to open ended questions. The method requires the answers to be analysed to identify areas and issues raised by respondents, to enable a coding scheme to be developed. It is then possible to determine the number of statements made by individuals in the different categories developed. The coding scheme categories are set out in the relevant sections of this article. The questionnaire was piloted by a small number of probation and academic staff to ensure that it would produce the data required, and be easily understood by potential respondents.

The design of the research aimed to ensure a high level of disclosure of violent incidents, and thus to gain a view of the experiences and issues involved from the perspectives of all those questioned. As all staff except those at headquarters were sent questionnaires, there were no problems concerning sampling, but response rates across different groups were accounted for (see Table 1). However, 38 per cent of staff did not reply. (All percentages in this article are rounded to the nearest whole number, meaning that they may not always add up to 100 per cent.) Whilst there is nearly always a significant proportion of potential respondents who do not reply, and we can only make suppositions as to why, it may be the case that a number of those not replying had been subject to violence, but chose not to reply. The findings presented in this article do not assume this, though, and all data are based on returned questionnaires. All findings are presented here in percentages as well as base numbers, for the sake of consistency. However, inferences drawn from small numbers, and the resulting percentages, must be treated with caution, and whilst they may act as pointers to further consideration should not be treated as if generalizations or conclusions can be made from them.

SUMMARY OF RESEARCH

The questionnaire produced a response rate of 62 per cent ($n = 126$). Of those responding, 61 reported that they had been victims of one of the categories of violence outlined in the questionnaire in the previous three years. Many respondents had been victims of several incidents. This means that at least 30 per cent of probation staff had been subject to at least one incident in the previous three years. Even if staff who had been victims of verbal aggression only are omitted from the analysis, 18 per cent ($n = 37$) had been victims of at least one of the other types of violence, or nearly 1 in 5. Whilst most staff were not victims of violence or aggression, those who had suffered from such behaviour reported :

TABLE 1. Breakdown of response rates and reporting of incidents of violence by staff group

	Admin and secretarial	Probation Officers	Senior Probation Officers	Probation Service Officers	Community Service Officers	Residential staff	Manual staff	All staff
Number in post	64	89	16	12	14	5	3	203
Percentage of all staff	32	44	8	6	7	3	2	102
<i>Response to questionnaire</i>								
Number	42	44	15	12	10	3	-	126
Percentage	66	49	94	100	71	60	-	62
<i>Reporting violence</i>								
Number	16	22	10	7	4	2	-	61
As % of all staff	25	25	63	58	29	40	-	30
As % of respondents	38	50	67	58	40	67	-	48
<i>Not reporting violence</i>								
Number	26	22	5	5	6	1	-	65
As % of all staff	41	25	31	42	43	20	-	32
As % of respondents	62	50	33	42	60	33	-	52

(Percentages may not always add up to 100% due to rounding of figures in the tables)

- (i) significant effects in terms of their feelings of security and safety at work;
- (ii) clear reasons why they had not felt able formally to report incidents, if this had been the case;
- (iii) what they thought should have happened after the incident, for themselves, for the perpetrator, and for general safety procedures.

Significant variations in victimization were found across the different groups of staff, across different settings, and for different types of violence (Tables 1 and 2).

In Tables 1 and 2, where there are very small numbers of respondents in a particular category, no clear inferences can be drawn from the statistics, only possible indicators.

The tables indicate that probation officers had a 1 in 4 chance of being a victim. They also had a higher than average victimization rate for physical violence. Out of a total of 12 such incidents, 7 were against this group, a higher rate than expected, when they make up only 44 per cent ($n = 89$) of all staff. Verbal abuse, threats and sexual violence appear to be lower than the overall average for all groups. Probation service assistants (as they were termed at the time of this research) were particularly vulnerable to threats and sexual violence. They were not subject to any physical violence. Community service staff (excluding administrative staff) had a generally lower than average victimization rate. Senior probation officers were subjected to a relatively high rate of verbal abuse. They had a slightly less than average victimization rate for physical violence. The one incident of racist violence was to a senior. Residential staff (including senior staff, but excluding administrative staff) had a slightly higher than average victimization rate. Three out of 6 were victims. There were no reports of physical violence, but 2 of the 7 victims of sexual aggression were in this group, whereas they make up only 3 per cent of the total population. In addition, a disproportionate 3 of the 26 incidents of threats were to this group. Administrative and secretarial staff had a lower than average victimization rate overall—25 per cent ($n = 16$) as compared to 44 per cent for all staff—but in some areas were at significant risk. They were subject to 3 incidents of physical violence, and 1 of the incidents of sexual aggression. They suffered a lower than expected level of verbal abuse.

ANALYSIS OF FINDINGS

The question then arises as to why there should be such variations; and, whilst this needs further work, we can start to speculate as to what

TABLE 2. Breakdown of response rates and reporting of incidents of violence by staff group

	Admin and secretarial	Probation Officers	Senior Probation Officers	Probation Service Officers	Community Service Officers	Residential staff	Manual staff	All staff
Number reporting violent incidents	16	22	10	7	4	2	-	61
No. of incidents reported	26	42	25	17	6	9	-	125
<i>Verbal abuse</i>								
Number of incidents	18	26	19	6	4	4	-	77
As % of all incidents for this staff group	69	62	76	35	67	44	-	62
As % of all incidents of this type	23	34	25	8	5	5	-	100
<i>Threats of violence</i>								
Number of incidents	4	7	4	7	1	3	-	26
As % of all incidents for this staff group	15	17	16	41	17	33	-	21
As % of all incidents of this type	15	27	15	27	4	12	-	100

<i>Physical violence</i>										
Number of incidents	3	7	1	1	1	1	1	1	-	12
As % of all incidents for this staff group	12	17	4	4	17	-	-	-	-	10
As % of all incidents of this type	25	58	8	8	8	-	-	-	-	99
<i>Racist abuse</i>										
Number of incidents	-	-	1	1	-	-	-	-	-	1
As % of all incidents for this staff group	-	-	4	4	-	-	-	-	-	1
As % of all incidents of this type	-	-	100	100	-	-	-	-	-	100
<i>Sexist abuse</i>										
Number of incidents	1	2	-	-	-	2	2	2	-	9
As % of all incidents for this staff group	4	5	-	-	24	22	22	22	-	7
As % of all incidents of this type	11	22	-	-	44	22	22	22	-	99

some of those reasons might be. For example, it may be that status in the organization is a factor in relation to the high rate of verbal abuse towards seniors. We might speculate that, because of their role as managers in the organization, those on probation orders complain to them about dissatisfaction with their staff, or with the service itself. We know from the work of Brown *et al.* (1986) that issues of power, authority and control are significant factors in staff being subjected to violence by clients. However, the findings in the present research suggest that this happens to seniors over the telephone, and not so frequently in person as may be the case for other groups. This may also be why reception staff have a lower than average victimization rate, and why probation officers, who are most involved in challenging clients' behaviour from the stance of authority, have the highest rate of victimization for physical violence. There may also be gender issues involved (see the section below on gender issues).

Probation service assistants had proportionately high levels of victimization for threats and sexual violence. This may have been because they were seen by probationers as having less status in the organization, so less able to do anything about it. This does not seem to be the case for verbal or physical violence, which were largely reserved for senior staff and probation officers, again pointing to the possibility of status and role being a prime determinant in what type of violence a member of staff may encounter.

Community service staff had comparatively low rates of victimization; we might speculate that this could be due to such staff not normally developing affective relationships with those on orders, and not normally having to challenge general behaviour as much as probation officers, for example. Also, their role is very clear and practical. The issue of affective relationships was identified by Rowett (1986) as being an important factor in this area.

Residential staff seem to be at particular risk of threats and sexual aggression, but not at risk overall as much as their counterparts in social services department settings (Rowett, 1986; Smith, 1988). However, numbers were small, so it is difficult to draw clear inferences from this. It may be because probation residents know that there are very clear boundaries, set by courts in relation to bail or by a probation order itself; there are clear contracts with 'breach' clauses written in.

GENDER ISSUES AND VICTIMIZATION

There are indications of issues relating to gender which emerge from the research. Whereas the ratio of women to men in the total population

VIOLENCE AGAINST PROBATION STAFF

231

of staff is 3:1 (152:51), the ratio of victimization is higher, at 3.4:1 (47:14). As response rates were also 3 females:1 male, it is reasonable to assume that these findings have a good level of validity. If we aggregate all forms of violence, results suggest that women had a 1 in 3.2 chance of being a victim in the three years prior to completing the questionnaire, whereas men had only a 1 in 3.7 chance. However, there were significant variations when different forms of violence are considered from a gender-based perspective (see Table 3). The question then arises as to whether this might be linked to the number of women in high risk groups, e.g. court welfare, residential work and field teams. In reception work, staff are all female; yet their victimization rate was generally less than for other groups. This would indicate that gender was not the prime determinant. For respondents from other groups, there are mixed findings.

For probation officers, of those reporting violence, the ratio was 2.3 males:1 female, whereas the ratio amongst all officers was 2.1:1, so there was no significant mismatch. For seniors, the ratio of those reporting violence was 2.3 females:1 male, against an overall ratio of 1:1, demonstrating that women may be at greater risk when acting in a senior role. If we link this to the finding that seniors are at greatest risk

TABLE 3. *Comparison of types of victimization of males and females (In this table, male victims are denoted by M, and female victims by F)*

		Types of violence:					Total
		Verbal Threat	Physical	Racist	Sexual		
A No. of victims	M:	N = 19	6	4	0	0	29
	F:	N = 58	20	8	1	9	96
B % of incidents directed at:	M=	66	21	14	0	0	101%
	F=	60	21	8	1	9	99%
C % of this type of violence expressed as percentage of total no. of incidents reported by males and females	M=	25	23	33	0	0	
	F=	75	77	67	100	100	
	Total	100	100	100	100	100	

We can see from column B the types of violence overall to which each gender is most likely to be subjected, expressed as a percentage of all types of violence to which they are subjected.

As the gender ratio in the service was 3 female to 1 male, in column C, if levels of victimization were equal, victimization rates would be 75% for females, and 25% for males.

of verbal abuse, this might tell us something about the way a predominantly male client group reacts to women in authority, as opposed to males in authority. With regard to probation service assistants, the ratio of those reporting violence was 1.3 female:1 male, whereas the ratio for all in this group was 2:1, indicating that men are at greater risk.

In terms of setting, those in family court welfare were most at risk. The ratio of males to females in terms of victimization was 2:1, whereas the overall figures were 4.5:1, indicating that males are possibly more at risk in this setting. In residential work, numbers were too small to have any validity; though the ratio of victimization in relation to the general population was the same. In field teams, the overall ratio of females to males was 2.2:1, whereas the rate of victimization was 2.8:1, which indicates that women are more at risk than males in this setting.

Overall, the rates of verbal threats of violence and serious threats were roughly comparable. However, men were at greater risk of physical violence; they were victims at the rate of 1 in 12.75, and women were victims at the rate of 1 in 19.25—a substantial difference. There were no male reception/administrative staff; if we remove such staff from the calculations, the figure for women becomes 1 in 18. This may be related to the predominantly male client group; women clients have been found to be violent to women workers in social work to a greater degree than they are to men (Rowett, 1986). Also, male clients appear to perpetrate violence to a greater extent than women clients. Whilst it was not possible to ascertain the gender of all people worked with by the service, a rough measure can be made. Of those made subject to probation orders in April, May and June of the year in which the research was carried out, 393 were men and 40 women, or 9.8:1. The ratio of males to females who perpetrated violence as clients was 11.4:1, demonstrating that males are more likely to be aggressive or violent. Such findings might also cause us to consider if males may tend to 'size up' to each other in potentially confrontative situations, reflecting what we know of male behaviour in many public settings (but not in domestic violence, for example, where women are more often the victims, at the hands of males).

Eleven individuals had been victims of physical violence—one woman twice—and, of these, seven were women, and 4 were male. In respect of the seven women victims, three attackers could be identified as male. Since the questionnaire asked only for details of the most recent incident, data for the other four, where it had not been the most recent incident, are missing. No male staff were victimized physically by a female, but female staff were victimized by both males and females, reflecting findings from other studies (e.g. Smith, 1988).

Women were subjected to a high rate of sexual aggression; 9 per cent ($n = 9$) of all incidents to women were of this nature. Only women were subject to sexual aggression, and only from men. It would seem that women had a 1 in 17 chance of being a victim of such behaviour during the period of study. Moreover, it was not reported frequently; only 1 in 3 incidents were reported in writing, though 50 per cent were verbally reported. It may be that women feel they will not receive a supportive response if they do officially report, as we know is the case for sexual victimization by colleagues in workplaces generally. This might possibly be attributed to women being reticent to report such incidents, through concern at being judged or expected not to take such victimization too seriously, or because of the effect of sexist attitudes within organizations, most of which are only just starting to view sexual aggression and harassment as a serious cause for concern.

There was only one incident of racist victimization and this was against a woman; but this is too small a sample from which to be able to generalize. We do not know if the incident was reported, as the questionnaire asked for details of the most recent incident only and the racist incident had not been the most recent.

REPORTING

In terms of written reporting, all types of violence were under-reported. Physical violence was the most frequently reported. This might be because this is the type of violence which is most easily defined—other types of violence are often seen as being 'part of the job' (Norris, 1990, p. 44)—and which is most readily acted upon by the agency. Overall, only 24 per cent ($n = 14$) of all most recent incidents were reported in writing, and 31 per cent ($n = 18$) were not reported in any way at all. Even if we exclude verbal abuse, we find that a minority of all the other incidents of violence were reported in writing: only 40 per cent (1 in 2.5). Twelve per cent (1 in 8) were not reported in any way, and 48 per cent were only reported verbally (1 in 2.1). All incidents of physical violence were reported verbally, but only 4 were reported in writing. This is a much higher reporting rate—and a lower victimization rate—than in social services departments (Rowett, 1986; Norris, 1990).

There was clearly an issue about reporting incidents of violence. If incidents are not reported, this means that no effective planning can take place, as neither local teams nor head office staff have a way of mapping out areas of risk or developing proper health and safety measures for staff. Ways of ensuring that staff are encouraged to report incidents clearly need further examination. In particular, 72 per cent

TABLE 4. Most recent incidents and reporting of them, by gender

Type of violence	Not reported		Reported verbally		Reported verbally and in writing		Total Number
	Number	%	Number	%	Number	%	
<i>Reported by males</i>							
Verbal	5	63	2	25	1	13	8
Serious threat	0	0	5	83	1	17	6
Physical	0	0	0	0	2	100	2
Racist	0	0	0	0	0	0	0
Sexist	0	0	0	0	0	0	0
<i>Reported by females</i>							
Verbal	10	39	13	50	3	12	26
Serious threat	2	25	3	38	3	38	8
Physical	0	0	1	33	2	67	3
Racist	0	0	0	0	0	0	0
Sexist	1	17	3	50	2	33	6
Total No.	18		27		14		59

($n=10$) of threats were not reported in writing. However, rates of reporting were generally higher than those found from similar research in social services departments.

There were clear gender issues involved in reporting of incidents (Table 4). Men reported verbal abuse less than women; men did not report 5 out of 8 incidents (63 per cent); women did not report 10 out of 26 (39 per cent), though they reported such incidents in writing at approximately the same rate—1 out of 8 for men, 3 out of 26 for women. Men reported physical violence in writing slightly more readily than women—2 out of 2 compared to 2 out of 3 (where this could be identified).

The most highly victimized groups were non-reception staff in: residential settings (3 out of 6); family court welfare service (6 out of 12); probation centre staff (4 out of 11); field teams (28 out of 89); and community service (4 out of 14).

There were no reports of incidents in prison settings. In reception work, staff in field teams were most at risk (29 per cent; $n = 14$), and 2 out of 8 of those in community service work were victims. No other reception staff reported incidents. There is clear evidence of when staff are at risk and in which settings. It is also clear that apart from some secretarial and administrative staff in a small number of settings, all staff are at risk to some extent and that, apart from physical assault (which was on the whole reported), staff do not normally report in writing.

Under-reporting has implications for both management and other staff. Co-ordination of information on violence against staff and the monitoring of adequate agency responses becomes difficult. The manner of reporting, and the crucial nature of the agency's response to such reporting, both left room for improvement. The process of reporting of incidents employed at the time of the study was a form produced by head office which staff were encouraged by the senior probation officer to complete after an incident. However, no clear procedures were in place to collate information in a systematic manner, which could then be used to analyse areas of risk and formulate responses that could be fed back to staff to show that matters were being addressed. This is similar to the experience of many other services at that time (Norris, 1990).

WHY DO STAFF NOT REPORT?

Several reasons for staff not fully reporting incidents emerged from an analysis of a question which asked why they had not reported the incident, if that was the case.

The main reason for not reporting was that everybody knew about the incident anyway, so there was no need to report it in writing. Allied to this was the respondents' frequent belief that, if the senior probation officer was told, this meant it would be formally recorded and dealt with. The result of these assumptions was that incidents reported verbally were often not reported in writing.

The next most frequent reasons for not reporting incidents were that respondents were: concerned at what response they might receive from colleagues and/or managers, and other agencies; that they had not been told that they could report; or they did not know how to go about it. Some of those who did report felt that the matter had not been taken seriously enough by management or other agencies. As one respondent put it, 'I needed to be told that I hadn't failed'.

WHEN STAFF FELT SUPPORTED

One of the questions in the research concerned incidents where staff had felt supported. There were examples given of where staff had felt very supported. The factors we can identify from these responses, involving experiences of good support, can be incorporated into planning safety policies as well as improving personal responses.

Several themes emerged. One was that clearly expressed sympathy for the victim's feelings and situation from colleagues and managers was very important. In addition, it was thought vital that action was taken against the perpetrator; and, also, that safety measures were reviewed locally as a result of the incident(s).

SUGGESTIONS FROM STAFF FOR IMPROVEMENTS

In most agencies, at present, there is no opportunity for staff who have been victims of aggression and violence to make suggestions on the report form as to how the incident might have been avoided, or how a similar situation might be avoided in future. As the victim often thinks a great deal about these very issues, this may be a waste of a learning opportunity for the agency, individual and staff group.

Question 14 on the questionnaire asked:

Do you believe that there are any matters which might be included in a central or local agency policy on managing aggression and violence which would make yourself, and your colleagues, safer and feel more supported at work? If so, could you briefly outline them.

Forty-eight respondents of the 61 who replied that they had been victims (79 per cent) responded with ideas of improvements. Only 32 of the 65

respondents who had not been victims (49 per cent) came up with such suggestions. It would appear that those who have been victims do have more ideas about improving safety at work as a result of the experience of being a victim. Indeed, one person who had not been a victim stated that, though she had no thoughts on improvements at the present, 'they would no doubt occur to me in retrospect following an incident'.

The answers to the questions were subject to a content analysis and, from an initial examination, various categories of suggestions were identified, and the number of statements relating to each was quantified. Seven categories (some of which inevitably overlap) were ranked in descending order of number of statements made within each one by all respondents.

First, 30 per cent ($n = 38$) of all respondents remarked that the physical and security measures were poor in their work setting. The main concern in this category came from administrative staff—presumably because they are the first person clients normally see, and because most incidents seem to occur in the reception area. Secondly, 22 per cent ($n = 28$) of all respondents said that the agency policy could be improved. Suggestions made included statements that: more effort should be made at a local level to agree a policy to make staff safer ($n = 8$); a handbook should be developed for the induction of new staff, which would have to be signed by the line manager and member of staff; and a list of potentially violent clients should be kept inside the reception hatch, alongside a central register of clients who are known to be violent. Other suggestions included: banning drunks from the office, and joint interviews if someone believes a client might be aggressive. Some staff also believed that better reporting forms could be devised. A particular point from reception staff concerned not allowing staff to be in offices open to the public on their own.

Of all respondents, 15 per cent ($n = 19$) stated that there should be more support for the victim when an incident is reported. Twelve per cent of respondents ($n = 15$) were satisfied with present arrangements, and had been pleased with action taken by the agency on this issue. Eleven per cent of respondents ($n = 14$) thought head office should take more of a lead and demonstrate greater interest in policy development, and in supporting staff; and 10 per cent of respondents ($n = 13$) thought more training was necessary. Finally, 5 per cent of respondents ($n = 6$) were concerned that procedures were largely ignored.

This last point is of particular interest, as, although there may be many more agencies putting policies into place, much less attention seems to have been given to ensuring that such policies do actually support staff in the ways they perceive as necessary, in pre- and post-violent situations, as well as during incidents (Littlechild, 1993b).

THE RESPONSE OF THE SERVICE

The Probation Service concerned received the results of the research and considered its response carefully, reflecting previous concern about this issue over a three year period. The Service examined the findings, and formulated responses to them, through the (then) Probation Committee, and produced a public response.

The Service stated that it saw physical and security measures as a problematic issue for the service, in balancing the safety of staff as against creating a welcoming and open atmosphere for visitors. With new offices, the Service now takes expert advice on the design and environment of the reception areas and the building, to ensure that the two principles are integrated into an atmosphere in which staff feel safe and visitors welcome. It is planned that all offices will eventually be examined in order to make adaptations as far as possible. The Service has recast its safety policy to include all staff, students and visitors, and ensured that each office now has its own local guidelines based on a county model, and a briefing information leaflet for new staff. There is a list of potentially violent clients held in each local office, and a list of those who travel around the area is shared between offices. The Service does not think it realistic to ban those who misuse alcohol from offices, as they are often inside the door before anyone knows of the problem. They do consider it essential that reception staff have appropriate training to deal with difficult situations, as they believe trained staff have been shown to be the best at defusing threatening situations. Joint interviewing when dealing with potentially violent clients is already a Service instruction. There is also a commitment to ensuring that there is at least one 'safe' office in each building, designed to ensure the safety of staff as far as possible. Reporting forms have been redesigned, and it is Service policy that staff are not to be alone in an office open to the public.

The Service states that support for victims is a key part of its policy and practice. Line managers have been trained in a 'debriefing model' to deal immediately with the traumas experienced by staff as a result of violence. At the same time, the services of an independent counsellor are automatically offered to all victims, on the basis that the arrangement is wholly confidential between the counsellor and staff member. The cost of this independent counselling is met by the Service.

Headquarters staff see the need to demonstrate greater interest in policy development and in supporting staff as needing their continued attention, and have stated that good intentions at Committee and senior management level can only be effective if relevant messages are heard, understood and acted upon by staff. The Service has undertaken work

with an outside consultancy to identify how more effective methods of communication could be put in place. The Service has taken the view that training in teams is the most effective way of gaining ownership by staff for taking responsibility for their own and colleagues' safety. Each team has a training budget which it is encouraged to use to review local procedures and practice. In response to comments that procedures in place were largely ignored, the Service has stated that this may be so for a small minority of staff. They do however believe that they are continuing to change the culture towards an appropriate balance between openness and safety.

CONCLUSION

This research has highlighted possible differences in types of victimization between different grades of staff, and between different work settings, with gender being a further important factor to consider. All of these are worthy of further investigation. Addressing issues of reporting is a key feature in the ability of an agency to be able to map out, and respond to, areas of risk within its workplaces. This research has demonstrated that victims have clear ideas concerning the type of support they did, or did not receive, and what they would have found helpful.

It would seem that regular monitoring and review at central and local levels in the agency, taking into account victims' views and experiences, especially concerning issues of reporting, are necessary to develop a culture of support for staff. These seem to be key areas for consideration for those working in an environment that we know from this research has an inherent level of risk of violence.

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**DEALING WITH
AGGRESSION**

BRIAN LITTLECHILD

PRACTITIONER'S GUIDE

SERIES EDITOR
Laura Middleton

361
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Contents

<i>Acknowledgements</i>	ii
<i>Introduction</i>	1
<i>Aggression: the effects on workers and clients</i>	3
<i>Risk assessment</i>	9
<i>Dealing with aggression face to face</i>	15
<i>Victim support</i>	31
<i>Dealing with perpetrators</i>	39
<i>Developing local policies on aggression and violence</i>	51
<i>Further reading</i>	69
<i>References</i>	71

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Introduction

Aggression and violence has long been an uncomfortable issue for workers in the caring professions. Most people who come into the work wish to nurture the best in people, and at least have a reasonable personal relationship with clients. The conclusion that the nature of the work involves intervening in situations where conflict is often a component, and where involvement may often lead to an overflow of aggression into violence, can come slowly and reluctantly.

Many areas of social work practice involve dealing with aggression. Considerations of aggression must be at the forefront of our thinking if we are to carry out our work effectively, both for clients' well being, and for our own safety.

This book gives practitioners, managers, policy makers and students in a variety of settings the knowledge needed to deal effectively with problems of aggression.

It provides an integrated approach to the whole range of issues presented by aggression and violence, covering risk assessment and coping strategies from the perspectives of the different individuals involved, staff groups, and agencies, providing detailed lists of practical points to consider and develop.

The best strategies for dealing with aggression face to face are presented, as are ways we can most effectively reduce risk. The nature of the problems raised for workers and clients in the aftermath of aggression, and how to approach these matters, are also covered. The development of policies which can facilitate learning, development, and staff safety are discussed.

More detailed references to work which readers may wish to follow up are contained within the "Further Reading" section and the list of references.

Aggression: the effects on workers and clients

VICTIMS' ACCOUNTS

The most powerful evidence of the effects of aggression comes from those who have been through the experience, and who have felt able to share their experiences publicly.

These first hand accounts graphically set out support which victims felt they needed but which they often perceived to be lacking. One worker reported that after a threatening incident in his work,

"Whenever I talked about it I became agitated and would struggle to stop myself from crying. I was excessively angry with my wife over minor disagreements and the same applied to my colleagues".

He found himself withdrawing from clients.

"My self confidence was completely shaken"

(Heining, 1990).

Another worker recalls how after being attacked by a client with a piece of wood she was left *"sobbing and all bumps and bruises. The sudden unexpectedness of it made me feel absolutely shattered, disbelieving and frightened. I couldn't stop crying and shaking for a long time and both would start up again with no warning over the next few days. I felt very sick and in pain and needed desperately to get back to where I feel safe. This was a feeling that remained foremost and indeed still does"*. Sleeplessness, wanting to leave her job, fear of new situations and clients, and fear of confronting clients when she thought this was necessary, were all problems which came at different stages, for a long time afterwards (Green, 1982).

Anger at perceived lack of colleague and management support during and after the incident, self blame, vengeful feelings towards the aggressor, guilt, concerns about immediate and future safety at work, in public places such

AGGRESSION: THE EFFECTS ON WORKERS AND CLIENTS

as streets, and even whilst at home, are important features of victims' accounts of the aftermath for them. In addition, fear of reporting incidents, because of managers' reactions, were mentioned, as well as loss of professional self image; concern at the ability to carry on working effectively; and problems being transferred back in to someone's personal life (Holliday, 1986; Mabry 1986; Protherough, 1987; Rowett, 1986). These are not just individual reactions; we know from research studies that these are common and normal reactions of those who suffer aggression at work (Rowett 1986; Norris 1990). Such fear and uncertainty can severely affect the actions of those caught up in the web of threats, power and control which are inevitable components of violent relationships and attitudes.

Workers experiencing violence and threats can have similar feelings of powerlessness as the many clients of services who are forced to face such violence. Workers can feel that they are expected to somehow cope, and not make a fuss about it; that it is just part of the job.

One respondent in a research questionnaire summed up what they felt had led them to feel well-supported after an incident where they were subjected to a hard punch to the head while trying to protect a colleague:

- They were debriefed
- The client was spoken to and was informed that such incidents would not be tolerated, and his visits to the office were strictly limited
- A subsequent team meeting examined the incident, and improvements in the team's safety procedures and office layout were agreed and carried out

(Littlechild, 1993a)

It is possible to develop personal and agency strategies which not only produce better ways of dealing with potential and actual aggression, but which also lead to more appropriate handling of clients' problems.

ISSUES FOR CLIENTS

We know that violence is an issue for all client groups. For example, a Social Services Inspectorate survey

AGGRESSION: THE EFFECTS ON WORKERS AND CLIENTS

estimated that 5% of all elders are subject to some form of abuse or violence (Social Services Inspectorate 1995; Observer, 3.11.96, p.5). Kingston and Penhale have examined wider issues of domestic violence in families for the caring professions (Kingston, Penhale, 1995), as have the Social Services Inspectorate (1996, p 39).

Many clients carry a great deal of anger with them, and have learnt to deal with frustration, anger, and challenges to them by offering aggression.

The extent, nature and effects of violence in the lives of clients is often great, and therefore why it is an issue, not just of staff safety, but also of client safety. If clients are being violent to workers, it is probable that they are being violent to others in their networks, therefore making it a legitimate and necessary area of assessment and intervention.

There can be grave effects of violence on abused children, and child protection workers. Further, in relation to children, we know that the web of domestic violence can engulf them and their mothers as a result of violence between their adult carers, which may or may not result in physical violence to themselves, but will have damaging social and emotional effects (Department of Health, 1995; Mullender, Morley, 1994; NCH Action for Children 1995; Saunders 1995).

BALANCING CARE AND CONTROL

The importance of, and means of achieving, effective limits and boundaries with clients is still a relatively poorly developed area of practice and management.

CLEAR BOUNDARIES AND CONTRACTS

One of the most important features in achieving a balance of care and control is setting clear limits and boundaries for clients on what is, and what is not, acceptable. Clear agreements should be in place concerning what will happen if those limits and boundaries are broken, with an understanding of how breaches will be dealt with, by whom, and in what ways. This is now the case in probation services (Home Office, Department of Health, Welsh Office, 1995 p 19; p 26). Contracts have become a feature of practice in other settings, but they often do not take

AGGRESSION: THE EFFECTS ON WORKERS AND CLIENTS

into account the experience and reality of many clients' situations. Contracts could include work to be undertaken where the client's behaviour is known to include an element of aggression.

These might include:

- details of the behaviour
- its effects on others
- what changes, how, within what time limits, can be agreed upon between the worker and the client.

Contracts are now viewed as an important feature of social work assessment and intervention (Sheldon, 1982; Preston-Shoot, 1994), and are required by legislation in certain circumstances; for example, the Children Act 1989.

Violence and abuse has often been an integral part of clients' lives and experiences. In addition, more often than not, they have been subjected to poverty, prejudice, abuse, and a paucity of validating, creative and fulfilling elements in their lives. Limits, boundaries, and contracts have to be based on a respect for other people's space, bodies, minds and well being. If that is not the case, we are not helping clients learn to deal with one of the the problems that may affect their quality of life, and of those with whom they come into contact.

If the aggressor perceives that there is no reaction, or any limit and boundary setting, the likelihood is that they will see no need to reappraise their actions. Learning theory indicates clearly that this is the case, and that behavioural approaches can be helpful in understanding and working with these issues for clients (Bandura, 1977; Sheldon, 1982; Coulshed, 1991; Hollin, Howell, 1996).

STAFF GROUP AND AGENCY ISSUES

If a culture of support and development does not permeate agencies and staff groups, no proper planning for safety, limit and boundary setting, nor appropriate responses to clients can occur. Staff groups in particular may have to spend time agreeing how they deal with incidents from clients, and what learning and protective measures can result form an examination of them. Issues

AGGRESSION: THE EFFECTS ON WORKERS AND CLIENTS

of how the victim and aggressor respectively can be supported and dealt with are important.

There are particular problems for those who work in group care settings, and the culture which can build up between clients, between workers, and between these two systems. Clients may well spend more time talking about incidents than workers do, and how different staff and staff groups operate. If staff do not take account of these processes, such environments might encourage violence and aggression, not diminish it, when part of the worker's role should be to help clients deal with conflict in a more constructive way.

Randall (1996) examined how people may come to be bullies and victims in the workplace and in the wider community. Randall concludes that too often staff fail to tackle problems of harassment and bullying, causing great distress to victims. Similar issues arise for clients who are bullied as for staff who are bullied by clients.

The aim should be to help clients overcome such difficulties, not condemn and reject them further, unless we know that we have done all we can to help them take responsibility for, and overcome, their problems.

Risk assessment

RISK OF WHAT?

Definitions of what constitutes aggression and violence vary. It is important that the agency and staff group involved have a definition which is agreed and owned by them, and is communicated effectively to clients, so that all know what is acceptable behaviour, and what is not.

The definition adopted has to allow for the victim to express how they view the situation, as what one person might experience as aggression, another may not. The effect on the particular victim needs to be considered, as whilst there are effects which will usually apply to all to some extent, the actual experience will be unique for each person.

There is widespread agreement that a definition of violence includes more than physical contact violence. All of the documents from employer and employee organisations in relation to violence include other types of behaviour. The Association of Directors of Social Services (1987, p.1) have adopted the following definition:

"Violence is behaviour which has a damaging effect either physically or emotionally on other people".

This would include, as set out in the UNISON/BASW document (1996, p.3), the following

- verbal abuse
- threatening behaviour
- serious or persistent harassment, including racial or sexual harassment
- physical violence, extending from minor incidents to serious assault and even murder.

All of these areas can be clearly defined as aggressive and violent behaviour.

RISK ASSESSMENT

Aggression and violence to staff in social care settings will never be eliminated; the nature of the work carries inherent risks. It is necessary to challenge clients' behaviour at some points, and be involved in situations of

RISK ASSESSMENT

conflict between people, which will at times lead to violence. What can be done is to develop better methods of recognition of risk, and prevention of violence.

Risk assessment is an important feature in preparing to deal with aggression.

It is important to appreciate that whilst such measures will reduce the risks for both staff and clients, dealing with clients is not a precise science (Littlechild 1995). People in their social situations are subject to a complex variety of influences at different times, and each individual will have learnt experiences which will make them react in different ways, even in similar sets of environmental circumstances. This means that, with all the knowledge and training in the world, it will not always be possible to anticipate aggression and violence, or deal with it when it occurs. Workers cannot always fully know what is influencing the client as they walk into the room.

One of the important elements in assessing risk of violence is how well the worker is aware of their own ways of anticipating risky situations, from their own personal learnt responses to potentially aggressive people. Equally as important is the use of our knowledge of what elements of a situation might make a client, or clients, more likely to offer aggression, such as the client's experience of power authority and control (Brown et al., 1986).

PERSONAL RISK ASSESSMENT

Everyone has learnt to deal with possible and actual aggression in different ways. This may have been in our family situations, in the school playground, or amongst peer groups, for example. This is true for clients, but is equally true for staff. Our learnt patterns of behaviour will affect our reaction to interpersonal violence. Some people might "size up" against someone offering aggression; others might feel very scared, and wish to be far away from the situation.

Whichever type of response tends to be our "natural" one, we need to consider what this is, so we can determine our most effective methods of developing our responses, or at least recognising how we react. This is important in developing our knowledge of how aggressive clients are likely to see us reacting, as this will affect their response to us. In addition, this is important in work with

colleagues; are we able to share this with each other, so we can be aware of each others' responses, and work together on situations to everyone's advantage? It is rare for staff groups to work on these things, but can be an important trust building exercise, as well as preparing them to deal more confidently with difficult situations.

There are certain elements of behaviour which might warn us that someone is building up towards aggression, or that we are not reducing the risk by our responses. These can be seen as "micro signals", those elements of body language and attitude by which we can gauge whether our approach is lowering the temperature, or raising it. It is important to be aware we will be giving messages in the same type of ways; so we should be aware of how our micro signals will be perceived by the client.

Body language

- Pacing up and down; jerky, agitated movements
- Imposing on personal defensible space; closing in to make the other person uncomfortable
- Sitting on the edge of the seat, especially if encroaching into others personal space
- Stiff, tight posture, with an air of menace about it
- Violence to inanimate objects
- Wagging foot, and/or drumming fingers, accompanied by stiff posture
- Pointing, jabbing use of the finger
- Clenched fists
- Tight facial muscles
- Seemingly relaxed but condescending superior manner, with an air of menace behind it.

Eyes

Whilst exhibiting other signs of being in a tense, angry or nervous state:

- Fixed, glaring eyes
- Averted eyes
- Narrowing of eyes whilst staring aggressively

In addition, the wearing of dark glasses can be a power ploy; not seeing someone's eyes puts you at a disadvantage in trying to assess their attitude and make contact with them.

RISK ASSESSMENT**Voice**

- Clipped, aggressive tone
- Silence, accompanied by menacing attitude
- Raised voice
- Ranting, shouting
- Quiet, controlled, but content is clearly offensive and/or abusive, and meant to intimidate, with veiled or open threats
- Breathing might be shallow, swift, whilst speaking through clenched teeth
- Heavy, slower, breathing possibly with low, menacing tone

WORK SETTING RISK ASSESSMENT AND MANAGEMENT**INDIVIDUALS**

The previous record of the client's behaviour is probably the most important element of risk assessment strategies.

- How well has this been recorded, if there are incidents? Do workers ensure their own colleagues are alert to concerns and information readily to hand on the case file, or in the establishment's logs?
- Is the recording of incidents aimed at being fair to the worker and the client?
- Is the agency or establishment doing something to make violence more likely, eg enforcing petty or unnecessary rules, which are not agreed or at least discussed with the client group as a whole, where this is possible?
- Do workers always ensure that they pass on such information to agencies/establishments that they are referring on to, to ensure such knowledge prepares them to undertake a risk assessment and put risk management procedures in place for that client, and the workers?
- Were trigger factors for the client examined, and recorded, so workers in another agency, or in a residential or day care situation they are referred to, are aware of what might trigger the violence, and can plan their work accordingly? Again, this is also for the interests of the client, in trying to prevent further problems, as well as for the workers in the present and future.
- Does your agency or establishment specifically ask for such information as part of its assessment of suitability for placement?

RISK ASSESSMENT

CLIENT GROUPS AND WORK SETTINGS

Certain client groups may present different types of risk in different settings. There is a high incidence of assaults on staff in elderly people's homes. Residential adolescent units are generally areas of high risk. Group care situations have similarities to some forms of domestic violence; interactions build up, layer on layer, over hours, and sometimes days and months. In residential work this is even more pronounced (Rowett, 1986; Smith, 1988), where staff and residents share the intimacies of daily living; meals, getting up in the morning, and retiring at night, particularly as there is often little defensible, private space.

Where this is the case, there is heightened risk of violence. Unlike fieldwork, workers cannot just refuse to see a client at a certain point; there is direct, immediate and ongoing access to each others' space, and workers have to undertake the task of limit and boundary setting, which is known to be associated with aggression, particularly within affective relationships (Cooper, Trevillion, 1996). Where the client feels controlled and constricted by the worker, for example when trying to prevent aggression between clients, or self harm, this may well be the case.

The vast majority of incidents of violence to staff are by clients they know. Smith (1988) found that in 98% of incidents in his study, the worker knew the client, and in 90% of the incidents staff were aware of previous such behaviour, in similar circumstances. This emphasises the requirement to record and transmit what the trigger factors may have been, as part of the assessment and management of risk for that client. In relation to fieldwork, Rowett (1986) found that only 3 out of 112 assaults on workers in his sample experienced that violence on the first meeting with the client. One area of greatest risk and most serious violence in field work is in mental health situations, particularly where the client is being assessed for compulsory admission under the Mental Health Act 1983. This level of risk is further raised where the client has lost touch with reality and becomes violent. The same can be true for people suffering from some forms of dementia. The other major area of risk is child protection work.

RISK ASSESSMENT

If risk has been recognised by individuals, staff groups, or the agency, then there is the necessity to set up protective procedures, to ensure there is back up. Labour Research Department (1987) research demonstrates that workers are most at risk when isolated from what can be termed as "supportive surveillance"; the protective gaze of colleagues. This is not necessarily in a poorly lit and designed housing estate; it could be in an interview room, or in a day centre or residential establishment away from easy viewing or surveillance. Isabel Schwarz lost her life in 1984 at the hands of a client in a psychiatric hospital, surrounded by hundreds of people, but in an isolated office.

Supportive surveillance is one of the most important ways in which to reduce the risk of violence where a client recognises that that they are not alone and isolated with the worker. This immediately changes the nature of the interaction, as in the majority of situations, aggressors are making choices about their behaviour, and one of the aims of aggression is to intimidate and gain power and control over the victim.

If there are others around, but not as an audience, they are less likely to feel this, and so are less likely to enter into the power /control spiral. Similar situations occur in relation to other areas of interpersonal violence, such as woman abuse, and child abuse, but not where it is a culture of group violence, for example young men fighting outside of public houses.

Dealing with aggression face-to-face

INDIVIDUAL EXPERIENCE

Each of us have unique ways of dealing with violence, which are strongly encoded within us. When we are under stress, we are likely to revert to these ways of coping. All of us will have had some experience of dealing with aggression and violence, whether willingly or not, and bring something in to violent situations in our work from those previous experiences. Checklists such as those presented in this chapter can be helpful in extending our choices of ways of dealing with aggression.

It may be helpful to consider situations we (or colleagues) have had to face, and evaluate what our reactions were, or what they may have been, if they had been directed at ourselves rather than someone else.

Such "what if.." considerations can be valuable both for ourselves individually, or as staff group exercises. They can be used imaginatively, for different situations of aggression, based on personal experiences, or what we know can happen in our work settings.

Some points to consider could be those shown in the box on the following page:

DEALING WITH AGGRESSION FACE-TO-FACE

- What do you perceive as aggressive and violent behaviour?
- What types of such behaviour affect you most? Which of these types of behaviour produces what kinds of response within you? They may be very different for different types of threat. For instance, if someone has been subjected to physical or sexual violence as a child, this will affect how they deal with such types of violence in their adult lives; similarly, if someone has been subjected to sexual violence as an adult, this will affect reactions to such aggression at work.
- What are your current means of dealing with these different types of violence? Do you tend to become confrontative, deal with the situation calmly and logically, or do you tend to give way, for example?
- Which groups of clients give you most concern, and why? For example, male adolescents; people with mental health problems; parents of children in child protection investigations?
- In what sort of situations? Home visits? One to one interviews? When dealing with couples? With groups?
- Within your own personal attitudes and learning, and from within your staff groups and agencies, what might prevent you from recognising warning signals, and/or asking for support and protection?
- How, after a consideration of the following checklists, can you be more aware of your reactions, extend your personal risk assessment checklist for different situations, and improve ways of reacting in terms of requesting support, to enable you to feel safe in carrying out our work?

GENERAL STRATEGIES

We cannot always assess risk fully, but if we are aware of the types of situation in which we are most likely to be at risk, and we have an awareness of what types of situation threaten us most personally (see Littlechild 1995, for further discussion), we can then give ourselves permission to make this known to colleagues and managers to make sure we are best prepared to meet the situation.

DEALING WITH AGGRESSION FACE-TO-FACE**Preparation**

- If we go with a nervous and unfocused manner, which we are likely to do if we feel threatened, then if the client is in an aggressive state, they are likely to sense this.
- If they then perceive that they have the upper hand, this makes the possibility of intimidation and violence more likely, and the extent of it more severe.
- If you have time, talk through with a colleague how you will approach the situation, and the precise means of how you will be supported and protected. This in itself will help you feel more confident in dealing with the situation, and reduce the likelihood of your nervousness contributing to any violence.
- Organise back up which is understood and agreed by all, and is specific in content. This has to be work place specific, taking into account the setting; office, day care, residential, outpost office, home visit, etc.; and the layout and problems of isolation in any of them. This can be aided by having agreed procedures within the staff group which can help prepare for such discussions which might need to take place in pressurised circumstances, but also if you have not been able to anticipate aggression.
- If you have to break difficult or distressing news to clients, try to prepare for this beforehand if possible, to try to reduce the shock effect exacerbating the situation. On the other hand, they might arrive in a more aggressive mood. The judgement on this will depend on your knowledge of the client(s) and their potential reactions.
- If you have to break difficult news, or have to challenge a client about something, make sure you see them in your office, having ensured supportive surveillance; or if in a group setting, choose the office or a neutral setting, away from the rest of the client group. Having an audience can exacerbate matters, with the client feeling they have to show they are not going to be belittled by the worker.
- Prepare the ground in advance if you can. Tools, plant pots, ashtrays, even tables; whilst trying to keep some sense of a welcoming area, try to arrange this in a way so weapons are not readily available. If the situation is unanticipated, it is best not try to do this, as it may provoke a higher level of aggression, giving signals you are scared and expecting violence.
- Consider how gender issues may affect the situation. A gender balance between joint workers is normally a good idea. Often women are less of a threat than men, because males tend to square up to each other; however, the particular history of a particular man may show he is prone to abuse or assault a woman. Men are at much greater risk of physical assault from other men; women are at about equal risk of attack from a man or a woman. However, women are at much greater risk of sexual aggression than men (Littlechild 1993a; Rowett 1986; Smith 1988).
- Racist violence is undoubtedly more prevalent than in recorded statistics, and we know that black people are concerned about reporting because they fear they will be blamed, and not supported (Norris 1990; Smith 1988). The same is true for women and sexual aggression (Norris 1990; Smith 1988). The same concerns may hinder staff asking for support in the face of potentially abusive situations, and it is important to stay aware of this in supporting others.

DEALING WITH AGGRESSION FACE-TO-FACE**Face to face**

- Take off ties, long earrings, etc., which could be used to injure. Police officers often wear ties on clips which just pull off if they are attacked.
- On entering the room, try not to put yourself or the client in a corner, either physically or psychologically. In the physical sense, try to stand or sit in a non threatening way. This means not sitting/standing too close or too far away; an awareness of defensible space is important here. Although it varies from culture to culture, this space in Western cultures is generally at arms length, and if we encroach on this with someone who is not feeling safe with us, or is aggressive toward us, we will literally be crowding them out, and possibly prompting them into a defensive/aggressive reaction. If someone is already in an aggressive state, this area of space balloons out beyond arms length, to some five to six feet, perhaps. If we crowd them out within this expanded distance, we are much more likely to be the target of increased aggression.
- Sit down if possible, if your assessment of the situation is that this is safe, given the level of aggression indicated by the client's body language, eye contact, voice tone and volume, and verbal content.
- Try to keep your chairs at a slight angle; sitting or standing with a stance which leaves you eyeball to eyeball may fuel an aggressive build up.
- Try to stay at the same sort of height when sitting down, to avoid seeming overbearing or submissive, depending on whether you are higher or lower than the client.
- Try to maintain a relaxed, but not languid, posture; the latter can make someone feel you are being dismissive of their feelings or not taking them seriously.
- Be aware when entering the room and engaging in the contact, to leave escape routes for both the client and yourself. If you block theirs, even inadvertently, or they block yours, this can be provocative if the other tries to leave. Much better that the client calls you all sorts of things, and kicks a door or smashes a window, than turns their aggression on you as the target because you have invaded their defensible space or blocked their escape route.

continued...

DEALING WITH AGGRESSION FACE-TO-FACE*...continued*

- If in an office with an alarm, ensure you can be in a position to press the alarm if necessary, and be able to exit from the room rapidly if necessary. Make sure if you press the alarm, the response will be rapid, as the act of pressing it is very likely to increase the risk of escalation.
- In a psychological sense, try to avoid getting into corners. Don't get locked into repetitive exchanges of the equivalent to "Yes you did/No I didn't". Try saying things in different ways, by changing tack in the content, tone and pitch of your verbal interventions. Alternatively, when someone is in a volatile state because they are frightened and vulnerable, repetition of calming or limiting phrases can be deescalating for them. This is often referred to as the "stuck record" approach.
- If a "stand off" does ensue, try to take the focus of the interaction away from their personalising the issue/problem onto you. When a client is in an aggressive state, you can become the target. Try to deflect this by directing their anger in a different direction; set up other ways of approaching the issue, eg, offer to organise a meeting at another time, and perhaps with someone else present, to discuss their problems, grievances, or difficulties. Alternatively, explain who they can complain to if this will rescue you from a violent and frightening situation. This gives the client another focus other than just you.
- Do stay aware of your own feelings, and reactions to the client's developing attitude and behaviour, and their motivations and attitudes. This is likely to make you more in control of your interventions, and reduce the risk of further build up.

BODY LANGUAGE AND EYE CONTACT

A great deal of our awareness of others' emotional states and intentions comes from non-verbal messages, such as eye contact and body language (Bibby, 1994). An understanding of these is vital in assessing whether our own use of these signals, as well as the content of what we are saying, is calming the situation, or exacerbating it. In trying to determine this, we can employ the concept of a dance; our steps affect how the partner is able to dance;

DEALING WITH AGGRESSION FACE-TO-FACE

we adjust our behaviour in relation to our partner's actions and behaviour. We have to be constantly monitoring how all of these things are affecting a client, which we judge by reading the same elements of their behaviour, as we are monitoring in our own. Judging in this way, are we reducing their aggression, or increasing it, by our use of those behaviours and messages?

- Be aware of your use of eye contact and body language, as well as verbal interactions. The importance of eye contact is emphasised if we interview someone who is wearing dark or mirror glasses; we probably feel very vulnerable, as we cannot gauge their attitude accurately.
- In particular, be careful of the use of eye contact with people who may be in a psychotic state, as they may interpret our holding of their gaze as threatening, or burning into them, and they may react in a defensive/aggressive manner.
- Standing or sitting at a slight angle gives you the opportunity to break and regain contact again after a few seconds, or whenever feels comfortable, if the continued contact feels as if it is escalating their aggression/anxiety. If you face each other directly, this is less easy to achieve, and averting your eyes for a second or two to try to reduce the intensity and risk of heightening aggression may then appear as a submissive gesture, and actually increase the risk.
- Be wary of the use of touch, which means different things to different people from different cultures at different times. Their interpretation will also vary depending on their previous experiences and learning as an individual. Gender issues also define how touch will be experienced. These factors affect how someone will react to touch at a particular point in time, in a particular situation. One person may be inherently "touchy", with touch as the natural response to discomfort or upset. Such a person may well touch someone to try to make contact, whilst others may experience touch at times of fear/aggression as threatening and potentially hurtful, and not comforting, as a result of those previous experiences. Touch can be valuable when the peak of the anger has passed, and can then be calming rather than threatening.
- Body language, eye contact and use of voice tone and level are all important in monitoring whether you are defusing the aggression, or if it is stoking it up.
- Don't gesticulate, point, jab, or become overbearing in your physical proximity to the client.

Staying aware

- Be aware that when someone is very angry, they do not want to be met with a patronising counselling style of voice, but a real reaction which sounds genuine. Assertiveness is part of such adult to adult communication; if you are appropriately assertive, you are more likely to help a client remain in, or regain, an adult mode of behaviour. These are also important issues in working with clients in order to help them find strategies to reduce their use of violence.
- Attempt to avoid an audience when having to deal with aggression, or try to remove yourself and/or the client from an audience if you find yourself with one. It is much harder for someone - worker or client- to back down, due to what could be perceived as weakness, in front of other clients, peer group, friends, or family, for example. It is more difficult for a client to reach compromise if they feel they must face up to the worker in order not to lose face with their peers.
- Try to remain in an adult state when talking with the client, and try to keep them in an adult frame of mind, rather than in a child-like or powerful controlling parental-like state, as if a parent who is trying to be in control. An understanding of Transactional Analysis can be useful here, in having an appreciation of how we may react from a Parent or Child perspective, and how this may affect interactions (Harris, 1973; Pitman, 1984). It is useful to remember that it is frequently our role to which clients are reacting, not to us personally. This can help in our efforts to stay in control, and remaining in Adult by not getting hurt emotionally, and becoming aggressive, shrinking away or becoming defensive ourselves.

DEALING WITH AGGRESSION FACE-TO-FACE**Self protection**

- Remove yourself immediately if the aggression is escalating rapidly. There is no shame in removing yourself from danger. In removing yourself, such ploys as explaining you have to leave to sort out something they are complaining about can be effective. Even then, back out of the room, if you can, whilst still talking, and keeping eye contact – turning your back can appear as a submission signal and prompt an attack. The only exception to this might be if you are dealing with violence between two or more clients. In settings where this occurs, there should be two staff available to help deal with the incident. If it is very vicious, and you know you cannot control it, call a colleague and/or police assistance immediately.
- Consider calling the police. This can calm a situation. If it makes it worse, this may well have happened in any event, but you at least have the officers there to protect you. The police have a duty to prevent and deal with breaches of the peace. Does your team/agency have agreed procedures and thresholds for who will call the police, and when, in difficult situations?
- Lock doors and windows if a further attack might occur, to keep the aggressor out.
- Obtain support and consultation afterwards.
- Ensure there is some reaction to the aggressor as a limit-setting and learning exercise.
- Record the incident on the reporting forms and in relevant files.

CLIENT'S PERCEPTIONS OF THE SITUATION

- Try to recognise whether the client is experiencing feelings of fearfulness and defensiveness leading to the aggression, or whether they are making an outright power play, for example. Do attempt to recognise any fears the client may have, and address them in an adult way, with recognition, in a non-patronising way, that you have heard this.

"I can see you are angry. How can we deal with this?/What can we do to deal with this?"

It can be helpful to show a genuine interest in their difficulties, and demonstrate that you are concerned about their concerns, fears and frustrations. However, don't demand them to justify and explain for their anger, which can be perceived as patronising and superior.

continued...

DEALING WITH AGGRESSION FACE-TO-FACE*...continued*

- Ask open, non-threatening questions. Listen to what they are saying, and communicate that you have heard. "Aha", and "yes, I can see that" are useful types of responses. Try to focus on what you can do to help, but don't promise what you cannot deliver.
- Encourage them to engage in relevant points about your position, and explain clearly the boundaries of your role, and what you can and can't do. An important aspect is letting them know you are trying not to reject them as a person, even if you are not condoning their behaviour.

PHASES OF VIOLENCE

Several distinct phases are encountered in the build up to, and immediate aftermath of, physically violent incidents. Other types of aggression can be viewed in this way though threats and sexual and racist harassment tend to be longer drawn out and more complicated than in this model.

1. **Trigger:** Where the aggressor's behaviour moves away from an identified and normal baseline level in response to internal matters to him/her, and/or in relation to external frustrations and stimuli.
2. **Escalation:** The aggressor's mood and attitude is deteriorating, meaning that their responsiveness to positive interventions aimed at defusing the situation is very limited.
3. **Crisis:** The aggressor offers threats and possibly physical violence. Successful intervention is very unlikely.
4. **Recovery:** The aggressor gradually returns to normal baseline behaviour, and becomes increasingly open to positive, reparative interventions. The recovery period can be punctuated with recurrent bouts of aggression.
5. **Exhaustion:** At some point, the adrenalin and emotional anger will start to subside, and may well leave the aggressor tired and more open to limit setting, and discussions concerning the incident and its effects.

DEALING WITH AGGRESSION FACE-TO-FACE**SELF DEFENCE**

Some may find self defence training useful, but others will not wish to use it, or feel able to. It should be noted that such approaches could prove provocative unless used with skill and judgement. This section is included for information on best ways to approach this issue, and give some ideas, but training is necessary to learn them properly.

- If the situation has reached the point where a violent attack is about to take place, and back up is not readily available to provide psychological or physical restraint, the best strategy is to try to remove yourself as rapidly as possible, preferably to a "safe area" with a door which can be locked, and has access to a telephone to contact other agency colleagues, and the police.
- If shouting out is a possibility and necessary, do it only if you know others can hear, and are likely to react. Don't call "help"- this is too frequently used by people in horse play, and this is probably what most passers-by will assume is happening. "Get the police- I'm being attacked", or screaming, is much more likely to work.
- If you have to physically defend yourself, there are legal restraints in common law which basically state that someone can defend themselves only with force in proportion to the force used or threatened against them, and force can only be used when there is no other alternative such as withdrawing from the scene of the attack.

If a client pushed a worker on the shoulder, and the worker punched or kicked them in response more in retaliation than to protect themselves, it may be the worker who falls foul of the law.

- If you are being seriously attacked, curling up in a ball and sitting down, protecting your head with your arms, and other vulnerable areas, eg breasts or testicles, with legs, can be effective, as this presents less of a target psychologically and physically to the aggressor. They will then most likely burn themselves out; most violent incidents are over within a few minutes

(Smith, 1988)

DEALING WITH AGGRESSION FACE-TO-FACE

It is still best for the worker to try to talk themselves out of the situation although you may choose to fight back in whatever way you can if the situation is extremely serious. You will have to use your judgement and consider your legal position, and the fact that fighting back is liable to make the aggressor redouble their attack. Several points have to be kept in mind.

Frontal attacks in particular are generally fraught with difficulties. If you try to kick at someone's front, such as the groin or upper legs, they are liable to grab the leg, and make you more vulnerable. You may also miss your target and become off balance; these are also risks which make pushing problematic, as well as trying to poke eyes.

STAFF CULTURE AND SELF DEFENCE

If the culture of the agency and/or staff group is wrong, having input on self defence can be inappropriate for several reasons.

- It may make someone over-confident; to remember techniques and do it well, there has to be regular practice, either in real life or in role play situations.
- If the client is in a terrible rage and out of control half remembered techniques may not be much use; the author has worked with people who hold advanced judo awards, for example, who say that in these circumstances even such training can be of limited value.
- With an expectation that self defence should be used, it can be that if someone is hurt, they are seen as being doubly poor as workers, as the attitude can be that they received training on how to deal with this, didn't they, and so why can't they manage it?

If such self defence training is decided upon, there are trainers who do this but make sure that the limits of it are recognised. In addition, the police can be helpful with such techniques, and with what some would argue are better approaches, such as breakaway techniques and restraint methods.

DEALING WITH AGGRESSION FACE-TO-FACE**BREAKAWAY AND RESTRAINT TECHNIQUES**

Breakaway techniques are useful to try to gain time to allow back up procedures to come into place. They are of limited use against a determined attacker, but may give time to get out, or call assistance. One example of techniques used is when the worker is pinned to the floor:

- the victim grabs the attacker's right elbow with both hands
- whilst putting pressure to the outside of the elbow, raises the right knee, under the attacker's crotch.
- The joint effect is to unbalance the attacker and knock them over, in order to break free.

Another is when the attacker uses a stranglehold:

- the victim puts their left arm over the attacker's right arm
- links their left arm with their right arm
- stepping forward at the same time, turns their left hip to the attacker.
- A sharp anti-clockwise movement pushes the attacker's left arm up, and right arm down, breaking the stranglehold, and knocking the attacker off balance.

In recent years, Control and Restraint (C and R) has become the preferred method of dealing with violence (Gilbert, 1988; see also Leadbetter, Trewartha 1995; Gibbon, 1995). It was developed within special hospitals and the prison service in response to high levels of injury to both workers and patients/prisoners. The method assumes there should ideally be two or more staff dealing, but acknowledges that at times there may only be one. Again, as with breakaway techniques, these should ideally be used only after training, but one which can be of use in an emergency is the Warrendale hold. The worker stands behind the aggressor, grabs their wrists, and holds them across the chest from behind. Once on the ground, the workers legs can be crossed over the client's thighs.

These sort of techniques should only be used when absolute necessary, as they can cause injury in very violent

DEALING WITH AGGRESSION FACE-TO-FACE

circumstances. As a general rule, clothes should be used to hold someone, not the limbs, and certainly not the head; the stranglehold from behind is very dangerous and can cause severe injuries, and is banned by many police forces. If limbs do have to be held, do so near a major joint, in order to reduce the risk of dislocation, or even fracture.

ASSERTIVENESS WITH CLIENTS

One important method of helping clients learn different ways of dealing with aggressive feelings is to model behaviour. This can be one way of working with clients as part of a cognitive behavioural approach which is seen to be the most effective way we have at present of working with aggressive people.

In terms of such modelling, one important element for our own safety, and setting appropriate limits and boundaries, is the use of assertiveness, rather than other forms of skewed communications.

Assertive behaviour is characterised by:

- respect for self and others;
- reacting from Adult, and engaging the Adult in others, by negotiation;
- giving clear messages about limits and boundaries; and constructive criticism at appropriate times, in appropriate ways, within agency/staff group aims and contractual agreements;
- recognising and using in a positive way, our own weaknesses and ways of reacting to others ploys/games;
- not having to "win" all the time;
- having developed a range of choices in our verbal and non-verbal approaches.

Assertive behaviour is a way of interacting with others based on recognition of their needs and position, as well as asserting our own.

Our own use of assertiveness can be important in modelling appropriate behaviour to clients. It is a way of relating which is based on respect for others' positions, feelings, and opinions. It is not about getting our own way all the time. Assertive behaviour is characterised by

DEALING WITH AGGRESSION FACE-TO-FACE

remaining in adult, and negotiating through a situation to meet our own needs whilst not trampling over those of others. As part of this, we have to recognise our own "natural" ways of reacting; do we tend to be aggressive in potentially aggressive situations, or servile? Neither are assertive; to move towards an assertive approach means realising not only our own weaknesses, but also our rights.

Phrases which characterise assertive behaviour, in a tone of voice which sounds as if you mean what you say without being over bearing, are as follows.

IN CONFRONTATIVE SITUATIONS:

- *"Would you please..."*
- *"I'd prefer it if you... because..."*
- *"Let's go and talk about this in the office/ the kitchen/garden (etc.)"*
- *"It seems to me that what we need to do here is for us to..."*
- *"How about if we..."*
- *"Please let me finish... Now, what was it you want to say?"*
- *"What do you mean by that?"*
- *"What would you like to see happen if it were possible?"*

IN NON-CONFRONTATIVE SITUATIONS

(eg when immediate risk has been diverted, and there is the possibility of more considered discussion):

- *"It feels a put down when you..."*
- *"I would find it easier if you..."*
- *"others would find it easier if..."*
- *"That sort of behaviour is unacceptable/burful/upsetting/to others because..."*
- *"How could you have handled that differently?"*

DEALING WITH AGGRESSION FACE-TO-FACE

The aims of the above types of approaches are to defuse/analyse a situation without capitulating to the aggression. They are also attempts at moving away from the aggressor personalising their grievances on to yourself. They also aim to help them to see the nature of their aggression, and how they might move forward to a resolution without getting yet more aggressive. It can be important at times to admit we may have made a mistake, that we were overtired, or whatever; but be wary of using this, as the aggressor may see it as a sign of weakness, and move into more manipulative power ploys.

This then leads into the use of the problem solving approach (Priestley et al., 1978), explored further in the chapter on *Dealing with Perpetrators*, concerning work with aggressors. The same types of exercises as suggested here are useful approaches for clients and staff in analysing how they might develop their ways of interacting in any work situation, but particularly with regard to aggressive exchanges.

Victim support

Despite a growing literature on the management of aggression and violence in the workplace, Balloch et al. (1995) found in their study that the majority of social services department staff whom they surveyed considered that not enough was being done by their agencies to help them deal with the effects of violence.

In their study of victims of violence, Shapland et al. found that where the incident had happened at work this generally produced more severe psychological effects than if it had not.

"Where victims could depend on highly supportive work colleagues or were employed by an organisation containing an attentive personnel function, it seemed that the process of return to work was greatly eased"
(Shapland et al., 1985, p 106).

The importance of giving immediate, and possibly longer term, support and protection is a vital ingredient in recovery in the aftermath of an incident (UNISON/BASW 1996). The reactions of colleagues and managers have to take into account the effects on victims, with a real appreciation of how, within these generally recognised needs, they relate to the intensely personal and individualistic nature of a particular victim's responses.

For example, if the victim had been subjected to physical or sexual abuse previously, this may mean that an incident would affect them more seriously than for someone who had not. The work of Erikson (1963) was important in alerting us to how such traumas can take us back to unresolved matters in earlier stages of our emotional development.

The equation:

Observable nature of the incident
+
subjective experiences of the incident = effects on the victim,

has to be at the basis of our assessment and intervention in support of the victim. In the author's own work in

VICTIM SUPPORT

debriefing, victims sometimes experience recall of circumstances in their own earlier lives which have been revived by the incident. This might for example, relate to their own treatment as a child, which can affect their confidence and well-being in their private lives and their work lives.

REACTIONS OF SUPPORTERS

It is important that we examine how our reactions as supporters are likely to be perceived. It is very easy to dismiss how someone else is experiencing the effects of aggression, for many different reasons. We may be judgemental, on the basis our own experiences of how we have learnt to deal with (or ignore) aggression; men may be dismissive of women's experiences of sexual harassment and abuse; or white people may be dismissive of, or afraid of dealing with, ethnic minority groups' experiences of racist abuse. There is some evidence of women and ethnic minority groups' real concern at reporting incidents because of the expected blaming responses- that they are making too much of it, or they themselves had a part to play in bringing about such behaviour. (Norris, 1990; Smith, 1988; Littlechild, 1993a, 1993b). It is important that we recognise our ingrained responses in order to overcome them, and develop attitudes and responses which can empower such victims, rather than further oppressing them.

A checklist for ourselves as supporters might be:

- Do we come across as uncertain or awkward in our reactions? Many of us are unsure how to relate to victims of such aggression; as a society, we have not placed priority or emphasis on victims needs at all until comparatively recently, with the advent of Victim Support schemes, for example. We do not have a history of a culture or set of social rules of how to support victims, so we have to make a special effort in order to cope in ways which are not too timid or overbearing. Skills such as listening, reflecting, acceptance of feelings, concern for the person as an individual, and addressing practical concerns with them, are all important in meeting the needs of victims.
- Do we come across as judgemental in relation to any of the forms of violence discussed in this book? It is very easy to be

VICTIM SUPPORT

dismissive of what someone is experiencing if we think we could have handled it better; that they should not have got themselves into that situation, or that they are overreacting. It is particularly important that these thoughts are not communicated to the victim who is likely to be blaming themselves in part already. If it is the case that the worker really is being provocative in situations, this should be dealt with by managers, but this is not usually the case. In addition, victims often do want to go over what they might have done differently, and learn from it; but this should not take away from the agency's duty to respond to their requirements, and deal with the perpetrator.

- Might we come across as particularly judgemental to any particular group, or particular colleagues in such a situation? If so, why, and what can we do about it?
- Do we enable victims to work with us in dealing with the situation in a positive and open way or do we inhibit this process? If the latter is the case, why, and how can we change this?

Where such supportive responses are not in place, this can mean the informal support networks are stretched to provide these, which is unhelpful for several reasons.

1. Work related issues are not dealt with in ways which become resolved in a positive manner; informal networks cannot do this fully, if at all.
2. Confidentiality.
3. Extra stress is placed on such networks.
4. There can be ill feeling from both those involved in those networks, and the worker, as the support is not being provided from where it should – the work place.

If the networks are already experiencing stress from the emotional and practical demands of the victim's work, which can often be the case, the extra pressure of this is liable to push matters to breaking point, which again is not conducive to recovery. Such networks are important in helping overcoming the effects (Shapland et al. 1985; Shepherd 1990), but should not be the prime setting in which resolutions of the problems are made.

VICTIM SUPPORT

IMMEDIATE REACTIONS OF THE VICTIM

Victims may react in a variety of ways to the stress and/or trauma of the event(s).

The victim comes into you and appears to be shocked, rather disoriented, and may be tearful, hurt – emotionally and/or physically – or very angry, and may say things such as:

"It was awful, but I have to see my next client at their home/ run my group in the next half hour/ finish that report, so I have to do that"

"Just leave me alone, I'll be OK"

"I'm not having it any more. That's enough. I'm leaving/want him out now"

"The bastard! How dare he do that!"

These are some of a range of responses that might occur. One of the most common responses is a defence mechanism in which the victim is denying that it has had any effect at all. The person will be hanging on to what is left of their self esteem, professional identity, and normal coping strategies, which may feel in tatters. Being aware of this by way of their body language, changed colour of face, eye contact, tone of voice and use of language, are important clues as to how to proceed. It may be that the person can effectively carry on with their tasks over the next few hours and days with support being put into place. Supporters can check how they are feeling and coping, in ways which do not make someone who already may feel vulnerable think they are being seen as "weak" or "not coping".

If you believe someone really cannot continue this needs to be put in a way which feels caring for them, not critical, and gives practical support; arranging for their work to be covered and contact to be made to explain to clients that an appointment has had to be postponed, etc., is important. Most workers are very conscientious in not wanting to let clients down, so have to be reassured that such things will be taken care of if they leave them for a short while. On top of this continuing at work may be

VICTIM SUPPORT

better with the support mentioned above, as anger and depression can result if someone is at home alone. What can be very important is that someone shows care and concern, and unobtrusively inquires at appropriate times and intervals how someone is feeling. On the day of the incident, a previously agreed phone call to the person at home in the evening can make a great deal of difference. Victims often feel they are unworthy of receiving support, or are being ostracised, and such approaches can be important in rebuilding confidence and trust.

There are physiological changes of which we have to be aware. It is likely that adrenalin has been pumped around the body and this does not aid judgement and ability within the delicate and difficult human relationships with which we become involved. It does, however, prime us for flight/fight responses, and colleagues and managers have to be aware of this.

PRACTICAL SUPPORT FOR THE VICTIM

There are a number of practical measures to be considered for the victim.

- Is the worker safe from the perpetrator in the establishment?
- Have we ensured the person cannot get back to the victim by way of open doors, or through windows? On occasions, the victim and supporter may have thought they have dealt with the situation and started to wind down when the perpetrator has decided to return, as they had not fully finished their remonstrations. Ensure such safety before everyone starts to try to calm down.
- Does the worker need to see a doctor if it has been a physical assault? It may be the result of an attack is not clear for some time after the attack, eg injuries to the inner ear, and a medical examination is important not only for the immediate well being of the victim, but also if compensation claims or prosecution ensue, or if time off work is necessary. It may be the supporter can go along with them to do this.
- Does the person need help in getting home? If very shaken, this can affect driving ability, for example. In relation to this, it is best not to give someone alcohol; this will have an

VICTIM SUPPORT

increased effects over and above those normally experienced by them, as the shock and effects of adrenalin constricting the peristaltic processes, and blood vessels, can intensify the effects of alcohol.

- Is the victim safe from further attack, eg in the car park at the end of the day, and on the way home?
- If it is a serious attack, is the victim sure the perpetrator does not know their home address? In very serious circumstances of severe and ongoing risk the police can put into place alarms and support measures, and employers can consider helping someone to move. This may be very rare, but sometimes is necessary, particularly where threats to kill from clients we know are capable of such things are involved.

Whilst most of us would not want to consider such rare events, it is important to consider how they will be dealt with precisely because they are uncommon and the smooth application of protective procedures are vital in such serious circumstances.

LONGER TERM ISSUES

Several weeks after the incident, the victim may be more reticent in taking on new cases, dealing with situations that might put them into a conflictual setting with a client, or the client group (Green, 1982; Rowett, 1986; Heining, 1990).

They may seem rather more distracted or listless than they did before, and more absent minded. They may seem more cynical, or be more retiring.

There can be medium and longer term effects on self image and feelings about work, and colleagues and managers should be aware of the potential for these effects. It can for some workers be like a bereavement; they lose confidence in their role, their professional coping, and self image.

Within a few weeks, the victim will find a new equilibrium of coping, and this can have far reaching implications for their work. The support of colleagues, managers, and possibly independent debriefing and counselling is important at this stage. The importance of

these first few weeks are recognised in the work of Symonds (1975) and Shepherd (1990). If not proactively dealt with this process of equilibrium reinstatement can be disempowering and depressing, affecting later commitment to, and effectiveness within, the work setting. The culture of support has to ensure that victims are dealt with sensitively and with understanding. This may include provision of independent help and support.

DEBRIEFING AND COUNSELLING

However supportive and helpful a victim's line manager, there may be issues the person has to work through with an independent person. This is because of the many after effects which have already been noted, and because the person may feel very exposed in talking about some of the more personal issues raised by the incident(s).

Any such debriefing or counselling can then be confidential, with the agency only having to know that someone has been seen, but having no details of the content.

Such debriefing offered as of right, widely advertised and promoted at all levels within the organisation, is an essential feature in reactive services. Even if the victim chooses not to use it the knowledge that it is provided and can be accessed if necessary is comforting, and gives the caring messages so important in working through the problems. The value of such services are demonstrated in an evaluation of such a service provided by one local authority (Clark and Kidd, 1990). Some forms of debriefing, known as trauma therapy, have been criticised, as they require the victim to relive the events of the trauma (Burrell, 1996). It is important that this is not a requirement of debriefing, but is used only if the victim positively wants this. It should be client led, without preconceived ideas, and should be supportive and enabling, not intrusive.

The aims of support for the victim should be to enable them to deal with the practical and emotional after effects, as they experience them, not how we may think they ought to experience them. This is because the experience is unique to the victim; there are generalised effects upon which we can base our supportive approaches, but exactly

VICTIM SUPPORT

how, when, and in what proportion, an individual victim will experience these effects, will vary greatly. One of the effects will be concern about how the aggressor will be dealt with.

Dealing with perpetrators

IN THE IMMEDIATE AFTERMATH

In response to incidents, rapid follow up is important, in order to emphasise the unacceptability of such behaviour, and for the perpetrator to be confronted with the effects of their behaviour whilst it is still a live issue.

- First reactions should be to diminish the risk of further aggression, so protection and containment are the key elements of immediate post incident reaction.
- When judged safe enough a reaction which involves discussing the incident with the client is important, with an acknowledgement that the incident will be discussed as agreed within agency procedures at a later stage as well when everyone has had an opportunity to calm down.
- If it is not possible to contain client(s) then back up procedures are required to be enacted, and if it is serious risk which is being confronted then it is important not to try to deal in detail with the matter as it is likely to spur further aggression. The setting for detailed examination with the client has to take place quickly, but not whilst the situation is still volatile.

Responses to all forms of aggression should be based on the idea and approach of accepting the person, but not the behaviour.

A range of responses has to be in place, which can be proportionate to the behaviour of the client.

VERBAL RESPONSES

Talking through the situation and its after effects with the client is important in aggressors' learning in how to deal with such situations differently, and in limit and boundary setting concerning acceptable behaviour.

- The setting should be private not in front of other clients as the latter could be provocative and may lead

DEALING WITH PERPETRATORS

to anger and further aggression.

- Help the client to think through what the triggers may have been and how they might have dealt with the build up differently.

This is generally easier to do in group care settings than in fieldwork, where a meeting has to be specially set up, and one of the parties will have to actively travel to the other, possibly setting up more of a formal "set piece" which could be provocative. If this is the action decided upon, it is important that

a. the choice of venue is appropriate, and

b. there are back up procedures securely in place.

The important point is that some response to the behaviour must be perceived by the perpetrator. If it is not possible to give a verbal response, a written one may be more appropriate, and/or be given at a different stage.

WRITTEN RESPONSES

These can be useful but as with verbal responses will have to be carefully considered so that they do not trigger further aggression the staff are not prepared for, and in order to best manage any ripple effects which may spread throughout the network the worker is involved with; eg other clients, family, or peer group. The letter should be framed so as to take into account

1. reference to the incident;
2. any policy and or agreement in place concerning unacceptable behaviour;
3. how their behaviour relates to this (clients should ideally have known about this beforehand);
4. setting out an understanding of the pressures someone may be under but emphasising that this is no reason to offer aggression;
5. any action being proposed or being undertaken by the agency;
6. what would happen if any further similar behaviour were to be exhibited.

DEALING WITH PERPETRATORS

An invitation to discuss the matter in a further meeting could be offered if the client so wished or this was required by the agency.

Such responses may be equally valid for aggression between clients as for aggression to staff and both may lead onto another stage which might be referred to as mediation.

MEDIATION

This can be a useful way of viewing a meeting between the perpetrator and victim. It is a term used for a situation where an independent person sets the parameters for the meeting, provides the safety for different parties in a dispute to discuss the issues involved, and tries to come to some resolution of a way forward. This will not be appropriate for all clients and workers in all situations, but many group care settings already employ approaches of this kind. The value is in being able to talk to each other, state feelings and concerns, open a discussion on how to resolve the matter, and discuss what relationship there can be between the parties based on what ground rules. The mediator should ideally be completely neutral, but this will not normally be possible or maybe even desirable; it is likely to be the line manager, who in addition has responsibility to ensure the safety and well being of the staff and other clients; so it is not classic "mediation", but is the nearest term for it. Preparation should clearly set out the ground rules for the meeting, with an explanation of why it is taking place and the positive effects everyone is hoping to achieve from it, and how.

This can be important in diminishing the possibility of unfinished business and feelings leading to further difficulties for each party. It can be an important modelling experience for clients in how to handle conflict and develop new means of conflict resolution in their repertoire of behaviour. The results of such meetings can contribute to revised contracts or care plans with the client taking into account the need to help the client deal with such situations more positively.

Responses also need to take into account that some clients may enjoy the attention derived from aggression and its aftermath, so plans and training need to ensure

DEALING WITH PERPETRATORS

that the reactions of the staff and agency are such that aggressive behaviour is not reinforced unintentionally by them (Sheldon 1982; Hollin, Howells, 1996).

COUNSELLING

Any such counselling has to be part of a care plan, with agreed objectives as to why it is happening, and what the purposes are, such as a reduction in aggressive behaviour. The purpose would be not just to ensure the agreed rules are kept to; part of the purpose of the contract is to undertake work in relation to the client's development, and their social and emotional relationships with others. Methods of work and how they will be reviewed, by whom, and how, should be agreed. Approaches can vary; from a task centred approach (Doel, Marsh, 1992), to behavioural (Sheldon, 1982), through to a more psychosocial approach (Coulshed, 1991). In general, it is the more cognitive behavioural approaches which are being developed in work with perpetrators in response to aggressive and violent behaviour in different types of situation. This can be taken further with some clients if they are willing to look at what their aspirations are for their relationships.

Such an approach not only makes the purpose and process of the intervention clear to the worker and client, but also makes it clear that it is seen as a serious, ongoing area of work. In addition it makes it clear to other staff who can then support the work more effectively.

COGNITIVE BEHAVIOURAL APPROACHES

Recent work in the UK and USA in relation to abuse of women and domestic violence (Dutton, 1992; Dobash et al. 1996), confirms that cognitive behavioural approaches towards work with violent men can achieve greater change in relation to repeat violence than other methods. Bandura (1975) links reinforcers (or lack of punishments, which could be feelings of guilt as well as external reactions) of behaviour with repeats of that behaviour.

Treatment must include an understanding of the reality of the effects of violence, and challenge the perpetrator's assumptions and denial regarding their behaviour, and their responsibility for it. This is true also for work where sexism and racism are involved (Daniels, 1996; Murphy, 1996).

Young people who are violent, for example, often see their behaviour as logical, moral and fulfilling (Strodtbeck and Short, 1964). A main element of treatment is to include an attempt to get the perpetrator to think about power and status in a different way, as they often view this in an adversarial manner; their gain is the other person's loss, and vice versa. These are the types of rationalisations which require to be challenged by professional workers.

In particular assertiveness techniques and problem-solving approaches, which can help replace such attitudes and behaviours, are valuable tools.

ASSERTIVENESS AND PROBLEM SOLVING TECHNIQUES

The learning of assertiveness, as opposed to aggressive behaviour, is an important element in dealing with aggression for clients.

Certain techniques can be part of helping a client learn such behaviour; we can go through case studies, or look at anger diaries they keep, or individual situations you have observed them in or they recount to you. This helps to identify what there may be in their attitude and behaviour, and how it relates to different types of behaviour in others, which leads to their build up of aggression. Then, it can be agreed how the person might be able to spot they are in such an upward spiral of aggression and to think of strategies and techniques which would allow them to turn back without "losing face". This latter aspect of self image is an important element in many areas of aggressive behaviour.

Such learning can take place as part of a problem solving approach (Priestley et al. 1978; Lishman, 1994; Murphy 1996), drawing upon cognitive behavioural methods (Hollin, Howells, 1996). Often, clients will be unhappy to feel that they are receiving "therapy" which might imply to them that they are seen to be lacking or deficient in some way. Explaining the issue as one of joint exploration of how to overcome a problem which you and the client are identifying and working on together may be much less threatening, and engage the client more readily. Such a problem solving approach is based on ideas that it helps people to think through their problems and find solutions to them with the support of another, and that it

DEALING WITH PERPETRATORS

may help improve their ways of approaching problems in a more general way.

This approach helps people understand why their problems occur, and how their learned patterns of behaviour may contribute to them. Its advantages are:

- It is optimistic in that it presumes people are capable of change, and can modify their behaviour, thus empowering them to move beyond feelings of helplessness surrounding their own choices about how they interact with others.
- It is based on "coulds" and "perhaps" not "oughts" and "shoulds" which can alienate clients.
- It is concrete and realistic, not esoteric and remote, and can be used in discrete sessions as a part of work with clients either more generally or as part of an agreed element within a clear contract of issues identified and to be tackled.
- It can be reinforced in more informal situations such as in group care, when brief quiet words can help someone realise they are getting into an aggressive mode. It can aid them in remembering the anger management techniques they have learnt and supply praise if they handled a potentially difficult situation well. Beware though not to sound patronising or this may engender anger in itself – choosing your moment within this sort of approach is everything.

In the structured work which can be undertaken with clients the basic premises are that aggression is a consequence of the way someone recognises their own feelings of anger, discrimination and power, the way they interact with other people, and how they think and feel about themselves, other people, and the world in general. These ideas are central to techniques of anger control and management within the overall cognitive behavioural approach.

ANGER CONTROL TRAINING

Anger control training (Novaco 1975; Gardiner, Nesbit, 1996) is a way of helping someone manage their aggression, which has the aim of changing how someone "talks" themselves through situations. Someone learning to say in their head *"Keep calm; s/he is trying to wind me up and I won't give them that power; just remember to ignore*

him", is one example of this. There are three main stages within this model. Novaco saw overt aggressive behaviour as a result of an individual's "particular appraisals of aversive events. External circumstances provoke anger only as mediated by their meaning to the individual". As Howells (1981) notes, in a review of the encouraging evidence concerning such approaches, it is vital to take into account "...the relationships that form the context of the violent acts and... the violent person's view of relationships and other people."

Cognitive preparation is the first stage in this approach, in which someone learns what triggers their aggression; the focus is on personal anger or power seeking patterns, and violence provoking behaviour.

The second stage is of skills acquisition where these are re-examined and alternative means of managing their own feelings and behaviour are practised such as the content of the "inner talk" mentioned above, and relaxation and breathing techniques, to counter-condition tension in difficult situations.

Thirdly, there is the application in practice where role play or discussion of the previous week's events can help change reactions to possible triggers starting with the easiest to deal with and working up to the most difficult as defined by the client.

Within such a framework, various techniques can be useful.

- Anger diaries to help the client realise patterns in their own behaviour and what "winds them up".
- Sentence completion, to help pin down the issues.
 - "In a difficult situation I usually..."
 - "What winds me up most in others is..."
 - "What I was wanting to achieve by behaving like that was..."
 - "My biggest problem in dealing with these sorts of situation is..."
 - "When I do get frustrated/angry I usually..."
 - "What I could choose to do differently is..."
 - "What might stop me trying that is..."
 - "Others saw me in that situation in the following ways... They might have seen me in that way because..."

DEALING WITH PERPETRATORS

It is important to recognise the difficulties clients may experience in changing their behaviour; eg walking away from a situation where they feel everyone is waiting for them to confront the other person or abuse them. It is important not to collude with attempts to deny change is necessary, however.

Cartooning and sculpting can help clients see what may have been happening in a situation, and examine how each participant might have appeared, and acted, in the way they did; this is important in realising other people's motivations, difficulties and problems, which is sometimes not the easiest thing for clients who have often had abusive behaviour as a powerful model in their own upbringing. In addition, clients may often have learnt to have little if any respect for others, or to consider the implications of this.

Set small tasks for clients to try to achieve when they set about practising different behaviour, as you are working to build up their confidence, not try to confirm any feelings of deeply ingrained failure. Ensure that promised sessions arranged for these discussions do happen unless ill, for example, as failures can destroy trust quickly if the client does engage and take the risk of exploring other ways of behaving. Give space at the beginning of sessions to recount any small successes, and make sure these are praised.

Some of these techniques can sometimes be used within a situation and immediately afterwards, but there is limited potential within these periods and they are more relevant in post incident work when everyone has calmed down from the worst pitch of explosiveness.

Basic tenets of the approach are that it is best used to

- help people solve their immediate behavioural problems;
- improve their abilities to deal with future problems;
- develop new understandings of why they occur and new strategies to deal with them.

Based on values and techniques of emphasising strengths, as well as weaknesses, it is best used as part of an agreed contract, where there is at least some minimal level of agreement from the client.

THE 5WH (WHY-HOW) APPROACH

The 5WH (Why-How) approach is a useful system of incident analysis, used for initiating and maintaining the focus of discussion on how someone might do something differently, which complements the above approaches.

Questions and discussion are framed around:

What is the problem?

Who does it affect?

Where does it happen?

When?

Why?

How could it be tackled?

(Priestley et al., 1978; Gardiner, Nesbit, 1996).

Then, concrete, small scale objectives are set, and how clients will carry them out, in very practical ways. How progress will be reviewed, when, and how, will be agreed.

Examples of setting objectives are:

(Sentence completions)

- *"Next time I will..."* It is important to avoid the use of the phrase *"I will try to..."*, which minimises the resolve required.
- *"I want to be able to..."*
- *"When I get to feel angry/frustrated I will..."*
- *"What really gets to me is when someone..."*
- *"I can deal with this differently by..."*

These cognitive behavioural approaches are of value in helping people to learn new ways of conflict resolution, and can be as valuable for the learning and development of staff strategies as well as for clients.

PROSECUTION

When the incident has been a serious one this should be considered. Some agencies have policies which state that they will expect to prosecute if a member of staff has been seriously assaulted, and may even be prepared to take a private prosecution if the police or Crown Prosecution Service decide there may not be enough evidence for them

DEALING WITH PERPETRATORS

to prosecute. This is a serious but often appropriate limit-setting procedure. There may be a case not to prosecute; eg. with people who have some form of dementia, severe learning difficulties or mental health problem; but in the latter instance, for example, a hospital order could be appropriate if the violence is severe and frequent. It may also be affecting other clients, their family, and members of the public as well as staff.

A concern about prosecution for the victim is that they often feel victimised by the criminal justice system itself which is not geared up well to meet the needs and concerns of the victim. Having to give evidence in court can be very difficult, especially if the victim is afraid of further repercussions from the aggressor. All this requires to be discussed and agreed with the victim in the planning of the prosecution process to ensure proper support and protection. Local Victim Support schemes can be helpful in some of these areas, and could be a valuable resource for the victim and the supporting agency.

INJUNCTIONS

This is an often neglected but potentially valuable protective procedure. If there has been serious harassment or violence to a member of staff an injunction obtained from the courts with a power of arrest can ensure immediate responses if the aggressor comes within a certain prescribed distance of the office, establishment or residence, without having to persuade the police of the rights and wrongs of the situation each time. They are not cheap to obtain, but some agencies have included them as part of their policy for the rare but vital occasions when one is required, and the author has worked with agencies which have employed them very successfully.

WITHDRAWAL OF SERVICES

Nearly always this will be a last resort, after all the methods discussed in this book have been tried. However, it must remain an option when the aggression is so severe and consistent that it is necessary for the safety of staff and/or other clients, as recognised by the Association of Directors of Social Services (1987). Again, agency policy should detail in what sorts of situations, and after what

DEALING WITH PERPETRATORS

warnings and other measures, this can happen, and on whose final decision. It is already used in a number of residential establishments quite regularly, but may have to be more structured, and with set procedures, to ensure workers and clients know the stages and possible outcomes. It will be important to try to set up the best possible alternative for clients to meet their needs and deal with their difficulties, but this may not always be possible. It becomes most difficult in statutory situations such as where mental health or child protection work is involved, or in residential child care for example. Some other provision must be made or, in the case of field work, interviews only take place with two workers, and with the police readily available as backup.

In addition, it is important that any other agency they are referred to or may make use of are made aware of the issues for that agency to assess risk and put suitable plans into place for protection of their staff, and other clients.

Such plans require proper policies to be in place.

Developing local policies on aggression and violence

POLICY DEVELOPMENT

Policy development works effectively only if all staff are involved at all levels. This includes the initial process of determining what should be part of such a policy; how an enabling not disempowering central agency policy can help local policy development, and how the effectiveness of any policies can be monitored and evaluated, and changes brought about as a result of this process. All staff who come into contact with clients, such as reception staff, cooks and domestic staff in residential establishments and day care, can be involved as well. They too are involved as potential victims and should be part of the developing protective, supportive environment.

Policies which protect staff should include guidance on how perpetrators will be dealt with, not in a punitive way necessarily, but in ways which are fair to their own problems experiences and environment, and thus workers will be enabled to help them develop more acceptable ways of relating to others. Such matters should be part of the assessment and care plans if this is one of the client's- and therefore their network's- problems.

Dealing with aggression is essentially an extension of good practice. It involves ensuring that the emotional life and the behaviour of clients which may be part of their problems are addressed as part of assessment, planning, intervention and review. These procedures must include in an open and agreed way the issue of aggression and violence, where this is the case, in order to be fair to clients and staff. It is unfair to expect clients to be able to double guess what is acceptable and unacceptable in

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

contact with workers (and possibly other clients) in different settings, and for there to be no agreed range of responses to such behaviour. It is unfair to expect workers to work consistently and confidently unless such understandings are in place within the staff group providing the service, and between agency, workers and clients.

REPORTS AND INQUIRIES

Trade unions and professional organisations reports and campaigns have been influential in making aggression and violence a higher priority in agencies. The National Association of Local Government Officers, now part of UNISON (1979, 1989); the British Association of Social Workers (BASW) (1988); the National Association of Probation Officers (1989); Balloch et al. (1995); and most recently, UNISON and BASW jointly (1996), all highlight the nature of risk to staff, the need for proper reporting and monitoring of incidents, and the need for supportive strategies for staff undertaking a job which has inherent risks. In addition, similar concerns have been expressed by employers' organisations, such as the Association of Directors of Social Services (1987), and the Association of Chief Officers of Probation (1988).

One of the best documented areas which demonstrates the effects of aggression to staff – on clients and workers – is child protection work. A number of child abuse inquiry death reports, and research studies, have highlighted these effects, such as in the Richard Fraser inquiry (London Borough of Lambeth, Inner London Education Authority, and Lambeth, Southwark and Lewisham Area Health Authority (Teaching), 1982, p 62); the Kimberly Carlisle inquiry (London Borough of Greenwich and Greenwich Health Authority, 1987, p 197); and the Liam Johnson inquiry (Islington Area Child Protection Committee, 1989, p 11).

The House of Commons Health Committee report, *Public Expenditure on Personal Social Services: Child Protection Services* (1991), stated that it was concerned about the issue of violence against social workers and its ramifications for the effectiveness of their work and morale, and on staff retention. It called on the

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

Government to set up a study on the effects of violence and abuse on staff. This has never happened. The Bridge consultancy report for Cambridgeshire Social Services on that agency's involvement with Rikki Neave and his family also raised concerns at how child protection staff are supported when confronted with aggressive clients, and its effects upon their work (Downey 1997).

The importance of social workers understanding the need to use authority at the appropriate time and having to face possible violence is noted in several inquiry reports, such as the Jasmine Beckford inquiry (London Borough of Brent and Brent Health Authority, 1985, pp.14-15) and the Cleveland inquiry (Butler-Sloss, 1988, 13.18).

Taking full account of the effects on workers and clients can be argued for in other settings and for other client groups. If a culture of violence and intimidation is allowed to develop and ferment, for example, in group care settings or residential and day care work this can lead to intimidation and damage to fellow vulnerable clients, and increased risk to staff.

The DHSS Advisory Committee on Violence to Staff (1988), known as the Skelmerdsale report after the Lord who chaired it, stated that agencies should have a strategy in place for staff safety and that there

"is an important role to be played by staff and their representatives in the development of (those) strategies" and "when agreed, the strategy should be implemented and made the subject of regular review".

This Committee arose from a conference organised by the DHSS (as it then was) after the death of Frances Betteridge, a Birmingham social worker, in 1986.

THE PROBLEM OF UNDER REPORTING

One of the features of being a victim of aggression and violence is the difficulty of telling and knowing what response to expect. Many who are caught up in the web of violence never fully report it.

For those who do the reaction they receive upon first telling is one of the most crucial elements in whether they will be helped or hindered in the prevention of further violence; does the response feel supportive and protective or does it allow (or even exacerbate) the violence?

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

The reporting of such violence towards women has been much greater since firstly, womens refuges offered a real chance of escape from the violence, and then when police forces produced a policy that perpetrators of domestic violence should normally be arrested, allowing the possibility of protection.

If there is no reporting, the agency cannot map out where, with which clients, and in what settings, staff are at risk. If this is the case the agency cannot organise effective support for staff in planning how to reduce the risks and prevent aggression.

The problems surrounding any planning to deal most effectively with aggression and violence towards staff are compounded because we know that only a small percentage of all incidents of physical violence – about 5% (see Rowett 1986) are formally recorded in agencies because the victims do not report them in writing. Smith (1988) found that incidents of violence which are defined as verbal abuse, threats, or actual physical contact had a verbal reporting rate of 78%, but a formal written reporting rate in his study of only 17%. Norris (1990) found that many workers did not report incidents because they believed being subjected to certain levels of violence was part of the job and were unsure about when to see an incident as serious enough to report. If incidents are not reported, it is not possible to analyse the causes and effects of the incidents.

Many workers do not report incidents because they believe that they will not be dealt with sympathetically and are worried that they will be viewed negatively by colleagues and managers (Rowett 1986; Protherough, 1987).

A worker might worry that they will be seen as an inexperienced or provocative worker and damage prospects of advancement in their work if they talk about an incident and how it might have affected them. These concerns, expressed by many respondents in Rowett's study (Rowett 1986), were shown to have sound foundations when other staff were asked what characteristics they believed victims demonstrated. Victims concerns about how they would be viewed were shown to be largely true.

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

We know, then, that many workers do not report for the following reasons:

- 1) the fear that they will not be dealt with sympathetically;
- 2) that they may be judged as poor workers for allowing the incident to have happened or not preventing it; and
- 3) concern that they may well be viewed in a negative light by managers and colleagues and that this might negatively affect career progression in the future.

These issues are compounded if they involve issues of gender or ethnicity. Black workers are often reluctant to report racist violence, and women to report sexual violence, as they are often concerned at receiving a blaming rather than supportive response (Norris 1990).

REPORTING AND CULTURES OF SUPPORT

The importance of having effective reporting procedures is stressed by Poyner and Warne (1986). Their study stressed that this is the most important area to develop in attempting to tackle the issue of aggression and violence to staff, and the UNISON /BASW joint document (1996, p 4) states that "the crucial feature of any strategy to reduce the risk of violence is an effective reporting procedure". To do this, workers have to feel part of a group and organisation where a culture of support, rather than blame, is in place. Whilst it may be important for a victim to examine what they may have done differently in a situation to defuse it, which they can do in post incident debriefing sessions, this has to be within a context where the emphasis is placed on the perpetrator as being responsible for the violence and not the worker.

THE RAP/REVIEW MODEL

This model of risk assessment and risk management is a systematic means of approaching policy development in this field based on four elements of Recognition, Awareness, Planning, and Review (Littlechild, 1995), contained within such a culture of support.

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE**RECOGNITION**

Recognition takes place at three levels; personal, staff group, and agency.

- Personal recognition means gaining understanding of our own personal reactions to different types of situations and threats and how we can deal with them. It also means recognising how easy (or difficult) we find it to ask for support in impending or actual aggressive situations and how we can develop this for ourselves; what our reactions are likely to be in the aftermath of different types of incidents, and how we can best plan to have them dealt with.
- Staff group level recognition means that it is acknowledged that this is an issue which needs to be discussed at regular intervals with all relevant members of staff present and able to contribute.
- Most agencies now have some level of recognition that staff have to face such problems but this needs to be translated into effective policies built upon the first hand experience and input of all members of staff (Johnson, 1988; Norris 1990; UNISON/BASW, 1996), which is the key to developing and monitoring effective policies.

AWARENESS

Awareness is a less concrete concept but is equally important. It requires the locally agreed strategies, together with personal learning, and the limits and boundaries of the service, to be constantly borne in mind ready for use when necessary.

PLANNING

The first two elements of this model are of limited value if proper planning is not in place. Plans need to be agreed which are specific to that particular work setting, with agreed methods of dealing with aggressive clients and recording incidents set in place in a way which staff and clients can easily understand.

A valuable addition to this is the preparation of induction packs and programmes which address agreed strategies for staff safety and limit setting measures for clients derived from enabling central policies.

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE**REVIEW**

Reviewing policies and procedures is a neglected feature of policies and procedures. Review mechanisms within agencies centrally, based on the evidence from collated reports of incidents and consideration in staff groups, are an important way of evaluating the effectiveness of policies within the framework of the first three elements of this model. The results of this evaluation then lead to policies being revised and updated systematically and seriously, in light of the learning taking place.

This should then lead in a virtuous circle, feeding back into improving Recognition, Awareness, and Planning, where there develops a greater recognition and awareness of risk and planning for effective measures to deal with aggression. Lessons are then being learnt from feedback on agency monitoring, discussion of incidents within staff groups, research, and possibly, discussion with resident or user groups, where appropriate.

It should also lead to identification of necessary training, and further requirements within policy development, both at the central and local level.

KEY POINTS FOR EFFECTIVE POLICY

The key points by which any policy should be developed, reviewed and judged are:

- 1) Does it reduce the risk of aggression to staff, and in what ways, exactly? How does it take into account our knowledge of the effects on staff and clients, and the secretive, possibly victim blaming, elements of such aggression?
- 2) Are the policies/arrangements fundamentally workable in practical ways?
- 3) Does it increase collective support and reduce the risk of physical and emotional isolation of staff?
- 4) Does it help confront the real issue and place the locus of assessment and intervention where it belongs- on the perpetrator?
- 5) Are clear limits, boundaries, and possible responses for victims and perpetrators available and understood by all concerned?
- 6) Does it provide a culture of support for victims, and ensure a response is perceived by the perpetrator?

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

PREPARATION, MONITORING AND REVIEW

The whole area of aggression and violence to staff is covered by section 2(1) of the Health and Safety at Work Act 1974, which requires employers to "*ensure, so far as is reasonably practicable, the health, safety and welfare of all his employees*". Thus the monitoring, review, and development of procedures, settings and plans to increase staff safety are identified as a statutory responsibility. The other side of this coin is that the Act states that the employee also has a responsibility to identify risk, and avoid it; section 7 of the Act states that it is the "*duty of every employee to take reasonable care for the health and safety of himself and other people who may be affected by his acts or omissions at work*". This may be important knowledge for staff in relation to how much they feel able to demand support in the face of clearly recognisable risk. In addition, the DHSS Committee on Violence to Staff (1988) recommended that service providers should have in place "*a local strategy... which contains an assessment of problems of violence, preventive measures, suitable responses and support for staff who are victims*".

So, a timetable of policy development might include preparation of a consultative document with representatives from all grades of staff within the agency, be this a small independent agency, or the largest social services department; then wide discussion with staff groups, again including all who deal with clients. This can also include client groups where appropriate, as well as in the review process. Further refinement at local level then takes place to feed back into the central development; review by the central team; then preparation of the guidance with a clear commitment for monitoring and review taking into account of all levels of staff in reviews by means of staff group meetings, for example.

Further development of the central policy is then based upon this feedback. The importance of the local staff group cannot be overstated; it is here that the working up of appropriate limits and boundaries, formulation of contracts with clients, and detailed preparation of back up procedures and post incident procedures must be carried out.

One person in the organisation should take responsibility for organising that all this happens; possibly

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

the chair of the Health and Safety Committee, or its equivalent. There has to be a commitment to collate information on reported incidents, and ensure action takes place from expressed views of the first line manager and victim. Learning and action from these processes has then to be widely acknowledged to all within the agency; ie, what has happened as a result of the reports? What changes/developments are the agency working towards as a result of their learning from the collation of them? Workers have to see some positive response to their reporting to encourage them to do so more regularly.

In order for a policy to work well there has to be not only the agency and staff group commitment to a culture of support but also clear, practical understandings of the process of support. One way of ensuring such a local policy is effective is to write it down in a way which would be capable of being understood by a new member of staff who would not have been part of the development discussions. Such understandings should be readily available and accessible to new members of a staff team. It should detail how to access support, the attitudes to expect from others on this, and what to practically expect of each other in anticipated and unanticipated situations. The following suggestions arise from the author's work with staff groups and agencies, and the ideas, initial plans, and reviews of their policies and detailed plans. Such policies and plans can then be developed as part of an evolutionary process with full staff groups and possibly, where appropriate, with clients.

BACK UP PROCEDURES

Back up procedures to have in place for incidents might include:

- Who will first encounter the client; one person or more? Which individual(s) should this be? Why this/these ones? The measure of any such procedures are that they are practical and that they will work whenever they are required, and each individual involved knows what is expected of them and what is not expected of them- both in the face to face dealings with client(s) and as supporters.
- If you can choose where will this be? On their territory- their home, or in the office? Communal/TV room in residential care;

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

- communal areas in day care; or in the office? If so in which part of it set out in which way, to provide unobtrusive but clearly recognisable colleague supportive surveillance?
- Is there a window in any door to a room for colleagues to provide surveillance or could the door be left ajar? Such surveillance which clients can be clearly aware of, whilst not so intrusive as to exacerbate the situation, can be a key element in changing the dynamics of an aggressive situation. If the aggressive person is aware they do not have you in an isolated area, and others are keeping a look out on you and them, this can prevent a build up of aggression which could happen if they feel they have you alone and scared, as part of a spiral of power and control they can feel if not so overseen.

It could be part of the procedure that someone calls in after a few minutes on a pretext, such as an urgent call for the worker. This can be useful both for anticipated situations and also if something alerts a colleague to the possibility of aggression, such as raised voices, etc. This can then allow the pattern of confrontation to be broken; the aggressor has not been challenged so as to provide him/her with further targets but a physical and psychological escape route has been introduced to change the pattern of the build up of aggression. The pretext has to be one which is convincing to a client.

Code words and phrases have been successfully deployed in many settings. When interrupted by someone entering the room or by the telephone, if the worker feels threatened, they may be set up to be able to make replies which indicate the state of play; for example, the interrupter might say "*There is a very urgent call for you; can you come immediately?*" The plans could include what to expect of each other and the various possible permutations of responses. The worker dealing with the client may want to indicate to the intervener that all is OK by saying they are aware of the caller's intent, and it is OK to leave it until later; alternatively, they may say "*oh yes, it is crucial I speak to them, (then, to the client-) I must just take that - excuse me.*" A third option might be where the worker is not certain if the client is being contained or not where such a suggestion as "*Can you tell him/ her to call back in 10 minutes, as I am with my client?*" This puts a

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

time limit on the contact, which can help regulate any build up to violence, and still keep open the option of leaving the room if the worker at that time assesses this to be the best ploy.

Once out of the room, or away from the group, plans can be made with the colleague or colleagues for what to do then. The important element of this is getting out of the eye ball to eye ball build up towards violence, and reframing the situation. This can defuse a power/control build up in aggression or allow protection from other staff and/or the police if they are required with the worker away from immediate risk. This is important, as if the aggressor sees the police arriving whilst with the worker, this may provoke violence and/or a hostage situation.

An alternative or precursor to the non-threatening interruption, is the phone call into the office/room, if one is available. The worker can then use a code phrase for extra help, getting someone to come in to the room as set out above. The same sort of ploy can now be used over mobile telephones in remote parts of rambling buildings, or when home visits are being undertaken, and the need to make such contact has been recognised. Again agreed, well known, coded responses should be in place to ensure that the proper responses are made, in a way the worker can expect. This can be useful if something has been spotted in an interview room with a glass window and another worker wants to check if the worker is feeling threatened or not. The role of an intervener can vary depending upon the situation, becoming a mediator, limit setter, or placater.

Whatever is in place it must work each time, every time. For us to do our work in confidence with our back up plans and therefore give us confidence to best deal with aggressive situations face to face it is important to know what will occur if we require help, how we will be picked up as in need of help, and exactly what will happen; what is expected of the worker confronting the situation, and of the workers who come to support. What is not required is a "Keystone Cops" scenario, where several people try to rush into the situation in an uncoordinated manner causing further disturbance and a possible escalation of violence. Equally, there should be no time at which

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

someone does not appear in the agreed manner when the worker could expect help.

These expectations and procedures should be discussed in detail by the whole team.

One frequent problem in establishments is the "technological fix" syndrome, where staff are issued with personal alarms – the author has known of this in hostels for example- or in field offices where alarm bells are fitted. Because something tangible is seen to have been done it can stop there and prove dangerous in itself. What about where someone is in an area or a room with a resident where they feel threatened and presses their alarm? Will the act itself increase the likelihood of violence and if so will other staff always get to hear it and know a routine of how and where to find the victim quickly? Some alarms can now be connected to police stations for example in order for them to be able to respond immediately on the pressing of an alarm kept discreetly in the pocket.

Equally, in a field setting, if alarm bells are fitted in places which make it difficult to use them and at the same time access escape routes from the room, this is problematic, as is where and how the alarm sounds. Will it always be seen and/or heard by another member of staff? Will they know what is expected of them? The pressing of the alarm itself can be a trigger, if the aggressor sees this, so response to its use must be rapid and sure. The positioning and response procedures are best determined by the staff group in relation to their requirements and settings. Installation in a rush by a security firm who have no knowledge of the detailed practice and particular requirements of caring profession work settings can be positively dangerous.

When interviews take place in other settings, eg cells in court; police cells, prisons, young offenders institutions, etc., those who work there have their own elaborate measures to protect each other, but they may not think of including "outsiders" within them. Therefore, we have to be assertive in asking what measures they have if aggression occurs, and how we can ensure we can access them too. For example, being placed in a cell with a client with no idea of how to use the alarm support systems, and what will happen if they are used, is not acceptable.

DETAILED PLANS

Such plans might include such features as:

- Dual visiting/interviewing. This reduces the all important isolation risk, and allows immediate back up. Child protection work, mental health assessments for possible compulsory admission to hospital, issues of threat to individual liberty, and where a client may experience the worker taking an authoritarian role, are all clear areas of risk where dual visiting is now common in most agencies. The authority, power and control issues are also particularly important in group settings (Rowett 1986; Brown et al., 1986).
- In residential and day care situations and in group work specific strategies concerning how to confront individuals who are being aggressive within groups, either to staff or other residents, can be agreed. As situations tend to continue even when successfully defused at one point consideration should be given concerning how the situation is managed as the predisposing factors, and knock-on effects, may lead to a further eruption of aggression. Incident management in this context has to specifically address the aftermath and ongoing risk assessment and management. For example:
 - Who maintains surveillance or support with which clients and with what as the aim?
 - What are the agreed methods of keeping certain clients away from each other and/or the worker? How are they brought back together as part of the group situation and how is it dealt with in terms of limit and boundary setting for each?

This can be an important part of agreed procedures with staff and client group members as part of the treatment of clients' difficulties. In addition the supporters of workers who have been victimised and other clients who may have been victimised need to have their experiences dealt with.

- Where joint working is taking place, in dual visiting or group settings, time has to be spent in agreeing aims, methods and strategies with the other workers. This is not only important in terms of agreeing what is acceptable or not and how to react if certain challenges arise, but also in terms of general good practice in joint working – issues of aggression and violence are then only an extension of good practice.

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

- Reviewing such detailed plans is an important feature of the development of safe policies and procedures. All staff who come into contact with clients can be present at a meeting every six months or so, for example, to have a chance to say how well it is working for them, and how certain elements might be changed to improve them. Again, this is good staff group practice per se, not just in relation to aggression.
- Signing in and out in field teams. Where reception staff cannot inform aggressive/frustrated clients when they will be able to access their worker if they are out this can cause difficulties.
- Late night interviews. Agreement on how to ensure no-one is left in the office/establishment on their own has to be discussed. Where outpost offices are used there should be a clear back up procedure for the worker.
- An explicit statement could be made that staff are not expected to put themselves at risk for saving property ie if someone is kicking a door. If the worker physically intervenes at the wrong moment here the violence may very well be turned on to him/her.
- Office hours. Are workers left on their own at anytime, eg lunch time? If so, it is unwise for the office to be open to the public at these times.
- When might it be appropriate to limit times or frequencies of a client's visits to the office? Do we have to consider banning certain relatives or friends from interviews if they exacerbate any aggressive possibilities?
- When, on what basis, and after what procedures, might services be withdrawn from a client who is repeatedly aggressive to staff and/or other clients, as one option put forward in a report from the Association of Directors of Social Services suggests (1987)?

One practical step is to provide verbally and/or a leaflet setting out the issues for clients which detail what sort of service they can expect from the agency such as opening times, contact points, and boundaries of acceptable

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

behaviour including, where appropriate, what they should expect if they become victims of other service users, which is now one of the most neglected areas in dealing with aggression.

RECORDING AND REFERRAL

It should be made clear that each member of staff has a duty to ensure recording of threats and incidents takes place in the agreed manner in order to alert colleagues to possible risk. This may be important when referring someone on to other agencies or establishments. There can be a temptation as a referrer not to pass on such information as it may mean the referral is not accepted. At some point, there will almost certainly be a claim for compensation where a client has been accepted with previously known risk factors which have not been passed on by the referrer. In addition, without such information the accepting agency cannot know what risks to expect and how to plan to cope with them. Equally agencies or establishments receiving referrals may wish to explicitly ask these matters of the referrer. These matters come within a general legal "duty of care" towards others.

Recording of incidents should be factual and cover possible trigger factors in the incident. Again, this can be used with clients to work with them to help reduce the risk of further aggression so it is in the interests of both themselves and staff. It should ensure that colleagues will be aware of what strategies to employ if there seems to be a build up towards aggression and violence, and what to avoid. Recording should consider what the trigger factors may have been and consider alternative strategies in working with that client in similar situations which might prove more effective.

POLICIES AND PLANS ON PHYSICAL LAYOUT

Issues of territory and defensible space together with issues of supportive surveillance should be considered, as they are important factors in reducing aggression.

- Are there "safe areas" for staff? Are there effective means of surveillance in place, eg mirrors in strategic places such as high on walls and in corners, windows in doors or walls, to

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

- keep clients and workers open to appropriate levels of surveillance from other colleagues?
- In reception areas the layout should be such that they do not give a prison like atmosphere which may make clients more aggressive in itself – if they think aggression is expected of them – but also provide safety for staff.
- There can be unobtrusive locking systems for doors, for example, so clients can be contained in the reception area until and unless there is someone there to guide them to any where else in the building they are there to go to.
- Reception staff could have windows and mirrors in corners in reception areas to ensure they can see clients in all areas of the room.
- The glass in the windows to the reception area should not be intimidating. It should not make clients have to speak loudly, telling all their business to others in the waiting room, and making them feel flustered and possibly aggressive. The best design is one with a flap at the bottom to pass things through if opened from the inside, with parallel slats running vertically, with gaps which are wide, but do not allow implements to be pushed through towards the receptionist.
- What are the toilet arrangements in a field office? Are clients allowed to use them, and where are they? If inside the secure office area, who takes responsibility for them.
- Magazines could be relevant to the interests of clients, and furnishings and decorations can be attractive and welcoming but not easily removed and used as weapons.

TOUCHSTONES OF A GOOD POLICY

A check-list of points against which which to develop and review agency and local policies might derive from the following. Does the policy:

- Make front line staff feel confident in recognising risk and asking for support or does it make staff fearful of doing the "wrong" thing in that the policy does not allow for judgement
-

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

and appropriate flexibility of workers' interventions in individual situations of risk?

- Reduce the possibility of staff being left in an isolated, exposed situation, without the possibility of accessing supportive surveillance?
- Ensure that a new member of a staff group, team, or a contracted in worker, will immediately be able to access procedures which will make clear the type and mechanisms of support they can call upon and expect. Will they feel secure in being able to ask for them to be put into place within an overall feeling of a culture of support? Does this cover the establishment, as well as home visits and isolated outposts?
- Ensure proper safety measures and support for the victim, within the team and management structure, and arrangements for debriefing whether independent or in-house are in place, if required?
- Leave front line managers clear and confident about their role and responsibilities in assuring staff safety and ensuring the victim and perpetrator are appropriately dealt with?
- Ensure that incidents are reported and trigger factors are recorded and shared with others with an interest, to ensure learning form the incident and to help reduce risk from and for that client?
- *hat the collation of reports are dealt with to produce overview reports, every 6 months or annually, for example, to show staff that risk overall is being monitored, and what action has been taken?
- Ensure that perpetrators experience an appropriate level of reaction to the incident(s), as part of limit and boundary setting as well as part of work to reduce aggressive tendencies?
- Include all relevant staff, and clients' views, where appropriate, in the formulation and review of policies?

DEVELOPING LOCAL POLICIES ON AGGRESSION AND VIOLENCE

These basic tenets of good practice in the development and review of policies in relation to dealing with aggression reflect the points put forward throughout this book. Violence and aggression are important aspects of the experiences and problems of many clients as well as staff. In order to deal with these areas effectively we have to understand our own learnt processes which affect our personal ways of facing aggression and how we react when clients present it. This in turn however must be framed within an understanding of the environments in which clients and staff must relate.

The physical environment should be designed to reduce isolation and risk. Limits and boundaries should be clear and followed through in appropriate ways, as part of helping clients learn new ways of dealing with their frustrations and anger in assertive, positive ways, rather than ways which will alienate and exclude them further from social contact and close human relationships. We owe no less to those we work with, who are often the most marginalised, oppressed, and troubled members of our communities.

Further reading

Full details of publications are in the References section

Balloch, S. et al (1995) *Working in the Social Services.*
Based on a sample of some 1,000 social services staff, including domiciliary carers, residential care workers and field workers and managers, this publication identifies violence and its aftermath as being a particular area of stress for these staff.

British Association of Social Workers (1988) *Violence to Social Workers.*

A comprehensive account of theories of violence relevant to social work and social care staff, with useful sections on training, and support for staff.

Bibby, P. (1994) *Personal Safety for Social Workers.*

A clear, practical guide on prevention and face to face issues, with lists of bullet points setting out advice. A good general guide for anyone concerned with prevention of violence, drawing upon the Suzy Lamplugh Trust's general guidance on violence at work.

Breakwell, G. (1989) *Facing Physical Violence.*

Presents a psychological perspective of why physical violence may occur, and how to deal with it face face, in a more narrative style than Bibby's book.

Littlechild, B. (1995) *The Risk of Violence and Aggression to Social Work and Social Care Staff.*

Discussion of particular areas to consider in assessing risk of violence and aggression from clients in a variety of settings.

Priestley, P., Maguire, J., Flegg, D., Hemsley, V., Welham, D. (1978) *Social Skills and Personal Problem Solving: a handbook of methods.*

Whilst this was published some while ago, it is still one of the best introductions to ways of introducing practical and useful methods and techniques in working with people on how they can change their behaviour.

FURTHER READING

Randall, P. (1996) *Adult Bullying*.

The first of its kind, this book provides accounts of why people become bullies and victims, and what approaches can help maintain or diminish such behaviours. The main focus is on strategies to combat workplace bullying, and to a lesser extent on bullies in the wider community. The author emphasises policy and community based strategies rather than individually based approaches.

Rowett, C. (1986) *Violence in Social Work*.

Still quoted regularly as an important source of information concerning the prevalence and effects of violence in social services work. Rowett broke new ground in how this issue was perceived within social work and social care. It does not provide a wide ranging discussion of the more general issues, but the quantitative and qualitative information gained from his research is presented well.

Norris, D. (1990) *Violence against Social Workers*.

A wider ranging piece of work than Rowett's, this book considers theoretical perspectives, and applies previous research findings alongside new findings to address mainly social services department work. A useful source book for policy makers.

Newburn, T., Mair G. (eds) (1996) *Working with Men*.

Based mainly on work within the criminal justice system, this book offers guidance on work with aggressive men, particularly in relation to group work treatment.

UNISON/British Association of Social Workers (1996) *Dealing with Violence and Stress in Social Services*.

A short, well presented guide to the problems which arise from stress and violence towards social services staff, and how agencies might best respond to these problems, within a Health and Safety perspective.

References

Association of Chief Officers of Probation (1988) *Violence towards staff* Leeds: ACOP

Association of Directors of Social Services (1987) *Guidelines and Recommendations to employers on violence against staff* Reading: ADSS

Balloch, S., Andrew, T., Ginn, J., McLean, J., Pahl, J., and Williams, J. (1995) *Working in the Social Services* London, National Institute for Social Work

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DEALING WITH AGGRESSION

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DEALING WITH AGGRESSION BRIAN LITTLECHILD

PRACTITIONERS GUIDE

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Does Family Support Ensure the Protection of Children?

Messages from Child Protection Research

The history of child protection is, in many ways, a catalogue of changes arising from the political/professional interface tensions relating to a highly contentious area of public and professional policy. The latest contribution to this process is the Department of Health's 1995 publication *Child Protection: Messages from Research*. The overview of the studies recommends that there be a shift in resources and attitudes from an investigative approach to a family support perspective. Many local authorities have subsequently produced policies which will lead to referrals being recorded as 'children in need' rather than child protection. The ramifications of this change in approach are examined from the dual perspectives of policy and practice. The article suggests that while much of the change in emphasis is to be welcomed, the needs of the most severely abused children may be compromised by the new orthodoxy, as it is not based on the reality of the many problems encountered by children and professionals in child protection work. It is argued that a focus on practice issues needs to permeate all such documents. ©1998 John Wiley & Sons, Ltd.

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KEY WORDS: family support; child protection; children's rights

One major issue for social workers and other child protection workers in the last decade has been how they can make sense of the conflicting and paradoxical injunctions placed upon them by politicians and the Department of Health (Merrick, 1996).

The latest addition to such guidance comes from the 1995 Department of Health document *Child Protection: Messages*

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*'How they can
make sense of the
conflicting and
paradoxical
injunctions'*

from *Research* (Department of Health, 1995a), which aims to help policy-makers and managers deal with child protection more 'effectively'. The main themes identified by the Dartington Social Research Unit in their overview of the findings from the 20 commissioned research projects are presented following a Foreword from John Bowis, the then Parliamentary Under Secretary of State, in which he states:

'The overriding need to protect the child while minimising damage and consequences for the family can involve agonising decisions for those working in child protection. A number of inquiries raised questions about the way agencies arrived at the decisions on when to act, the nature of interventions, and when to start and stop providing services. It was on the basis of such inquiries that the Government took heed of these questions and commissioned a programme of research into child protection.'

This is the last point at which the dilemmas faced by practitioners are addressed in any substantive manner. The overview states it is not aimed at practitioners, but at policy-makers and managers. This article suggests that such documents should be aimed at all who work within the child protection system, in order to produce the best possible coherence and understanding between those who operate at these different levels.

The important part of the document is the overview of the research. It gives some important recommendations concerning the need to view certain forms of abuse more seriously: the effects of domestic violence between adult carers, of emotional abuse and long-term exposure to low warmth and high criticism environments, for example. In terms of process, it raises issues concerning how incidents need to be considered within wider contexts—of what happens in 'normal' families, and with a view to quality of care overall rather than focusing on single incidents. A major recommendation is for agencies to frame their idea of protection within a commitment to supportive services to a greater number of families. This said, the overview states that in the main child protection services are effective.

While most of those who work within the child protection system may welcome such proposals, there are potential pitfalls as well. If the particular issues relating to the most serious forms of abuse and violence are not fully appreciated, this will cause confusion and uncertainty for workers.

The overview report recommendations are those upon which local agencies act, and not necessarily an independent consideration of the original research reports. The effects of the document became clear when the report was welcomed by Directors of Social Work in Scotland (Mitchell, 1995)

'Such documents should be aimed at all who work within the child protection system'

'Issues relating to the most serious forms of abuse and violence are not fully appreciated'

'Only serious matters of abuse are fully investigated'

'There is little recognition of children's experience of abuse'

and in discussion papers produced for Directors of Social Services (Harper, 1996). By the summer of 1996, a number of child protection coordinators at a June 1996 Southampton University conference 'Risk taking with special reference to child protection' stated that their Social Services staff were now instructed to record as many referrals as possible as 'children in need', as recommended in the overview, and not specifically as children at risk (Department of Health, 1995a, p. 54). Its impact is confirmed by the inclusion of its recommendations concerning the shift from investigations to family support in the March 1997 White Paper *Social Services: Achievements and Challenges* and the emphasis on the development of local Children's Services Plans which take them into account.

The overview suggests that workers should sift referrals more carefully, so that only serious matters of abuse are fully investigated, in order to free up resources to provide welfare services to families and children at risk that need them. The report states that the net used to catch abused children has a mesh which is too small; too many 'minnows' are caught (Department of Health, 1995a, pp. 32, 54). This assumes that workers can predict the nature and seriousness of any abuse at initial referral stage, although such predictive factors at this point are unreliable (Dingwall, Eekelaar and Murray, 1983; Corby, 1995; Parton, 1996); it is not always possible to know what is serious and what is not until some form of investigation takes place.

There are a number of unacknowledged assumptions contained within the overview document which are not discussed or defended. There is a lack of attention to a number of confounding factors which can be at odds with the generally idealized view of family life which it appears to assume. There is little recognition of children's experience of abuse, such as the power/fear nexus involved in disclosure of abuse, where there may be fear of more severe abuse. There is no discussion of how the concept of children's rights might affect considerations of processes and outcomes, and there are no suggestions concerning the major ramifications for practice development, nor resource considerations.

Partnership Approaches, Family Support and Child Protection

The concept of partnership with parents has become a principal aim of work with families since the implementation of the Children Act 1989 (Department of Health, 1995b).

Providing supportive, preventive welfare services to try to enable carers to meet their children's needs more effectively is a key recommendation within the overview.

This then leaves the issue of where the focus on the children, their needs, difficulties and experiences will be found. Within such a framework, there seems to be an assumption that greater emphasis on including parents in decision-making necessarily means the child's best interests will be served in all circumstances. From other evidence we have, this would seem not always to be the case, particularly where the child is at risk of the most severe forms of abuse.

'Emphasis on including parents in decision-making'

The real question is who the partnership should be with, and how these potential conflicts of interest can best be managed. Maybe it is the child with whom the partnership should be formed, not the parents, if there is a conflict. Problems of recognition concerning when child protection professionals must make that all-important shift from supporter to controller have been at the basis of real problems in child protection work for over two decades (Department of Health, 1988, 1991a). If we frame the question in this way, it leads to a consideration of how far our child protection procedures take account of our knowledge of the nature of abuse in families; the power and control which can skew how well we can investigate possible abuse; and the ways in which they reflect two major requirements. Firstly, the UN Convention on the Rights of the Child, which requires state parties to 'take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person(s) who has the care of the child' (Article 19(1)). The second is the case of *Gillick v West Norfolk and Wisbech Area Health Authority*, which has been referred to by some as 'a landmark of children's rights' (Bromley and Lowe, 1992). Such issues are mentioned in only one sentence in the overview (Department of Health, 1995a, p. 46).

Working Together (Department of Health, 1991b) recognizes that the interests of children and parents may be in conflict, stating that the children's interests must be put first, not least because of the requirements of S. 1 of the Children Act 1989. A change of emphasis back to a model of family support, without a level of critical appreciation of the risks involved, may mean the awareness of the need to deal with the inherently secretive nature of many of the most serious cases is lost at crucial moments and unintended consequences may result. As the Director of Social Services for

'Interests of children and parents may be in conflict'

Cambridgeshire stated in the light of the Bridge Consultancy's report on Cambridgeshire's work with Rikki Neave and his family, 'I believe, in hindsight, we persisted too long with a strategy in line with the Children Act 1989, which was designed to keep the family together' (*Guardian*, 1997).

An example of such unintended consequences was the 'no order' principle in the Children Act, coupled with the Act's emphasis on the partnership approach, causing confusion, uncertainty and bad practice in the area of child protection. After the implementation of the Act, there was a significant drop in applications for Emergency Protection Orders as compared to Place of Safety Orders, and a dramatic drop in child protection registrations and court orders, as recognized by the Government in its Children Act Report 1992: '(Within) a number of local authorities (there) was a belief that the "no order" principle requires authorities to demonstrate that working in partnership has broken down or been exhausted before an order will be made . . . This was not the intention of the legislation' (Department of Health, 1992, p. 19).

The 'rule of optimism' is already a potential danger for child protection workers, where they may wish to believe the situation is improving if parents seem to cooperate and/or 'love' their children (Dingwall *et al.*, 1983; Department of Health, 1988) and may stand back from taking the role of authority when necessary (Department of Health, 1991a).

If social workers and other child care professionals are to protect the most vulnerable, they must once again examine the issue of when they change the emphasis of intervention from the role of educators, supporters and advocates for parents who are abusive to their children to taking other more direct protective measures which might not receive the approval or consent of the carers.

Do Partnership Approaches Always Equal the Best Interests of the Child?

A fundamental problem to be confronted is to what extent a child's need to be protected from abuse and neglect is commensurate with needs and wishes of parents/carers. There is no simple binary divide between those who are abused only a 'little', where family support is appropriate, and those who are most severely abused, where removal from parent(s)/carers for protection is required. The overview does not explore these issues adequately, nor how policy-makers, managers and practitioners are to try to balance this

'The "rule of optimism" is a potential danger for child protection workers'

dilemma. The only comment on this states: 'There are ... a small proportion of cases in which the abuse is extreme and cannot be explained by contextual factors; swift action to protect and possibly remove the child will be necessary' (Department of Health, 1995a, p. 20).

At what point and over which threshold, defined by whom, do we judge that family support has to be abandoned? Abuse cannot be measured along some linear progression of seriousness; it is much more a matrix of interlinked factors. How are these different elements to be weighed as part of overall decisions, and judgements on changes in the different areas to be made over time? This cannot be an exact science when there are so many factors to be taken into account (Corby, 1995; Browne, Davies and Stratton, 1988; Clarke, Parkin and Richards, 1990; Dingwall, 1989). The document does not help us in this matter; again, these issues warrant only a single sentence (Department of Health, 1995a, p. 49).

'At what point do we judge that family support has to be abandoned?'

Normal Child Care Practices

The overview goes on to discuss studies concerning what normal experiences of children, and normal parenting, might be and how these relate to the many variations across the country in thresholds for intervention. The report states:

'This complex situation is clarified by introducing the idea of a continuum of abuse, and that once this step has been taken, questions for researchers and practitioners tend to be about chronicity and severity of behaviours, such as how much shouting at children can be said to be harmful' (Department of Health, 1995a, p. 14)

The authors are saying that the effects of abuse need to be looked at, rather than just incidents themselves, making the model difficult to apply in relation to child sexual abuse.

The overview states that it can be expected that periods of unnecessary or severe punishment or some form of family discord will occur for many children. Professionals, acting on behalf of the wider society, must then consider how the overview's statement concerning 'occasional neglect, unnecessary or severe punishment' (1995a, p. 19) will be incorporated into risk assessment and risk management decision-making processes (Carson, 1995).

In addition, the document does not address the issues of race (Gambe, Gomes, Kapur, Rangel and Stubbs, 1992; Baldwin, Johansen and Seale, 1990), gender (C. Parton, 1990) or poverty (N. Parton, 1990) in relation to questions

'The document does not address the issues of race'

concerning 'normality', causation, identification or investigation and processing. It is known, however, that these are major features in any definition, and in the reactions of professionals and agencies.

Emotional Abuse, Domestic Violence and the Social Construction of Abuse

One element of the overview to be welcomed is the entreaty to take two areas of abuse more seriously: emotional abuse and the effects of living in a home where violence between the adults is a feature.

In one of the pieces of research which examined what was bad for children, Waterhouse, Pitcairn, McGhee, Secker and Sullivan (1993) emphasized the damaging effects of long-term family violence, and that children regularly seeing their mother beaten could suffer as much as if they themselves had regularly been frequently and severely hit (quoted in Department of Health, 1995a, p. 49).

Some of the researchers looked at the long-term effects, and suggest that certain parenting styles fail to compensate for the inevitable deficiencies which become manifest in the course of the 20 years or so it takes to bring up a child. In families low on warmth and high on criticism, negative instances accumulate as if to remind the child that he or she is unloved. The overview lays great emphasis on this as a criterion for making judgements on the threshold for intervention and on types of intervention.

At the same time, the document argues that abuse is not a 'thing', a scientific fact, but a social and cultural concept, which changes over time. The overview is intentionally and actively contributing to this process. However, this is not examined within a wider recognition of how definitions develop, such as through the legislation and regulation of government (Pfohl, 1996; Donzelot, 1979), which is then interpreted by child protection agencies and the courts. It states that a weakness of previous approaches is one of tautology: behaviour becomes abusive as soon as practitioners describe it as such. However, the view promulgated in the overview, derived from a social construction approach, in many ways confuses the matter further. It becomes even more difficult to define abuse in individual circumstances precisely because of the recognition that it is a value judgement and not in most circumstances 'scientific'. There is no acknowledgement that it is not possible to set exact parameters within value-free definitions and mechanisms for

'The damaging effects of long-term family violence'

'Argues that abuse is not a "thing", a scientific fact, but a social and cultural concept'

agreeing those parameters. It then makes clear that it expects professionals to make better 'diagnoses' on less evidence, based on fewer investigations (Department of Health, 1995a, p. 54).

There is no discussion of how practitioners can deal with such issues in terms of assessing risk without a full investigation. Indeed, none of the studies examined in any depth the referral and investigative stage from the practitioner's perspective (Parton, 1996, p. 7). Nor is there a discussion of how to deal with these issues for children if the carers are uncooperative.

Confounding Factors

What of cases where carers refuse to cooperate but we know children are potentially at risk?

As Parton states, 'The research overview has not really addressed *why* professionals respond in the way they do' (Parton, 1996, p. 10). The effects of the overview may be to store up difficulties for front-line workers—and their child clients—by ignoring the dilemmas they face.

For example, there is little mention in the document of families/carers actively trying to deceive workers or threatening them with violence (Dingwall *et al.*, 1983, p. 235; Department of Health, 1991a, p. 5; House of Commons, 1991); and hardly any acknowledgement that many carers are actively hostile to intervention of any sort which aims to protect their child. These issues are well known by practitioners and demonstrated in an analysis of inquiry reports (Department of Health, 1991a), which demonstrates the difficulty in engaging and trusting families in the most serious of cases, which were not always obvious at the initial stages. Therefore, the thrust of the document, that we should use Children Act 1989 Section 17 welfare services more, and not full-blown child protection procedures, fails to take account many of the situations child protection professionals—and many abused children—have to deal with. These issues generally arise within the families who are most difficult to engage, so again, the complexity of the enterprise is underestimated within the overview. An appreciation of the dynamics which operate within the most serious abusing situations, and an analysis of how the powerful adults determine their relationships with intervening agencies as a result of these, is missing. Where such documents fail to address such issues, not only are they passing over an important aspect of the whole system, but they could also

'What of cases where carers refuse to cooperate?'

'Not to argue against better family support services, but for a realistic appraisal of ongoing risk'

'No Government funding has been committed'

'More finely tuned risk assessments would improve decision-making'

prove positively dangerous. This is not to argue against better family support services, but for a realistic appraisal of ongoing risk before the provision of such services and while they are being provided.

The lessons from the Jasmine Beckford Inquiry (London Borough of Brent, 1985) seem to have disappeared, along with the findings of the 1991 *Child Abuse Deaths: A Study of Inquiry Reports* document from the Department of Health, which inform us that at times approaches based on family support models, and the effects of violence to staff respectively, have meant that social workers in particular have been at times more, rather than less reluctant to cross over into the authority mode when this is indicated.

A further criticism of the overview summary is that there could be no straight switch of resources from investigative to wider supportive and preventive approaches—the definition of which is also problematic and not as simple to enact as the report suggests (Colton, Drury and Williams, 1995). In view of the problems of trying to target children at risk at early stages, the extent of such services would have to be very wide indeed. No Government funding has been committed to such an enterprise.

Producing Greater Coherence and Consistency in Child Protection Work

In order to use the findings of the research in a way which supports practitioners and managers, and which balances out support and protection, there is a need to incorporate these findings with those of others. This would produce risk assessments which would give weighting to different areas of potential risk, and potential gains, for the family and child, carried out in a regular, structured, systematic and consistent manner during the period of assessment and intervention (Yoon and Hwang, 1995). The importance of this was highlighted in a report from the Chief Inspector of the Department of Health's Social Services Inspectorate, when he called for more finely tuned risk assessments, which he believed would improve decision-making relating to when statutory powers should be sought (Laming, 1995). In this way, different factors can be taken into account at different stages of the process: referral, assessment, intervention and review. However, these factors require a decision at some point from someone concerning how this information needs to be gathered, and whether it becomes a formal investigation in order to gain it if parents are not cooperating fully.

Examples of areas to be covered, and allocated weighting within an overall risk assessment among others, might be:

- What are the attitudes of the carers towards their child's needs and problems?
- How are the carers and child experiencing the stresses within the situation? What would they like to happen, and why?
- What are the attitudes of the carers towards the intervention of family support/child protection professionals?
- Is the care given to the child over a period of time 'good enough'?
- Is the situation being viewed from the child's perspective? How is a 'partnership' with the child being formed?
- What are the opportunities/risks in relation to the various family support services?
- What if at any stage carers block access to the child? Who would decide to use statutory powers, how and on what basis? Such issues can become blurred after a period of supportive intervention.
- What support might the workers involved need to provide an effective service? What might the confounding factors in an agreed plan be, and prevent effective professional work?
- What of where aggression and violence might affect workers', and therefore the child's, security and safety?
- What are the influences which might adversely affect the interprofessional and interagency workings in relation to the child and carers? Such influences, in the shape of prejudices and rivalries, for example, can reflect the secrecy and conflict within families if not acknowledged and worked with, and affect balanced work within the situation.

In order to produce coherence and understanding between practitioners, managers and policy-makers, such risk assessment strategies need to be shared as a basis for planning by all—between agencies and between different levels of workers within agencies—e.g. practitioners, policy-makers and managers. A key element of such assessments is the sharing of information between workers over a period of time. As the Department of Health's *Study of Inquiry Reports 1980–1989* found, in the most serious situations of risk to life it was usually a series of minor errors several months into the investigation where the real risks lay, not in the first period of investigation (Department of Health, 1991a).

'The sharing of information between workers over a period of time'

'Risk cannot ever be eliminated completely'

'An approach aimed not just at policy-makers; but at practitioners, managers and policy staff in all relevant agencies'

For example, for practitioners, such risk assessments and management strategies could be a central focus of regular supervision with line managers, in order to maintain a focus on the tensions and balance between family support and the child's rights and best interests in relation to protection from harm. The factors involved in this can be regularly reviewed by the use of such matrices of risk, which will change over the time of the intervention. In addition, such approaches need to take into account the context of definitions which are social and cultural, as the overview states, and not 'scientific', in an area where 'wrong is itself difficult to judge' (Parton, 1997). This should lead to acknowledgement within procedures that while a proper risk assessment can reduce risk, it cannot ever be eliminated completely.

Conclusion

While attempting to refine our child protection procedures, and improve family support based on proven and effective programmes in order to improve family functioning where possible, it is also important to ensure that children are not left unprotected as a result. As Dingwall *et al.*, state:

'How many children should be allowed to perish in order to defend the autonomy of families and the basis of the liberal state? How much freedom is a child's life worth?' (Dingwall *et al.*, 1983, p. 244).

If the State wishes to see children protected, this inevitably means encroaching on the idea of an "Englishman's home is his castle". The change of emphasis in approach suggested in the overview may mean better services for families and children, but if applied in practice without balanced consideration, it could mean a return to a denial of the needs of those children who are most seriously at risk within their abusive power relationships. If we are to take seriously children's rights to be free from abuse, these issues must be constantly addressed in policies, practice and management of cases, so that well-informed decisions are able to be made in the interests of children. Such an approach would employ the insights from the research presented in *Messages from Research*, but without losing sight of the numerous lessons learnt over the years from child abuse inquiries in the most severe cases of abuse.

Most importantly, such an approach would not be aimed just at policy-makers; but at practitioners, managers and policy staff in all relevant agencies; otherwise interagency problems, and intra-agency problems, are likely to continue.

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Littlechild

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“I know where you live.”

How child protection social workers
are affected by threats and aggression.

A study into the stresses faced
by child protection social workers
in Hertfordshire:

With notes on research into Finnish social workers' experiences

Brian Littlechild



Department of Health and Social Care | University of Hertfordshire

2000

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Contents

Foreword by David Hinchcliffe MP, Chair of Health Select Committee

- 1. Introduction**
- 2. Executive summary**
- 3. The study's aims and methodology**
- 4. Overall summary of finding**
- 5. Analysis of questionnaire responses**
 - 5.1 Summary of main points from questionnaire responses
 - 5.2 The questionnaire
 - 5.3 Types of experiences
 - 5.4 Physical violence
 - 5.5 Verbal aggression and threats or threatening behaviour
 - 5.6 Effects physically and emotionally- professional and personal
 - 5.7 Support systems
 - 5.8 Reporting
 - 5.9 Policies and procedures
 - 5.10 Training
 - 5.11 Risk assessment and risk management
 - 5.12 A culture that discourages violence
 - 5.13 Induction
- 6. Interviews analysis**
 - 6.1 Summary of main points
 - 6.2 The interviews
 - 6.3 Causes and effects of different types of incidents
 - 6.4 Indirect violence
 - 6.5 Longer term effects
 - 6.6 Complaints as a form of aggression
 - 6.7 Gender issues
 - 6.8 Other areas of risk assessment
 - 6.9 Police support
 - 6.10 Post-incident support
 - 6.11 Personal strategies for dealing with aggression and violence
- 7. Experiences of Finnish social workers**

Foreword

I have for many years had a personal concern over the extent to which social work staff are often unprepared for the aggression and violence they will inevitably face in their professional lives.

It is now over twenty years since I last worked in a local authority social services team. In my work at that time, along with my colleagues, I had to face the increasing incidence of threats and intimidation. I also, on more than one occasion, experienced physical assaults. My professional education and subsequent in-service training had not in any way prepared me for some of the situations I encountered.

It is my belief that such situations are, if anything, probably more frequent now than they were when I was in social work. It is therefore even more important that social services staff are properly prepared for some of the problems they will face and supported by their local authorities and the Police in handling them. Brian Littlechild's research report is a very timely look at the problems faced by child protection social workers. His detailed analysis of the study undertaken within Hertfordshire makes a very important contribution to the continuing debate over how social work staff can be helped to carry out their tasks in a safe and secure way. The consideration of experiences within Finland enables a wider picture to be gained in respect of a problem that affects professional staff in many other countries.

There have been many changes in terms of the development of strategies for dealing with threats and aggression since my time in social work and I was particularly pleased to learn from this report of the positive experience of Police support. Nevertheless, I remain of the opinion that there is still some way to go before our social services staff are sufficiently prepared for some of the difficult situations they face.

Brian Littlechild's report underlines the need for policy makers and managers to take the issue of aggression and threats to frontline staff much more seriously.

David Hinchcliffe MP, Chair of Health Select Committee

"I know where you live."

How child protection social workers are affected by threats and aggression. A study into the stresses faced by child protection social workers in Hertfordshire with notes on research into Finnish social workers' experiences.

1. INTRODUCTION

This study was undertaken in Hertfordshire County Council's Social Services Department in order to discover the experiences of aggression and violence from clients against child care/child protection field staff.

Areas explored were:

- What types of aggression and violence workers experienced
- Any effects on their practice and personal well-being
- What workers experienced in terms of support; what they valued and what they found lacking
- Their views of what is needed in terms of policies and support when staff have to face potentially difficult situations or have been subject to aggression and violence.

The impetus for the research arose from the author's study of probation service staff which demonstrated that those most at risk were officers dealing with court welfare work when intervening in parents' disputes over access, residence orders, etc., in relation to their children (Littlechild, 1997). A literature review revealed a number of articles and books which identified how violence from clients can affect child protection assessments and decision making processes in work with families, particularly when exhibited by men (Farmer & Owen, 1995,1998; O'Hagan & Dillenburg, 1995). In addition, a number of child abuse death inquiries have suggested that assessment, intervention and decision making in child care and child protection can be affected by concern about aggression directed at workers (Department of Health, 1991; James, 1994). Difficulties in retention of child protection staff in London were seen by the House of Commons Health Select Committee as being partly due to the effects of such violence against staff (1991).

The real nature and effects of such aggression is often not fully appreciated in agencies because occurrences are not recorded and collated in ways which allow an understanding of the full picture (Rowett, 1986; Norris, 1990; Littlechild, 1997; UNISON/British Association of Social Workers, 1997).

There has been little research based on the experiences of practising social workers which concentrates on child care/ child protection field services and can aid planning in this area, apart from, to some extent, the work of Balloch *et al.* (1995; 1998). Research such as that presented in this report can help to fill some of the gaps in our knowledge and contribute to the development of policy and practice in child protection and staff safety.

The purpose and method of the study were agreed with the collaborating agency, Hertfordshire County Council's Social Services Department, a large County in the South of England which has a population of one million. The first phase of the research involved questionnaires being sent to all staff up to and including managers of Child and Family practice groups in the Department. The analysis of the returned questionnaires was carried out with the help of Christine Jones, Research Officer in the Department of Health and Social Care at the University of Hertfordshire. The second phase of the research consisted of a number of interviews carried out with members of staff in order to explore issues and themes identified from respondents' replies in more depth. In addition, interviews were carried out with five Finnish social workers in a large town's Social Office (the Finnish equivalent of Social Services departments) to provide some level of comparison between English and Finnish workers' experiences, and give some small clues as to the similarity or otherwise of social workers' experiences in the two countries.

The findings of these two elements were used to inform further research to be carried out with managers and assistant managers in the authority by way of a semi-structured interview. This further research is being conducted as the results of the first two elements of the research clearly demonstrated the importance of these staff in dealing with the effects of aggression and violence against social workers.

Whilst there are a number of 'official' definitions of aggression and violence, it was made clear to respondents that the purpose of the study was to discover what practitioners consider as aggressive or violent situations through their experiences of incidents. They were also assured that their identity would be kept confidential.

2. EXECUTIVE SUMMARY

- The overall findings suggest that physical violence is comparatively rare, but other forms of '*indirect violence*' as one respondent referred to it, were common. These situations contained elements that at times affected workers and their practice and well being to a considerable extent. Threats of further actions from clients had the greatest effects, especially when these appeared to the worker to be focused individually against him or herself and sometimes onto their family, rather than on their role as an agency representative. The situations were usually not one-off incidents, but part of a set of dynamics that built up over time.
- There were differences in the types of violence offered by clients that were partly dependent upon the gender of the perpetrator. Within the six situations of physical or near physical assault reported in the questionnaire returns, there were five female perpetrators, and only one male. Where there were serious threats and the gender of the client could be ascertained one was from a man, and eleven from females. It would seem that it is women who react in a way under stress that is physically or threateningly violent. In less obvious but very threatening situations, such as sustained verbal abuse, ongoing threats, and being followed in the street or in cars, it appears males are the main perpetrators.
- In the main, staff reported that they found their managers did their best to keep a focus on their safety, and felt well supported by colleagues. Limits and boundaries on non-physical violence, including intimidation and veiled threats, were uncertain; a number of staff could not see the point of reporting, or that it is required to be reported; yet the effect on workers over time of different situations with a number of different clients can sap morale. This then appears to be an important issue for agencies to recognise and deal with for staff retention and for staff well being.
- The situations where violence was most likely to occur were when decisions were being made about parents' children, such as just before, during or just after child protection conferences or court hearings, or when parents are told of recommendations in court reports.
- Ethnicity issues were not a major feature mentioned by respondents. However, two threatening situations were associated by respondents with families from minority ethnic groups. One respondent reported a black colleague being subject to abuse and harassment from racist clients.
- Fear and anxiety is a very common feature in respondents' reactions to the different types of violence they experience, and this can be particularly disempowering in situations where there are developing and threatening violent scenarios.
- A number of respondents raised issues concerning the importance of keeping the protection of the welfare of the child at the forefront of thinking and planning even when violence or the threat of violence is being used to keep the worker and agency at bay. A small number of workers expressed concerns about the effects of violence on their ability to protect children, and at times being able to fully assess the children's views and experiences. 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, respondents found managers understanding and responsive to issues of violence in attempting to ensure proper back up for them in situations of physical risk. However, they found procedures and support for the less obvious types of violence and threats were less clear and accessible, and these were less likely to be reported.
- Support from colleagues was experienced by nearly all respondents as positive and vital. The small number of concerns in this area related to minimisation of the effects of a situation on the victim, or lack of time or effort being given to help the victim overcome the effects.
- Managers' and colleagues' expressions of concern were clearly a major feature in respondents' experiences when they felt supported. Affirmation of understanding of the increasingly difficult role of child protection work from managers and senior managers was also seen as being very important.
- Clear ideas about risk assessment and risk management had been developed by respondents who had experienced violence, and these experiences may be able to be used by agencies in a structured manner in developing systems which take into account the risks to staff and children from violent family members.
- Almost invariably, interviewees reported that they had found the response from the police excellent. More experienced staff believed that this had improved immeasurably over the last decade or so.
- The importance of agencies developing a culture that discourages violence was mentioned by a number of respondents, to include more effective responses to clients who offer such violence, and wider education and publicity about the child protection worker's role.
- A small number of staff interviewed, in England and in Finland, have changed their work setting partly at least due to experiences of violent incidents. Agencies may need to consider carefully how they support workers in relation to these areas so as not to lose long-standing and experienced workers from this field.
- Uncertainty about confidence in carrying out a role that necessitates invasion of families' private lives was mentioned by a number of workers; their right to exert the power which they do, and intervene in intrusive ways, was raised by some respondents.
- A number of the experienced workers talked about the importance of developing personal strategies for dealing with potential aggression and violence, and approaching the client in a respectful, honest way. The most experienced workers talked about the need to be open and honest with clients about their role, and about the purpose of the intervention, no matter what the client(s) had done, or were alleged to have done to their children. On the other hand it was seen as important for workers not to try to minimise the effects on the children and what needed to be done.
- A number of staff mentioned that regular training is important to help improve their skills to defuse situations. However, they stated that this training had not been a priority for them, due to lack of time and other courses being seen as a priority.

- There may be some problems concerning implicit acceptance of violence from some clients who staff see as vulnerable. This may lead to such violent behaviour being ignored in assessment and intervention with clients who have learning disabilities or mental health problems, for example.
- Questions agencies and staff may find helpful to address in policies, procedure and practice are:
 - i. How are limits and boundaries on different types of behaviour agreed, set, and maintained?
 - ii. How clear are these to workers and clients?
 - iii. How can they best be maintained over time?
 - iv. What range of responses should be available, operated by whom, in what ways, to deal with any incident or developing violent scenario a client is presenting against the worker who has the responsibility to ensure children's welfare and safety in the face of such violence?
 - v. Who in the agency has the responsibility to ensure workers are supported in order to be able to carry out their child protection functions effectively? This may not be only in relation to specific families, but the effect of aggression and violence on staff morale over time, an issue noted by the House of Commons Health Select Committee (1991)
 - vi. How to balance effective investigation of complaints against the need to support workers concerning the effects of complaints on them and their morale?

3. THE STUDY'S AIMS AND METHODOLOGY

The aims of the study were to uncover and explore the experiences and views of social services child protection staff concerning:

- what types of aggression and violence they had experienced in their work
- how their experiences had affected them and their practice
- what is important for them in the agency's recognition of the problems ensuing from such behaviour from clients, and
- how they can best be responded to.

The methodology employed in this study was mainly qualitative, although data from the questionnaire returns gives some indications of numbers of staff at risk and in what ways. The validity of such qualitative research is in uncovering and analysing in a systematic way the experiences of workers that affect themselves and their decisions and actions based upon these perceptions and attributions. Therefore it is important to try to identify these as effectively as possible, analysing them in ways which allow similarities across workers' experiences to be drawn out, but also to identify particular issues which workers had faced which require to be taken into account which may be highly specific to certain unusual situations. Such detailed analysis of individual worker's experiences and views of situations they have encountered can provide valuable information on which to base planning and practice. It is then possible to determine the themes and issues that may affect workers and their work in certain types of situations. The perceptions, motives and actions of staff are important to ascertain in order to gain more than a partial understanding of the complex problems of organisational, professional and emotional responses to the increasingly contested and stressful area of child protection work (Parton, 1998). 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 exploring child protection processes, social workers were not asked why they acted in the ways they did, and 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 present study goes some way to opening up the research process to include the views, experiences and attributions of staff concerning the child protection process in one small but significant area of their work, in order to aid risk assessment and support for workers in the child protection arena.

Questionnaires were sent out to all professional staff in the child care/child protection fieldwork teams of the authority up to and including team manager level in 1998. The returns were subject to a form of content analysis, where the responses were examined systematically over a period of time to identify important points and develop themes from within the responses, in order to draw out significant issues raised within the questionnaire returns (and latterly the interview analyses) and to identify patterns of similar experiences arising from the responses (Burns, 2000). All research methods have their advantages and disadvantages, and one problem with this type of method is possible bias in interpretation. In order to minimise the risk of this, the important points and emerging themes were examined, discussed, compared and developed between the author and Christine Jones, the research officer who assisted in the study. Themes identified and analysed were then

translated into a semi-structured interview schedule which was employed with seven of the original respondents and five Finnish social workers during 1998/9 in order to explore identified issues in greater depth. This was facilitated by Satu Ylinen and Pirjo Polkki of Kuopio University in Finland. I am most grateful to them for their help in this.

The interviewees were given a copy of the letter explaining the research and it was explained to them verbally that they did not have to take part, and that they could stop answering questions at any time if they wished. They were also informed that any information gathered would be kept confidential and that it would be presented in any publication in a way in which their identity would not be revealed.

4. OVERALL SUMMARY OF FINDINGS

In this section, an overview of the full set of findings from the questionnaire responses and the interviews analysis is presented. Much fuller summaries from each set of findings are included at the beginning of section 5, *Analysis of questionnaire responses*, and section 6, *Interviews analysis*. The findings in sections 4, 5 and 6 of this report relate to the findings of the research in England unless otherwise stated.

Aggression and violence is not normally in the form of overt physical aggression, but is much more likely to be less obvious and more pervasive and insidious.

One of the main findings from this research is that there appears to be very few physical incidents directed at social work staff in field child care/protection work, with very few respondents reporting experience of physical violence in the questionnaire returns. The follow up interviews undertaken revealed that respondents had experienced more physical violence than they had stated in their responses to the questionnaire, however. It became clear that the more typical aggressive situations are not physical in nature, nor are they just isolated "flare ups" which are then over and done with. It may be that in discussion in child care/protection work using the term 'incident' in relation to aggression and violence is often misleading. This usage does not capture the ongoing process of causes and effects which can develop over time, and be pervasive in relation to who might be at risk, where, and in what type of situation. Therefore, it seems more accurate to use the term 'developing violent scenario' (DVS), which does not imply one single isolated incident. The research findings demonstrated that these DVSs are more difficult to deal with, and are much more common.

In particular, the effects of threats where the worker experiences the aggression as personalised onto them rather than at the overall agency function is the type of situation which undermines, creates fear and saps morale the most, and requires attention in staff support and risk assessment and risk management. Where staff felt most vulnerable and at risk was where they experienced personal threats to self/family beyond work boundaries; threats to 'get them' or even 'kill' them or their families, particularly where this was coupled with the client saying they knew their car, and/or where they lived.

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*'. Verbal abuse bordering on threats is particularly difficult to deal with; workers found the reaction of managers, in the main good, less certain and supportive in these areas. It tends to be the sets of relationships and the nature of the threats and dynamics within them that lead to threatening and violent behaviour which make workers feel most vulnerable. In an otherwise supportive environment concerning their safety, it is in these situations where staff find the least certainty in the agency's 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 it is required to be reported. However, this research demonstrates that the effects on workers over time, and who may be having 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. The question then arises as to what is acceptable, and the

types of responses for staff and for aggressive clients that need to be in place.

A number of workers believed that there should be clear responses to violent clients, which addressed their responsibility for their behaviour, and an acknowledgement of this in the work with them. 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'*. Questions agencies and staff may find helpful to address in policies, procedure and practice are:

- How are limits and boundaries on different types of behaviour agreed, set, and maintained?
- How clear are these to workers and clients?
- How they are they best spelt out and maintained over time?
- What range of responses should be available, operated by whom, in what ways, to deal with any incident or developing violent scenario a client is presenting against the worker who has the responsibility to ensure children's welfare and safety in the face of such violence?
- Who in the agency has the responsibility to ensure workers are supported in order to be able to carry out their child protection functions effectively?
- How to balance effective investigation of complaints against the need to support workers concerning the effects of complaints on them and their morale?

Staff had a clear view in their own minds about the causes and triggers for aggression and violence based upon a good deal of consideration and thinking. These related, in the main, to clients' views of the power and control inherent in social services departments' child protection work, and the rights of social services departments' workers to intervene in the parents', and their children's, lives.

Those interviewed were clear that certain clients had enormous resentment against the invasion of their privacy and family life, and that these threats and violent incidents were often part of a pattern of control to try to minimise the intervention from social services. One of the interviewees described this as *'indirect violence'*.

The issue of how workers can then best approach clients is illustrated clearly by one worker's description of *'impinging on their (clients) freedom and their right to privacy'*, and the comment that *'I feel the way I approach my part of this enforced relationship can greatly affect the way the client responds'*.

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

A number of the experienced workers talked about the importance of approaching the client in a respectful, honest way. This was given particular mention by two very long serving child protection workers.

It would appear that social workers believe that they have to tread a very delicate balance between being over-intrusive when impinging upon family's rights to privacy, and neglecting their duty to protect children's rights to live free from harm. A small number expressed concern that the wider Department may not fully support them in this difficult area if things 'go wrong'. This accords with Parton's work (1998), in which it is suggested that a problem for social work and social workers is that there seems to be an expectation of risk elimination rather than risk

assessment and risk management.

Although most scenarios did not involve physical assaults, four staff reported physical assault, and two reported very near misses. Within these six situations, there were five female perpetrators, and only one male. In the four assault incidents, all were female. Of the two near calls, one was a man, and one was a woman.

Four of these situations occurred in the residence of the client(s); one in the office where the child protection conference was being held; and one in a mental health facility where contact between mother and child was taking place.

The majority of the seven English staff interviewed as a follow up to the questionnaire had long experience of work in children and families in social services; three had twenty years or more experience each, and apart from two, all had ten years or more. Of those with over twenty years of experience, one had moved into mental health work since completing the original questionnaire, because of the pressures that she had felt in child protection work. Another had moved client group setting, 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 twenty years of experience in practice said that the environment now was very much more violent and aggressive since she first started in the work.

Experiences of support to deal with violence

Nearly all the staff who reported having been subject to forms of violence from clients spoke of the situation to their manager- twenty of the twenty-one. In the main, staff reported that they found their managers did their best to keep a focus on their safety. The areas of threat and threatening behaviour from clients were perceived as being dealt with in a less certain manner than physical assaults.

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 judging the balance between on one hand accountability for the safety and well-being of the child, and for the safety of staff on the other. The importance of the attitude and commitment of managers within the teams was a consistent and powerful feature in the interviewees' responses, in both England and Finland. Almost invariably the importance of the supervisor's willingness to engage with the difficulties and think them through with the worker to try and find a way forward was important.

Support from colleagues was seen to be positive and normally very helpful to victims. The small number of concerns in this area related to colleagues minimising or underestimating the effects of a situation on the victim, or lack of time or effort being given to help the victim overcome the effects.

What was important for a number of the workers interviewed was that the managers were aware of the difficulties the clients had caused in the past with their violent behaviour, if any.

Workers seem to wish to locate discussion of stressful situations and DVs within case and line management responsibilities. The agency's counselling service, valued for other areas of stress, may not always be able to provide the crucial mix of case management and personal support needed in these types of stressful situations.

Police support

Nearly all interviewees reported that they had found the response from the police excellent. Those with long experience believed that this had improved immeasurably over the last decade or so. This appeared to reflect a much better working relationship between police and social workers in social services departments, after periods some years ago when there was mistrust between them at certain levels in certain areas. One respondent mentioned that joint working with the police had improved enormously, and that the joint child protection work they undertook meant that they understood each other's organisations and responsibilities much better. This was true in Finland as well as in England.

Fear and anxiety is a common reaction

Anxiety and fear during, or when thinking subsequently about incident(s); effects on working practices; anger sometimes towards the client(s); shock; depression, and physical pain were all mentioned as after effects.

The most common reaction was anxiety, mentioned by a majority of respondents reporting violence, often mixed with feelings of anger.

Fear was mentioned in some form by nearly half the respondents reporting violence, leading to changes in their approach to their practice. One of the main effects professionally for the victim was for them to develop a greater focus on personal safety, risk assessment and forward planning. Visiting arrangements were reviewed, normally leading to client(s) only being seen at the office. They gave greater consideration to back up procedures, and increased their use of mobile telephones and dual visiting arrangements

Effects on confidence in carrying out a role that necessitates invasion of families' private lives

Uncertainty about confidence in their role was mentioned by a number of workers; their right to exert the power which they do, and intervene in intrusive ways, was raised by some respondents. Some workers had concern about how well they would be supported by the wider Department managers and employers after any problems, or complaints made, in this difficult and contested area of intervention and decision making.

The need for staff to feel affirmed by senior agency members in their commitment to balancing the often-difficult task of protecting children and supporting families

Affirmation of the understanding of the difficult nature of the child care/protection role from senior agency members and ultimate employers is an important feature for staff morale. The importance of such affirmation of senior staff's recognition of their understanding of the difficulties and stresses in individual instances, especially in relation to complaints, and generally over time concerning the cumulative effects of the stresses on front line staff involved in this area of work, was mentioned by a number of respondents. This was a point that should be borne in mind by managers, councillors, etc., when having to consider the circumstances and experiences of workers in relation to complaints or inquiries into their work. The support needs for the small number of workers in situations where their practice has been questioned is perhaps as great, if not greater, than for those experiencing stress from violent clients directly.

Keeping the focus on the protection of the child: stress and commitment

A number of workers emphasised their commitment to keeping the child's best interests represented, even if this is a difficult and uncertain task. It was clear that respondents might experience fear, emotional upset, professional uncertainty and even physical hurt in their work, but had a real commitment to trying to ensure that this did not affect their ability to protect their primary client, the child.

Staff reported at times that managers had to urge more caution than the social workers themselves exhibited due to this commitment after the worker had experienced violence from family members. The responsibility and stress of trying to balance their own safety, the protection of the children and trying to maintain working in partnership with very vulnerable, and sometimes defensive, aggressive and threatening parents, can cause major stresses and fear for workers.

There was evidence of the dilemmas workers may sometimes feel when they have values which emphasise the empowerment of people with learning disabilities or mental health problems who are parents, whilst at the same time having to keep a clear focus on the best interests, and protection, of children.

Gender

There were differences in the types of violence offered by clients depending upon gender. Within the six assault or near physical assault situations, there were five female perpetrators, and only one male. In the four actual assault incidents, all four were female. Of the two near assaults, one perpetrator was a man, and one was a woman. Where there were serious threats and the gender of the client could be ascertained one was from a man, and eleven from females. When it comes to the child protection conference, or the court hearing, it is the mothers who react in a way under stress that is physically or threateningly violent. In less obvious but very threatening situations, such as sustained verbal abuse, threats over the telephone, and following the worker in the street or in cars, it is males who are the main perpetrators.

Ethnicity

Mention of ethnicity issues was not a major feature within responses. This may have been due to the fact that the proportion of minority ethnic groups in the area studied is very small. However, two of the particularly threatening situations were associated by respondents with families from minority ethnic groups.

Reporting and non-reporting: The less tangible and obvious the aggression, the less likely it is to be reported and effectively dealt with

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*', raising issues of how limits and boundaries are set and maintained for workers and clients when non-physical violence occurs.

The value placed on risk assessment and risk management

A number of staff mentioned their view that more time was needed in supervision to discuss risk, and how to manage it- '*there is never time in supervision to be thorough- too many other urgent matters.*'

Also mentioned was the need to have time to debrief properly, and to record situations so that this could be used in risk assessment and risk management in the future, and as part of ongoing case management.

Forward planning was also seen as important, including consideration of the past history of the family members and the potential for violence as part of risk assessment, and putting safety procedures in place.

A number of "flashpoint" scenarios were raised by respondents that could lead to physical violence or threats. Visiting a home with news of a s.47 child protection enquiry being instigated; just before, during or after a child protection conference or court hearing; showing court report recommendations, e.g. when the decision is not to recommend the children return to the parent(s); when the boyfriend/partner of a mother is present. Contact arrangements where there has been violence within the family are known as problematic areas in separation and divorce situations, and examples of violence found in this research, in England and in Finland, would indicate these may need to be given greater consideration when arrangements for contact are made.

Particular consideration of how clients with mental health problems or learning disabilities might be experiencing the intervention in relation to their parenting was mentioned by a number of workers as a significant factor that should be taken into account in risk assessment and risk management (see Farmer, 1997).

There are potential problems with the increasing emphasis on a work arrangement where staff work from home on a more regular basis. Whilst positive in other senses, this can leave workers feeling exposed if having to take unfiltered calls which may be threatening and abusive in the place where they would normally seek refuge from the pressures of their work lives. One worker stated *'I think support from colleagues is important..'*, and with the introduction of this work arrangement, *'then workers will feel less supported than they are now'*.

Practical ideas from staff on how to improve safety in physical and procedural arrangements included the need for more mobile telephones, and in particular, improved back up procedures for situations where visits have to take place after normal office hours.

Induction packs, and procedures in relation to violence, were seen by some respondents as in need of greater attention. One worker commented that *'New employees should be made aware of office policy; an official written plan of action for individual officers to advise and make explicit; managers to promote awareness on a regular basis at team meetings'*.

Limits and boundaries on clients' aggression and violence

There may be issues concerning implicit acceptance of violence from some clients who staff see as vulnerable. This may lead to such violent behaviour being ignored in assessment and intervention with clients, as was the case in one social worker's experiences of a female client with learning disabilities in a residential setting.

Attempts to work with the clients on their part in the aggression were not a major feature of responses. Only one worker said that she attempted to get the client to take some responsibility for the behaviour, and consider different reactions.

Another worker experienced limit setting to male clients as having little effect.

A number of workers believe there needs to be more systematic and structured responses to clients who are aggressive and violent. One of the interviewees remarked that there was not a culture or understanding in place concerning how to deal with the regular aggression and conflict in child protection interventions. She thought that managers are too busy to be able to deal with the types of professional/personal/emotional issues raised in this type of work.

The importance of developing a culture that discourages violence

This was obviously a deep-felt issue for some staff. Suggested strategies in response to this problem involved the agency actively demonstrating appreciation of the difficulties of the work to workers, in more public forums, and getting others, such as the public, to appreciate these difficulties.

For example:

'It should be made known that those attacking social work staff will be prosecuted.'

'A culture in which we do not feel that we have to put up with abuse, aggression and hostility.'

One worker had been assaulted twice as a psychiatric nurse, and had spent ten years as a psychiatric social worker in high security psychiatric hospitals, but in *'this setting (child protection), the world feels a far more insecure place'*.

5. QUESTIONNAIRE RESPONSES

5.1: Summary of main points from questionnaire responses

Aggression and violence is not normally in the form of overt physical aggression, but much more likely to be less obvious and more pervasive and insidious.

One of the main findings from this research is that there appear to be very few physical incidents in field child care/protection work; much less than in residential or day care work, for example (Rowett, 1986; Norris, 1990). The interviewees spoke of a number of physical assaults and other types of violence they had experienced which they had not mentioned in their responses to the questionnaire. It is clear that the number of incidents and developing violent scenarios reported in the questionnaire responses are less than staff have experienced during the course of their work.

The great majority of aggressive situations are not physical, nor are they just one-off, isolated "flare ups" which are then over and done with. It may be that in discussion in child care/protection work using the term "incident", often used in relation to aggression and violence, is misleading in this particular area of work. This usage does not capture the ongoing process of causes and effects which can develop over time, and be pervasive in relation to who might be at risk, where, and in what type of situations.

Therefore, it often appears more accurate to use the term 'developing violent scenarios' (DVSs), which does not imply one single isolated incident. This term does capture the reality of the ongoing development of aggression, violence and harassment in obvious and less obvious ways which many workers experience over time in child protection work.

The types of aggression which workers experience in child care/child protection work appear to be different from other areas of work in nature, cause and effect. The research findings demonstrated that non-physical, ongoing violent environments, or developing violent scenarios (DVSs), are more difficult to deal with than overt physical threats and even assaults, and are much more common. A number of workers stated that they had experienced numerous incidents of aggression, usually from parents who are in vulnerable situations and involved in child protection enquiries, investigations and court hearings. Twenty-one respondents reported having been subject to violence in some form.

Acknowledgement of the effects of being caught up in violent environments has been demonstrated in *Working Together to Safeguard Children: A Guide to Inter-Agency working to safeguard and promote the welfare of children* (Department of Health, 1999), where it is emphasised that being part of environments where there is violence between adult carers can produce significant harm as much as physical violence or other types of abuse directed at the child (ren) (see also NCH Action for Children, 1994; Brandon & Lewis, 1996). It may be that there are effects on child protection workers who are caught up in these violent environments which can surround child abuse which have to be recognised and planned for also. 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'.

Verbal abuse bordering on threats is 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'*.

Limits and boundaries on such non-physical aggression were uncertain. A number of staff could not see the point of reporting, or that it is required to be reported. However, this research demonstrates that the effects on workers over time, having to deal with ongoing threats and abuse, with a number of these situations contained within their caseload, from a number of clients, can have significant and occasionally devastating effects.

In particular, the effects of threats where the worker experiences the aggression as personalised onto them rather than at agency function, as we see in the interview analyses, are the types of situation which are the most undermining, create fear and saps morale the most. Where staff felt most vulnerable and at risk was where they experienced personal threats to self/family beyond work boundaries with threats to *'get them'* or even *'kill'* them or their families, particularly where this was coupled with the client saying they knew their car, and/or where they lived.

Fear and anxiety is a common reaction to incidents and ongoing developing threat
Anxiety and fear during or when thinking subsequently about the experiences, effects on working practices, anger sometimes towards the client(s), shock, depression and physical pain were all mentioned as after effects.

Effects on confidence in carrying out a role that necessitates invasion of families' private lives

Issues concerning confidence in their role was mentioned by a number of workers in relation to their right to exert the power they have and to intervene in intrusive ways. Some workers had concern about how well they would be supported by the wider Department managers and employers after any problems or complaints in this difficult and problematic area of intervention and decision making.

Nine of the respondents specifically mentioned effects on their practice.

Experiences of support to deal with violence

Nearly all spoke of the situation to their manager, twenty of the twenty-one. In the main, staff reported that they found their managers did their best to keep a focus on their safety. The support of colleagues was seen to be very important in helping victims to deal with the effects of aggression and violence.

The need for staff to feel affirmed in their commitment to balancing the often-difficult task of protecting children and supporting families by senior agency members

Affirmation of understanding of the difficult nature of the child care/protection role from senior agency members and ultimate employers is an important feature for staff morale.

Keeping the focus on the protection of the child: stress and commitment

It was clear that respondents might experience fear, emotional upset, professional uncertainty and even physical hurt in their work, but had a real commitment to trying to ensure that this did not affect their ability to protect their primary client, the child. The responsibility and stress of trying to balance their own safety, the

protection of the children and trying to maintain working in partnership with very vulnerable, and sometimes defensive, aggressive and threatening parents, can cause major stresses and fear for workers.

Reporting and non-reporting: The less tangible and obvious the aggression, the less likely it is to be reported and effectively dealt with

Non reporting related in the main to less immediately threatening situations, or where the violence was seen to be directed at one individual worker. Frequently, it was because the 'incident' was not tangible or obvious to others.

The value placed on risk assessment and risk management

A number of staff mentioned their view that more time was needed in supervision to discuss risk, and how to manage it- *'there is never time in supervision to be thorough- too many other urgent matters.'*

Also mentioned was the need to have time to debrief properly, and to record situations so that this could be used in risk assessment and risk management in the future, and as part of ongoing case management.

Forward planning was also seen as important, including the consideration of the past history of the family members and potential for further violence as part of risk assessment, and if needed, dual visiting, and/or taking the police.

A number of "flashpoint" scenarios were raised by respondents that could lead to physical violence or threats.

Particular consideration of how clients with mental health or learning disabilities might be experiencing the intervention in relation to their parenting was mentioned as a significant factor that should be taken into account in risk assessment and risk management by a number of workers.

Induction packs and procedures in relation to violence were seen by some respondents as in need of greater attention.

Limits and boundaries on clients' aggression and violence

There may be issues concerning implicit acceptance of violence from some clients as staff see them as vulnerable, and this can lead to such violent behaviour being unchallenged.

Attempts to work with the clients on their part in the aggression were not a major feature of responses.

The importance of developing a culture that discourages violence

This was obviously a deep-felt issue for some staff, and involved the agency actively demonstrating appreciation of the difficulties of the work, and getting others, such as the public, to appreciate these difficulties.

Working arrangements: physical and procedural

There are potential problems with the increasing emphasis on a work arrangement where staff work from home on a more regular basis. Whilst positive in other senses, this can leave workers feeling exposed if having to take unfiltered calls which may be threatening and abusive in the place where they would normally seek refuge from the pressures of their work lives.

5.2 The Questionnaire

There was a 25% response rate to the questionnaire, with 48 returns from 192 sent out by post to work addresses. Those who responded were social workers, social work assistants, assistant managers, and managers. Not all had experienced violence; 21 respondents reported violence/sets of incidents in the questionnaire returns. The purpose at this stage was to gain a picture of the experiences and views of those providing services in the child care/ child protection field. The areas covered in the questionnaire were:

- What types of aggression and violence they had experienced, if any
- The nature of those situations
- Details of the aggressor
- Any effects experienced emotionally or physically
- Any effects on respondent's personal and professional life
- What action was taken after the experience, informally and formally?
- Whether respondents felt supported or not, and the important elements contained within effective support strategies
- How these experiences had affected respondents' approach to clients, and their work in general
- Their views on general issues that need to be considered in order for workers to feel safer in their work
- Respondents were asked to indicate if they were prepared to be interviewed at a later date.

From the analysis of these responses, a number of issues were identified, some of which were common for a number of workers, some quite specific to particular types of situations.

5.3 Types of experiences.

The types of experiences were classified into two broad categories, physical assaults, and verbal threats or threatening behaviour.

The effect of the threats could be considerable, and include intimidation over long periods. There were particular issues within this category where physical assaults were feared due to a known previous history of violence. Certain issues also arose where clients were threatening from within their experiences of their mental health problems, and where clients with learning disabilities were presenting threats. Another area of concern was perceived harassment arising from the nature and/or frequency of complaints, and where sexual comments were experienced as oppressive and intentionally harassing. Two of the situations of threat and harassment that had significant effects on workers they believed emanated from families from minority ethnic groups.

Many situations described by respondents were not single identifiable incidents, but involved long periods of aggression and harassment from families or family networks. Some workers experienced this type of situation of verbal abuse and threats from a number of client families.

If all single identifiable incidents of physical assault or threat are examined, the home or residence of the family is the most common place for the aggression to occur (n=10). Whilst in the office, workers reported threats as the main problem, normally over the telephone, although in one instance this had been during a child protection conference. One experience was in a family centre, and another in a mental health facility being used for a mother to have contact with her accommodated child. One worker had experienced several incidents in the street from members of the same family. Another had been followed in an obvious and threatening manner in her car.

No males perpetrated physical violence, although one was the perpetrator of an incident of near assault. Men tend to make use of threats and threatening behaviour, either on their own or when acting with their partner.

In the following analysis, numbers may seem to vary in relation to total numbers of different types of incidents or responses. This is because single incidents or DVs can include several different presentations of aggression, e.g. threats and physical, and lead to a number of different types of responses.

5.4 Physical violence

Very few respondents- four- reported having experienced physical violence. One member of staff had only escaped an assault by managing to retreat from the hostel residence of a mother whilst the social worker was visiting as part of Children Act 1989 s.47 child protection enquiries concerning the client's unborn child. The aggressor was a man, the boyfriend of the mother, and the victim a female. Another worker in a different incident had not been assaulted because the police restrained the attacker, who also threatened to 'get her' (the social worker) later. The attacker was a female, as was the victim.

The numbers presented here are not meant to represent the types of violence directed to workers over time in their work, as it was not designed as a quantitative study. However, a number more were mentioned in the follow up interviews, indicating there are more than reported in the questionnaire returns.

The physical incidents comprised:

- Being seized by the arm and thrown out of the house with a police officer, who was attempting to arrest the client. The attacker was a female, as was the victim
- Having a door literally slammed on her by a client when the social worker was involved in investigating anonymous referrals of abuse. The attacker was the mother of the child, the victim also a female
- A situation in a mental health centre when a mother of several children on Interim Care Orders attacked the foster carer during a contact visit. The social worker had to intervene to protect the foster carer. The attacker was a female, as was the victim
- Physical attacks were not always perpetrated by parents/extended family or friends, but also by the children and young people. For example, one worker was attacked by a thirteen-year-old young woman with learning disabilities and

hit hard on various parts of the body. The social worker stated that this happened regularly, and was unhappy as she believed the residential staff gave excuses for the behaviour as the young woman has learning disabilities. The attacker was a female, as was the victim.

Four of the six incidents of physical or near physical violence occurred in the residence of the client(s); one in the office where the child protection conference was being held; and one in a mental health facility where contact between mother and child was taking place.

Within these six, there were five female perpetrators, and only one male. In the 4 actual assault incidents, all perpetrators were female. Of the two near assaults, one perpetrator was a man, and one was a woman.

5.5 Verbal aggression and threats or threatening behaviour

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 there as far the client is concerned, and certainly as far as the worker is concerned. These are in some ways the most difficult for the worker and their managers to deal with; hence this category is termed 'threats or threatening behaviour'. Almost invariably there was verbal abuse as a sub-set of the violence, and only one respondent reported verbally aggressive situations where there was no other type involved. It seems verbal aggression is so frequent that workers expect it up to a certain level, and only beyond that into a level where they feel personally intimidated or threatened by the tone and nature of the verbal attacks do they see it as violence.

One stated that they had experienced '*Numerous incidents of aggression*'- usually from parents who are in vulnerable situations and involved in child protection and child care hearings, as she saw it. The worker recognised the stresses on the family, especially where parents have mental health problems, which had been the case in two of the situations. Another stated '*I have been threatened on numerous occasions..*'. Another commented that whilst there is good support from managers concerning risky situations, '*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*'.

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*'
- Jabbing a finger very close to the worker's face in a very angry and intimidating manner. This was experienced by one worker twice with different clients
- To '*get them*', and/or their families, as experienced twice by one worker, and by two others. One worker had received a letter from a woman client in prison making threatening comments. The abuser was a female, as was the victim. Another respondent was abused over the telephone regularly late on Friday afternoons by different family members and friends of the family in a clearly concerted strategy, and the primary aggressor and a number of the other

abusers said they were doing it deliberately to upset her weekend; the worker said she found *'this difficult to let go of'*

- A mother told the worker if she did not get her child back, the worker *'had better leave the country'*
- A mother told the worker she could kill the social worker for what she had done to her family
- A mother threatened that if her children were not returned, that some people would have to *'fear for their lives'*
- Threats at different times, including when they met in the street, after removal of children from the mother for gross neglect. The mother had learning disabilities
- After the removal of a child, a worker became subject to a series of abusive telephone calls, and a number of letters of complaint.

In one situation, a female worker was subjected to sexual and suggestive comments after a father's children were placed on interim care orders. The worker said she was not too distressed by this, as he did it to other women, but she was concerned that other colleagues had known what he had said.

In a situation of sustained threats and intimidation over the telephone, the callers were male and female, but the primary aggressor was male.

One very experienced worker observed that he had witnessed a number of *'attacks'* on colleagues: *'these frequently have a gender basis- Controlling males having difficulty receiving clear messages on behalf of department..'* concerning limits and boundaries on their behaviour; i.e. that they were unimpressed by the department's responses, and would often carry on with their abuse and threats.

One respondent experienced one mother and her partner as constantly criticising her work and making complaints against her after the clients' daughter made allegations of abuse against the partner. Another also had complaints made as part of a campaign against her; she stated that of all her experiences of aggression and violence, this had affected her most. She was subjected to a campaign of letters and telephone calls from the mother of a young woman who had alleged sexual abuse against the father. In return, the worker was accused of abusing children, with personal comments about her and her senior, made in a number of letters of complaints. Another respondent stated that she had been subject to many incidents of verbal abuse and threats; whilst she did not mention complaints being made, s/he had been accused of doing bad work, e.g. *'letting people die, etc.'* A number of respondents made statements to the effect that the knowledge of clients from the media that social workers have low status, and are frequently criticised by politicians and newspapers, seems to allow angry and aggressive clients to use such approaches to try to undermine the social worker's authority and self esteem.

5.6 Effects physically and emotionally- professional and personal

Anxiety and fear during or when thinking subsequently about the situation(s); effects on working practices; anger sometimes towards the client(s); shock, depression and physical pain were all mentioned as after effects.

The most common was anxiety, mentioned by a majority of respondents, even if mixed with feelings of anger, for example. It was mentioned in relation to thirteen situations.

Fear was mentioned in some form by nearly half of respondents reporting violence in their questionnaire returns, leading to changes in their approach to their practice. One of the main effects professionally was to have greater focus on personal safety, and risk assessment and forward planning, especially visiting arrangements, including normally only seeing a client at the office; implementing back up procedures; use of mobile telephones, and dual visiting. Workers mentioned these effects in relation to ten situations.

Depression was mentioned by one worker in relation to how complaints against them had been handled within the department. The worker was not saying that clients do not have a right to complain and for these complaints to be investigated fully. However, it could be perceived strongly that those investigating had not taken into account the devastating effects on the workers involved when such an investigation takes place. The respondent stated how easy it is to experience that they are being blamed or judged in a difficult area of work where intrusion on family life will inevitably cause conflict and resentment. It would appear that social workers believe that they have to tread a very delicate balance between being over-intrusive when impinging upon family's rights to privacy, and neglecting their duty to protect children's rights to live free from harm. A number stated that they are concerned that the wider Department may not fully support them if things 'go wrong'.

'We feel very vulnerable to false accusations. When a client has complained I have felt supported by colleagues and immediate managers, but if ever a client were to make a public complaint I don't know how long I would feel safe or supported then'. The way complaints are dealt with, and the attitude put across to workers complained against, appears to be very important (see also section 6.6).

A number of staff had concerns about the effect of the violence on the children or the possible effect on their interventions to protect the children. This concern about the effect on workers' ability to protect the children, and the effects on their practice, was mentioned specifically in relation to five situations, but also implied in a number of others.

Examples are:

- Police were present at a situation where an arrest was to be made, so the worker felt secure, but *'I was worried for the sake of the client and her children'*
- One worker had experienced that because of the effects of a series of complaints against the worker, *'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 minimise risk and aggression in front of children aged 5 and 6 years, and 8 months'* (worker who was having to remove children on an emergency protection order from mother at their home). Two situations experienced by the Finnish interviewees were very similar to this one
- *'Angry that the incident took place in front of children'*
- After a physical assault, the worker felt vulnerable concerning her ability to protect child in this aggressive environment, and she felt wary and anxious before visiting concerning *'the kind of mood she (mother) will be in'*.

Anger was mentioned specifically in relation to four situations, but implied in the responses of others. The perceived tone of the investigation process over complaints had angered as well as depressed one. Other examples are:

- *'Angry during incident, and upset and abused after'* (worker subjected to a co-ordinated and lengthy period of intimidation and threats).
- *'Angry and impotent'* (worker subject to a series of incidents of harassment, abuse, and complaints).

Shock was specifically described by two workers:

- *'Shocked, physically shaken, emotionally assaulted. Jumpy and emotionally labile'* (Worker subject to personalised intimate threats where client 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 this mother)
- *'Shocked and threatened..'* for a long period afterwards, where the worker received information that the client had said those seen as responsible for the removal of the children would be killed.

One worker also mentioned guilt where s/he had been part of removing children from a grossly neglecting learning disabled mother. Her actions had made her feel very uncomfortable and uncertain in taking these actions: *'made me feel powerful and rather an unpleasant person'*. This illustrates some of the dilemmas workers may feel when they have values which emphasise empowerment of people with learning disabilities or mental health problems, whilst at the same time having to keep a clear focus on the best interests, and protection, of children.

Confidence in themselves in carrying out their role was mentioned. One worker who over a long period had experienced many incidents stated that *'it seems to affect my confidence for a week or so'*.

Attempts to work with the clients on their part in the aggression were not a major feature of responses. Only one worker said that they attempted to encourage the client to take some responsibility for it, and consider different reactions. Another worker experienced limit setting to male clients had little effect.

Anxiety concerning effects on themselves and/or family was mentioned by a majority of respondents who had experienced violence. There were crossover points from these effects into the personal, private and family lives of workers in relation to ten situation, a high proportion of respondents.

Examples of effects are:

- One worker who felt unsupported and less secure at work, and this had negatively affected his feelings and emotional well-being outside of work.
- Another stated that *'I am more stressed than I was..'*
- *'Family concerned about the nature of my work and risks involved'*
- (Worker who lives in area of work): *'I am more wary about going to the shops and I am concerned about meeting this man'*
- (Worker who lives in the same area as that of her work, threatened by what several families said they would do to her in her private life): *'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'*. She felt she had to tell her own child not to use a taxi firm who employed a member of the threatening family - but could not tell her child why
- *'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'*
- *'My partner is anxious about the emotional stress placed on me. He feels that too much is expected of social workers. Friends say they would never do my job, as people are so angry these days'*
- *'Anxieties spill over into home time. I find I am emotionally drained which gives rise to physical exhaustion- possibly ill-health.'*

Nine of the respondents specifically mentioned effects on their practice. These effects appear to depend partly upon the assessment the worker makes of the current situation they are facing, and how similar the family/situation is to the previous experience(s). These effects do not normally seem to generalise to all clients, in all situations, though several workers commented on how it might be generalised to certain types of client or situation, e.g. where parents have mental health problems or learning disabilities.

Examples of effects are:

- *'I watch every word I say or write, body language, everything. This probably results in a stilted lack of communication'*
- *'Much more nervous when dealing with this particular family'*
- *'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 client knows it is not their personal decision to place children on the child protection register or instigate court proceedings, but is the County's collectively
- *'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.'*
- *'I have always been aware that whether or not the client appears to welcome me into their home, I am impinging on their freedom and their right to privacy. I would not expect someone to come into my home and ask deeply personal questions about my money, sex life and relationships and I have to expect some animosity and hatred. I feel the way I approach my part of this enforced relationship can greatly affect the way the client responds'*
- After the experience, even with excellent support from other professionals and colleagues, a worker felt unable to participate fully in proceedings
- One worker stated she is now very careful to fully explain the nature of s.47 enquiries, and the consequences of non co-operation. She said she now tries to take into account client's fears at intervention/loss of parenting status
- One member of staff now keeps copies of notes on events, in case of having to justify to the organisation their work if complaints are received.

Five respondents mentioned that they were more aware of their own safety overall. They were more cautious, emphasising consideration more frequently of use of mobile telephones, dual visiting, and only seeing clients in the office, though this is not possible if clients refuse to come and abuse is being investigated/dealt with.

This issue of how workers can best approach clients given these effects was explored in greater depth in the interviews with workers, the findings of which are examined in the section six of this report.

The effects of working with aggressive clients did not arise only from single incidents. They are often the results of dealing with aggressive and violent tendencies within families, which are woven over time into the sets of relationships

between the clients(s) and individual workers. These dynamics are further complicated by the experiences and attributions the clients have of the role of Social Services department's interventions and motives. One worker described how *'The series of "incidents" which had most effect on me were related to a campaign of letters and phone calls from the parents of a 15 year old who alleged her father had sexually abused her'*. For this reason, it seems that using the term 'incident' in relation to aggression and violence is often misleading, and does not capture the ongoing process of causes and effects which can develop over time, and be pervasive in relation to where and who might be at risk. Therefore, it seems more accurate to use the term 'developing violent scenario' (DVS), which does not imply one single isolated incident. There was a very clear example from one worker who was threatened: *'approximately three months after events, (worker's) anger not lessened'*. A risk assessment recommended the children not be returned to mother, and the worker was *'very anxious pending the mother's sight of the risk assessment..'* This assessment of the worker seems very astute given the findings of this research concerning at what points violence is likely to erupt. Another worker described how acutely aware and threatened she was for a long period in relation to her *'vulnerability and danger of attack from this family- this large extended family with various partners in the main anti-authoritarian and aggressive to social services.'* She felt very vulnerable when alone in the area and extremely anxious visiting other clients in the vicinity or when shopping in the area outside work time.

5.7 Support systems

Actions taken after situations

Areas covered in the questionnaire included action taken by managers/agency following violent situations; subsequent feelings of safety and experiences of support after situations; and how it affected their approach to clients. The answers to these questions overlapped to a significant degree.

Twenty of the twenty-one respondents reporting violence had spoken to their manager concerning the matter. In eight situations the manager was experienced as being particularly supportive, and this was seen as very important by all who had experienced it. In one situation a new district manager arrived some time after the experience, and was critical of the worker not trying hard enough to engage with the father of the client (an abused child) on a more amicable basis, which made the worker feel angry and distressed. The worker felt that the new manager had not appreciated the dynamics of the situation, nor the effects on her personally, though it was agreed threatening calls could be terminated. Two workers mentioned there was no support experienced from the manager, but these were very much the exception. One of these concerned regular violence from a young woman accommodated in a residential unit.

Discussion with seniors in supervision was described by the majority of victims, and the importance of their manager's concern, and having the matter taken seriously. Some had received excellent support: *'The District Manager, Care Group Manager and colleagues were very supportive'*. Two workers stated that their managers had insisted they take greater care than they were doing, which they found very validating.

Afterwards, support from colleagues seems very important: *'During the incident I was calm. Afterwards I needed to tell someone what happened'*. This leads to a consideration of what support systems are in place for workers during and after the situations.

A number of areas were seen to be important in supportive policies.

- The possibility for the case to be transferred to another worker at the earliest opportunity; one worker had had a good experience of this, another the opposite.
- Supportive colleagues and managers were a vital element in feeling supported, and the lack of immediate availability of colleagues and managers due to new home based work practices was seen as an area which needs to be addressed. Managers who would appear to make extra efforts to ensure the worker was safe were particularly appreciated, and who acknowledged their feelings fully and sensitively; i.e. were concerned about them as people and as professionals.
- The importance of higher managers and councillors acknowledging the difficult nature, and the impact of the inherent conflicts and stresses in such work on the profession, agency and the individual.
- Support for joint interviews was seen to be important, as were the use of mobile telephones, and panic alarms in interview rooms.
- Regular supervision, and access to support after violent experiences.
- Clear procedures for staff safety.
- Means to make the powers and limitations of the workers' role more explicit for clients, e.g. a leaflet or something similar.
- Clear risk assessments to take actual and potential aggression from clients into account as part of planning and reviewing the interventions. It was clear that these risk assessments needed to take place not just at the initial referral stage, but continuously throughout the intervention. This may be of particular importance given the effects this research has highlighted concerning the potentially major effects of developing violent scenarios.

The issue of how complaints are handled by the department has been mentioned previously. The important element within this seems to be to ensure staff are not made to feel somehow 'on trial', and that they are not seen as being 'guilty as charged' (as it can appear to them, it would seem from the responses) from the outset. The need for support for workers in this situation is perhaps as great, if not greater, than for other forms of stress they experience from aggression from clients. Complaints are inevitably felt as being personalised onto the worker as an individual. Where workers perceive that the aggression emanates from their role as a representative of the agency function, this is easier for them to cope with, as evidenced in the interview analyses. In addition, in one such situation, the aggressor was offered what the worker saw as a great deal of support from the department, which felt an implied criticism of the worker's interventions.

5.8 Reporting

Ten workers stated that they had completed incident report forms in relation to a number of separate incidents, whilst twenty one reported having experienced violence. Two workers said they had received little response to this, but most seemed satisfied with Senior/Manager/organisation response. The 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*'.

Verbal abuse bordering on threats is particularly difficult to deal with; workers found the reaction of managers less certain and supportive in these areas, though still, in the main, good from most- e.g. in the reaction to a campaign of abusive threatening calls late on a Friday afternoon. The question arises as to what is acceptable, and how responses for staff and clients should be viewed and carried out. 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'*.

The ten situations reported related to:

- Threatening and abusive telephone calls containing a sexual element;
- Physical threats in a child protection conference;
- When a door was slammed literally in the face of worker on a home visit in pursuance of a s.47 child protection enquiry;
- Regular violence from a 13 year old young woman with learning disabilities;
- Immediate threatened violence in a mother's home from the boyfriend;
- Threats from mother of a child placed for adoption against mother's wishes to *'get her'*, and details of how;
- When police restrained a mother from a serious attack on a worker in an emergency protection order removal;
- Serious threats against worker and her family where children had been removed;
- Threat to kill from mother whose children had been removed;
- Physical violence from a mother during a contact visit.

Non reporting related in the main to less immediately threatening situations. One incident was not reported as it was seen to be directed at a particular individual; however, this may then disguise information needed for a full risk assessment in future. More frequently, it was because the *'incident'* was less tangible; for example, another verbally threatening situation was not reported because *'Not sure what they could have done as it wasn't physical violence'*, raising issues of how limits and boundaries are set and maintained for workers and clients. For example, one worker at a client's home questioning a mother about possible abuse was subject to threats and verbal abuse with the mother's face being placed very close to the worker's face, and the client's finger being constantly jabbed at her face in a very aggressive and threatening manner.

As a result of consideration of incident report forms, several incidents led to further risk assessment and risk management; e.g.:

- dual visiting (8)
- police involvement in future (2)
- no home visits (1)
- vigilance in ensuring the parents were not following the social worker to the adoptive parents home where they would have caused difficulties (1)
(numbers add up to more than ten as some reports led to more than one type of response).

In the incident of a near physical assault by a couple who both were people with learning disabilities where Children Act 1989 s.47 child protection enquiries were being made, there was a debriefing with the Senior and Manager, and it was agreed the worker would not see the clients alone in future. The circumstances were set out in the court report, in order to demonstrate the reaction of the client to intervention. This latter strategy may also be valuable in ensuring that important decision makers such as judges, guardians ad litem and magistrates can appreciate clients' reaction to

intervention, and the difficulties of the Department and individual workers in attempting to carry out their duties effectively.

One worker who felt threatened whilst in her car subsequently bought a new car, as no County pool cars were available any more, which she felt would have been useful in this situation. The worker contacted the Driver and Vehicle Licensing Centre, and stated that she discovered that a car owner's name and address could be readily obtained by any caller to them. She now borrows her husband's mobile telephone if visiting in the evenings.

5.9 Policies and Procedures

Eleven of the respondents said they were aware of a local policy on violence, and 7 stated they believed it was effectively implemented, whilst 4 said they did not know. It would seem that workers are really only aware of policies if something has happened to them.

One respondent would like to see the department formally adopt the UNISON/British Association of Social Workers guidelines on staff safety and support (UNISON/British Association of Social Workers, 1997).

Policies for home visits after normal office hours were mentioned by several respondents as an area to be developed.

Current policies were referred to by several respondents as being difficult to implement (e.g. dual visits) due to staff shortages and level of referrals.

It is interesting to note that all respondents (n=4) who had asked the police for support found them helpful and sensitive. This was also the case for the Finnish social workers that were interviewed as part of this research.

In addition to the need for use of alarms in all interview rooms, and increased availability of mobile telephones, which have been noted in response to other questions, improved training and risk assessment and risk management were mentioned as being in need of further development.

5.10 Training

Four staff mentioned that regular training is important to help improve their skills to defuse situations. However, they stated that this training had not been a priority for them, due to lack of time and other courses being seen as a priority. Two commented further that the training in the Department was focused on residential work, and not fieldwork, which was seen to be a problem.

5.11 Risk assessment and risk management

Four staff mentioned their view that more time was needed in supervision to discuss risk, and how to manage it- *'there is never time in supervision to be thorough- too many other urgent matters.'*

Also mentioned was the need to have time to debrief properly, and to record situations so that this could be used in risk assessment and risk management in the

future 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.'*

Late visits were seen as a difficult area by some staff, with lack of properly agreed and functioning back-up systems, with access to staff who would take active procedures; for example, *'there should be someone available at the end of a potentially risky situation who will double check on your whereabouts and safety. Late visits to be properly planned with appropriate back up support and debriefing opportunities'*.

Several respondents believed that there should be a greater emphasis on dual visiting. One said that there should be more *'working double handed'*, another believed the culture should be of dual visits, with a positive assessment agreed on why only one worker should attend in a particular situation; another stated that there should be *'Only two workers to attend an initial visit'*.

Not all staff seem to be included in risk assessment and risk management procedures, and this may need to be more systematic. For example, *'Staff in Family Support centres are not always made aware of violent partners/clients when referrals are made by Children and Family Teams to the Centres.'*

5.12 A culture that discourages violence

This was obviously a deep-felt issue for some staff.

'It should be made known that those attacking social work staff will be prosecuted.'

'A culture in which we do not feel that we have to put up with abuse, aggression and hostility.'

One member of staff, after saying that she felt supported in relation to individual situations of threat and violence, stated that *'Actually, I think I am trying to say that I don't feel safe or supported because of the levels of risk I have to work with altogether, not just the risk of clients' aggression or violence towards me.'*

Another stated: *'We work with angry people, people who use alcohol or drugs, people with mental health problems. I would like some members of the public to really understand what this is like- on top of all the other emotional problems we work with.'*

And another: *'It seems much aggressive behaviour is seen as acceptable.'*

5.13 Induction

Improved induction procedures and content were mentioned by a number of respondents. Areas mentioned for improved induction procedures were:

- The importance of including in risk assessments the previous history of the aggression and violence in the family; the risk of it occurring again, and if so in what circumstances; taking steps to prevent it happening, and making this available to all agencies/professionals involved
- Expectations on dual visiting and police involvement to be made explicit
- That all types of threat and abuse should be reported, and recorded
- Advice in the induction to consider having their telephone number made ex-directory

- To be careful if there is violence from the family and the family networks which may require more sophisticated risk assessment and risk management, e.g. the worker's car being followed (e.g. to an adoptive home where the address should be kept secret)
- *'New employees should be made aware of office policy; an official written plan of action for individual officers to advise and make explicit; managers to promote awareness on a regular basis at team meetings'*.

One member of staff believed that induction procedures for new staff in this type of work should include advice on how addresses can be traced through car registration numbers; agencies may need to consider how they can protect staff by liaising with DVLC in order to ensure blocking the release of such information to unauthorised callers.

6: INTERVIEWS ANALYSIS

6.1 Summary of main points

The themes identified from the analysis of respondents' returned questionnaires were then used to inform the semi-structured questionnaire used to interview a number of staff concerning their experiences and views in greater depth. In developing the codings for a form of content analysis, it became clear that there were particular themes that could be identified from amongst the interviewees' views and experiences. These broke down into:

Definition of types of violence, and messages for workers and clients on limits and boundaries of aggressive behaviour

Most workers said that they expected verbal abuse. What was problematic was how and when such verbal abuse was deemed to be acceptable or not, and who judged this. There were also concerns involving when such abuse became threatening, and what reactions there should be to such clients if they do verge on the threatening.

Causes and triggers for the different presentations of aggression and violence: The points at which the aggression and violence started or came to a head.

The interviewees had a clear view in their own mind about the causes and triggers for aggression and violence based upon a good deal of consideration and thinking, often on their own, sometimes with colleagues and managers, about the reasons for this. These related, in the main, to clients' views of, and attributions concerning, the power and control inherent in social services departments and the rights of social services departments' workers to intervene in their, and their children's lives. Examples were just before or after a child protection conference, or court hearing.

The influence of the role of the social worker and the dynamics within the family being worked with

It tends to be the sets of violent relationships and threats and dynamics within them which workers fear most.

The interviewees were clear that certain clients had great resentment against the invasion of their privacy and family life, and that the threats and violent incidents were often part of a pattern of control to try to minimise the intervention from social services. One of the interviewees described this as '*indirect violence*'.

Longer-term effects and the severity of the effects on workers appeared to be dependent on whether they felt the aggression and threats were personally directed at them, or whether it was just at them as an agent of the social services department.

The types of strategies which workers used on a personal level to try to identify and defuse aggression and violence within their own direct face to face work with the clients

A number of the experienced workers talked about the importance of approaching the client in a respectful, honest way. This was particularly mentioned by two very long serving child protection workers. One of these believed that a number of clients have '*agendas about social workers*', so it is important '*not to wear authority like a crown*'. The most experienced workers talked about the need to be open and honest with clients about their role and the purpose of the intervention, no matter what the client(s) had done or were alleged to have done to their children. Clients need to be treated with respect in the way they are informed of the issues.

In terms of general strategies, one worker mentioned how important it was not to get defensive about the department's role, or their own role if it felt like a personal attack, as this would only exacerbate the situation.

How workers viewed colleagues, managers and the agency in helping them deal with the issues of aggression and violence.

This was a major area of concern for interviewees, and the codings within this category, concerning support from colleagues and managers, broke down into five parts.

- i. Workers believing there needed to be more systematic and structured responses to clients who are aggressive and violent
- ii. The elements of good support they had experienced
- iii. Managers are often too busy to be able to deal with the types of professional/personal/emotional issues raised in this type of work
- iv. The need for workers to have their difficulties acknowledged and sympathetically dealt with by support from managers
- v. Experiences of workers where their supervision was so curtailed because of the issues in iii. above, that the issues in iv. above could not be dealt with adequately.

The importance of the attitude and commitment of managers within the teams was a consistent and powerful feature in the interviewees' responses. Almost invariably the importance of the supervisor's willingness to join in with the difficulties and think them through with the worker to try to find a way forward was important.

In the main, workers believed that the managers in the organisation were aware of the stresses and tried to give support within the constraints of their time and the pressures on them to deliver the service. They believed that this meant that there was pressure to ensure that case planning was properly carried out, but this often meant that discussions of the less tangible issues for child protection plans and reviews were curtailed.

What was important to a number of the workers interviewed was that the managers were aware of the difficulties the clients had caused in the past with their violent behaviour, if any. This was also the case in Finland. Managers' acknowledgement that this was a pattern of behaviour from the client(s), to be dealt with as the responsibility of the client, not as the fault of the worker, was a key area for staff support in such situations.

Having a team culture and more specifically a team meeting where it felt safe to share concerns, and open acknowledgement of what reactions there should be for workers and to clients, was seen as important.

The County's confidential, free counselling service appears to be used by workers for longer term issues of pressure and stress, but not generally for immediate support or for the longer term effects arising after stressful and traumatic violent incidents/developing violent scenarios.

Colleague support was in general greatly valued in helping deal with the effects of aggression and violence. Problems did arise in situations

- where victims felt that the repercussions for them were minimised or not taken seriously by colleagues, as experienced by two of the Finnish social workers (see section 7);
- where colleagues had not been clear with clients about the reasons for intervention when enquiries or investigations were being undertaken; this avoidance of difficult messages could leave the rest of the team to pick up the anger from clients when these messages had to be given.

In relation to the types of incidents which had the most effect on them, those interviewed were able to clearly identify that where the aggression and violence was generalised towards the intervention of the department, this was difficult and disturbing. However, their skills and type of approach could deal with this reasonably well without leaving too much of an effect on them. Interviewees reported that effects on them were greatest when they perceived that the attack was becoming personal to them as an individual, rather than on them as a representative of the agency. This is a major feature that needs to be taken into account in supporting workers.

Gender issues

Gender issues appeared to relate to family members' reactions to interventions. These issues appeared to be linked to the stage of intervention, e.g. s.47 child protection enquiries; child protection conferences; court appearances; parents experiencing negative comments about themselves concerning their parenting within court reports. The sets of dynamics and power relationships that had built up over time would come to a head either just before, during or just after these events.

Risk Assessment

Attributions of workers and clients were important in risk assessment and risk management. Workers had experiences and views concerning the build-up of aggression and violence over a period of time relating to single incidents and developing violent scenarios.

It would seem that the attributions of adult clients concerning workers' motives and role had a significant impact on their resorting to aggression. Equally there was the issue of the worker's attribution on the actions, motives, hopes and fears of the adult family members involved, which may need to be taken into account in risk assessments to a greater extent. Such attributions, as referred to in attribution theory, are important in relation to the ways in which we construct meaning from others words and actions, and therefore how we come to understand their traits and behaviour. It is from these understandings which individuals build up which then

affect judgements of those words and actions, and traits (for a discussion of attribution theory, see Baron & Byrne, 1997). Within the most difficult situations of aggression and violence it was clear that the role of the social worker was seen as unhelpful, as interfering, as negatively judgmental, and being too powerful. The power/control dynamic arising from intervention in people's lives, and how this leads to anger, was mentioned by all interviewees.

It was clear that most workers considered and turned over in their mind a great deal what certain behaviours from certain clients meant within the relationship in terms of power dynamics. So, for example, whilst there might not be a direct threat, it may feel very threatening to the worker.

One interviewee considered that men are able to hold back from overt physical violence in official situations e.g. where there are other witnesses from the agencies. There are particular problems about working alone. Several of the workers mentioned that when they were not with other colleagues, the family members could become more abusive knowing that others were not there to witness or help deal with the abuse and threats.

6.2 The Interviews

The interviewees were chosen from amongst those replying to the postal questionnaire after consideration of:

- the types of incidents in which they had been involved;
- their experiences and comments on the areas set out in the questionnaire;
- the value there could be in further exploration, consideration and analysis of their experiences and views that could inform practice and policy.

In choosing interviewees, no attempt was made to sample in any structured manner, as the aim was to identify general issues as identified by staff and capture their attributions and reality. In addition, it became obvious from the respondents that the position and stance of managers and assistant managers was key for all staff, and so it was decided to interview all managers and all assistant managers in the authority. The findings from this element of the research will be available in 2001.

The purpose of the interviews was to give an opportunity to unravel some of the complex issues involved in this type of work, and to:

- gain a deeper level of understanding of their experiences and views
- examine the effects on children and families
- ascertain their views on support for them and their work.

Seven staff were interviewed, including one social work assistant, one assistant manager and five social workers. A number of incidents were referred to by interviewees in the interviews that had not been mentioned in their questionnaire responses.

The majority had long experience of work with children and families in social services departments. Three of the staff had twenty years or more experience, and apart from two, all had ten years or more. Of those with over twenty years of experience, one had moved out of children and families work into mental health since completing the original questionnaire, because of the pressures that she had felt in child care work. At the time of the interview, she said that she had been pleased at her move into mental health. 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 twenty years of experience in practice said that the environment now was very much more violent and aggressive than when she first started the work.

Interviews with five social workers in a Social Office- the equivalent of our social services departments- from a large town in Finland were also undertaken, in order to add to the overall learning that can be derived from workers operating different systems in different countries. These findings are reported separately from the English research in this document. The main areas of analysis in section six of this report refer to the workers' experiences in England, unless otherwise stated.

In the following sections, analysis of the accounts of the interviewees are systematically set out as a result of a form of content analysis applied to the transcripts of their interviews (see Littlechild, 1997; Burns, 2000).

6.3 Causes and effects of different types of incidents

The most common experience of these workers, as in the postal questionnaire findings, was that verbal aggression was very frequent indeed. Most workers said that they expected this, but it could still be problematic. This was particularly in relation to when such verbal abuse was deemed to be acceptable or not, and who judged this. There were also concerns relating to when such abuse became threatening, and what reactions should be to such clients if they do verge on the threatening. This issue was raised particularly by one worker who thought it important that the team, and indeed the agency, needed to address how definitions of such violence are understood and kept in place and agreed so that consistent messages could be given to clients. One of the other interviewees had experienced formal team meetings where there was an agenda item in relation to aggression and violence and this had made her feel that the matter was taken seriously and dealt with in a more effective manner. The other side of this was that sometimes standing agenda items could become 'numbing', but on the whole she felt this was a much better arrangement than ignoring it altogether. This she felt enabled a culture to develop that allowed discussions of the issue- what is acceptable and what is not, in what circumstances, and what types of reaction would be most effective. There were a number of incidents reported by staff relating to unease concerning when situations constituted verbal abuse and/or threat, and the effects of such interpretation. One type of example that was given was that clients, either on the telephone or face-to-face, use bad language, e.g. *'calling me an "f...ing cow, I'll get you"'*, and that this could be taken as verbal abuse or threats. Another worker said that on several occasions she had been ordered out of houses and told to *"f... off"*, but that quite often, depending on their knowledge of the client and previous relationship, this can be part of legitimate distress which can be overcome and used as part of the relationship. The interviewee had experienced clients apologising to her for this type of behaviour.

There were a number of other types of violence described. One of the interviewees had been kned in the body by a client at a child protection conference, and in other incidents had a dog set on her at someone's front door, and had a table thrown at her in court. Another worker was held hostage for a number of hours in the client's house by a person with mental health problems and had also been attacked with a knife some fifteen years ago. None of these incidents were originally mentioned in the respondent's questionnaire response, indicating the numbers of incidents/DVSs reported there are an underestimate. A high number of the situations discussed in this interviews analysis had not been mentioned previously in questionnaire responses.

One worker had fears whilst involved in the assessment and removal of several siblings from a family. Others in the team who had been involved at some level also expressed fears for their safety. Cars were vandalised out of the sight of workers in car parks, and threats were made directly to workers. The worker believed she was being followed by men in a car in a manner which was meant to be threatening at one point and, to test this out, drove three times around a roundabout to see if the car was following her, which it did. It could not be proved that these family members or their associates were carrying out harassment. This, combined with the threats and threatening behaviours that were occurring, had a significant effect on the worker, her personal life, and the team. In addition, in her view, two of the workers in her team left mainly as a direct result of the impact of the threats and pressures from these sets of incidents within this developing violent environment.

One of the workers observed that there is '*so much anger involved in child protection work*'. She had worked with a mother who had been very abusive and threatening on the telephone, which had been upsetting and destabilising for her, and made her worry about further contact with that mother and family. Another worker had been involved in a situation where there was multiple sexual abuse within the family, which she described as being located within a matriarchal power system within the family. The worker said she knew that when removal had to take place, there would be violence. This had been made clear to her, and that when the time arrived, the police went with her. She chose to be there in order to ensure things would go as well for the children as they possibly could, even though she knew she was putting herself at risk. There had to be physical restraint of adult members of the family at the time of removal.

6.4 Indirect violence

The experiences of the interviewees accorded with the findings of Smith and Mursten (1998), in which threats of violence were frequently very disempowering and produced a great deal of anxiety and fear. The interviewees were clear that certain clients had enormous resentment against the invasion of their privacy and family life, and that these threats and violent incidents were often part of a pattern of control to try to minimise the intervention from social services. One of the interviewees described this as '*indirect violence*'.

What also became clear was that workers considered and turned over in their minds a great deal what certain behaviours, from certain clients, meant within the relationship in terms of power dynamics. So, for example, whilst there might not be a direct threat, behaviours may feel very threatening to the worker and affect them personally, and their practice. One example of this was where a worker was working with a young person who was living in a residential unit, where she was in a snooker room with him. The client was speaking in a very aggressive way and throwing billiard balls at the wall in an aggressive manner. Whilst there was no direct threat to her, she experienced it as a threatening situation, and wondered what this meant in relation to what the young man was saying about his view of her and his relationship with her, and possible further outcomes. Therefore, it appears important to consider how workers make sense, and develop attributions towards the behaviour of clients, as this will affect their own work, well-being and plans for intervention.

The same worker had experienced a great deal of verbal aggression from mothers and women clients. She had experienced one such family member sitting next to her on a sofa and using scissors to dig into the sofa in a very aggressive way. Whilst this was towards objects and not her, she felt this had meaning in relation to how the client saw her, her role, and the attributions of the client concerning the worker's and the social services department's intervention.

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

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

These can often be the flashpoints that bring the difficult sets of relationships and dynamics to a head. For example, one interviewee had prepared a report, which had to consider the implications of the family members disputing contact arrangements. She received abuse and threats because of the content of the report. These came over the telephone and abuse was screamed at her. In another incident, where a young boy who was seriously abused was being accommodated, the mother screamed abuse and leant across the table 'lunging' into the social worker's face.

There are particular problems about working alone. Several of the workers mentioned that when they were not with other colleagues, the family members could become more abusive knowing that others were not there to witness or help deal with the abuse and threats. This happened in one incident where a mother with mental health problems had attacked a worker at the time of a court case where application was made for a care order. The worker had been threatened but had continued to see the family. This was because the worker's manager had thought it important that she carry on seeing the family in order that the mother would not think that she could intimidate social services. The mother attacked the worker, hitting her head and leg, after screaming abuse that she wasn't able to see her son because of her and the social services and that she had ruined her life. This overlaps with the possible attributions of clients concerning the role of the social worker that s/he has to carry as a representative of a social services department in the current climate, and how clients see their interventions. Within the most difficult situations of aggression and violence it was clear that the role of the social worker was seen as unhelpful, interfering, negatively judgmental, and too powerful. The power/control dynamic arising from intervening in people's lives and how this led to anger, was mentioned by all interviewees.

The social workers interviewed obviously had clear views in their own mind about the causes and triggers for aggression and violence based upon a good deal of consideration and thinking. These considerations occurred privately in their own thinking and with colleagues and managers. The conclusions of these deliberations related, in the main, to clients' views of the power and control inherent in social services departments and the rights of its workers to intervene in their, and their children's lives. Gender issues appeared to relate to adult family members' reaction to such intervention; reported physical assaults and most serious verbal threats were mostly from women. These issues appeared to be linked to the stage of intervention, e.g. s.47 child protection enquiries, child protection conferences, court appearances, and parents experiencing negative comments about themselves concerning their parenting within court reports. The sets of dynamics and power relationships that had built up over time would come to a head either just before, during or just after these events.

Attributions of workers and clients were important in risk assessment and risk management. Workers had views and attributions concerning the actions, motives, hopes and fears of the family members involved, and how this related to their role in relation to intervention. Equally, it would seem that the attributions of clients concerning workers' motives and role had a significant impact on their resorting to aggression. The importance of an appreciation of attribution theory, and how such attributions can affect judgements and assessments, is discussed in the work of Baron and Byrne (1997).

What also came through clearly from those interviewed was the view that the children were the focus of their care and protection, and the actions of the adult family members should not be allowed to divert assessment and intervention which could protect the children involved, difficult though this may be.

These findings relate, of course, to those who returned the questionnaire and were prepared to be interviewed, so it is not possible to comment on those who did not return and may not have the same clear focus as these workers did.

One particular issue relating to causes of aggression in child protection work was raised by two workers in relation to cultural issues from minority ethnic groups. For example, within a family of Asian origin where children had been removed, the worker believed that there was seen to be particular shame brought upon the family which led to the threatening reactions from them. This was also seen clearly in relation to the intervention with a traveller family, and the family's cultural views about others being involved in the direction of their children's lives. This is not to say, of course, that these are general amongst the cultures or groups specified, but it may be important to consider that there may be particular meanings and attributions from certain of the families within those cultures which may affect their reaction to intervention.

One of the interviewees believed that there were towns within the authority into which many people had moved from London and this caused particular problems. The lack of informal networks within families which could be accessed for help and support led to greater stress at times for such families, exacerbating the effects of disadvantage and poverty.

The nature of written communications and the timing of them could be a trigger. For example, one letter had been sent which arrived on a Saturday morning and left the clients to worry about it over the weekend, becoming anxious and angry before contacting the worker on the Monday morning.

A number of the interviewees mentioned how males made use of controlling behaviour. This was mentioned in relation to a number of the situations they had experienced.

6.5 Longer Term Effects

The core issue for workers, in terms of longer term effects and the severity of the effects on them, seems to relate to whether they felt the aggression and threats were directed at them personally, or whether it was directed at them as a depersonalised agent of the social services department. In relation to the types of incidents which had the most effect on them, those interviewed were able to clearly identify that where the aggression and violence was generalised towards the intervention of the department, this was difficult and disturbing, but their skills and types of approaches could deal with this reasonably well without leaving too much of an effect on them.

What was reported as creating the greatest effect on them, and creating the greatest destabilising features, were when they perceived that the attack was becoming personal to them as an individual. This was a major feature which we may need to be taken into account in supporting workers and in dealing with the aggression and violence of clients who use this as a strategy as opposed to other types of aggression

and violence which are more generalised. This was a feature that was identified by three of the English interviewees and one of the Finnish workers. So therefore threats to one worker – e.g. *"I will find you and your family"* – were experienced as much more threatening than some of the direct confrontations with threats in the courtroom or in the client's residence. One worker felt very threatened by a young person when he was throwing billiard balls against the walls in the room they were in. This had a significant effect on her confidence and emotional well being. In a situation where there had been threats rather than direct confrontations, one worker reported hiding in shop doors with her children when trying to avoid the clients when she saw them in the town centre.

Another worker reported that these underlying threats were worse than some of the direct confrontations she had experienced involving dogs and physical confrontations; this was where the threats became pervasive, with the threat of real violence, as the worker experienced it. Examples of this were where staff knew there had been violence in the past, where there had been telephone calls to worker's home, being followed by men in cars etc..

Long-term effects also came from workers' previous experiences. For example, one worker had experience of a colleague being killed whilst at work in a previous authority, and this she believed increased her assertiveness in asking for help and support where she assessed there was risk. She had also experienced having to change her car and work place because of the issues that had arisen in the child protection work with a family where she was threatened.

6.6 Complaints as a form of aggression

Two of the interviewees considered that the use of official complaints against staff could also be a way of clients demonstrating aggression. Whilst the workers accepted that there needs to be proper complaints procedures for protection of clients, there were some experiences which would give indications as to the possible effects on morale, and need for support of staff, when such allegations have to be investigated.

One of the interviewees stated that a black colleague had complaints made against them which she was sure were racist in origin and were a means of making life difficult for the worker. Another was concerned about complaints being made against her, as she felt that this would *'make her be seen as a failure'*. 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, so there are similarities here with other types of aggression (Rowett, 1986; Norris, 1990).

Another interviewee thought certain clients incorporated complaints as part of their every day strategies and always would take the position of disagreement with the agency. This interviewee also believed some clients had made complaints to deflect attention away from their responsibility in the situation concerning the abuse. She also had experience of intervention where the father of a child alleging abuse was very unhappy that social services staff believed what the child had said and were following it through within the proper procedures. The worker felt it was perfectly appropriate for the father to make a complaint, but what became clear was that the worker strongly believed the way the complaint was handled made all the workers involved feel that the complaint was examined from an initial viewpoint that accepted that there was poor practice. Subsequently, the workers involved felt

blamed and judged by the way that some involved in the complaints procedure dealt with the process.

From this it would seem important to recognise that workers accept that complaints have to be investigated, but it should be done in a way which does not make the workers feel guilty or blamed in an already stressed environment. It is important as workers already seem to experience the work as difficult and their role being 'set up' within the media and political domain for conflict with families. Therefore the way that complaints are dealt with will be important for the worker's self-image, confidence and feelings of being valued by the department on whose behalf they are working.

6.7 Gender issues

There were some indicators in responses of gender differences in the causes of aggression and violence. One of the interviewees had experiences of a number of fathers, whose views and actions were predicated on a belief that they should have power within their own family, and be able to control interventions of workers. Another worker believed that there were links between child protection work and some men's attitudes and actions in relation to domestic violence towards women partners. This worker said she found men reluctant to talk to female social workers and, on occasions, she found these men particularly aggressive and domineering. One interviewee described a father who was able/prepared to discuss the difficulties and issues with him as a male worker, but who could not accept this from a female social worker and he became very verbally aggressive. The same worker talked of an incident where a father stood in front of his house threatening him with a hammer.

In another incident an interviewee described how a father had told a 13 year old client to take a Bob Marley poster down-'*get that n....r off the wall*'. When confronted about the racism in this, the father became very aggressive and angry whilst the female black senior was there. The worker said that if he made any more racist comments, they would have to leave.

One interviewee mentioned an incident where she had been threatened with violence in which the man had followed her round the local town one afternoon, which she found very disturbing and threatening. Again, there is here no confrontation, no shouting, nothing public. It was carried out in a way which was threatening towards her, but which is probably not conventionally seen as aggression or violence. This worker said '*there has been implied violence when men have had a grudge against me for some reason and have threatened violence*'.

One situation occurred where the father of a young woman who was subject to intervention put a good deal of pressure on the social worker, threatening media attention etc., and gave a lot of verbal abuse over the telephone. This happened on a Friday afternoon and the worker had the impression that the client chose that time because they knew there would not be access to support over the weekend.

In work with one man who was a suspected drug dealer, the client obtained the worker's telephone number and caused difficulties at her home. The worker changed the home telephone number, but the department would not reimburse her for this. She was followed by this client in a car in a manner that made her believe it was meant to intimidate her. Again, this is a situation where this behaviour would

not normally fit in with the definitions of aggression and violence, but certainly was intended to have an effect on the worker's behaviour and to make her fearful and have an effect on her personally.

Personalised threats against the worker was also an issue for the worker who was followed around a roundabout three times whilst being trailed by men in a car. The experience of another interviewee was also that two males, the father and the brother of a child who was removed, followed her in a car. Another interviewee said that the police, who were coming away from a child protection conference meeting, saw the client following her in his car, but she had not.

One interviewee considered that men are able to hold back from overt physical violence in official situations, e.g. where there are other witnesses from the agencies. 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 any body else for fear of further violence, especially to official agencies (Mullender & Morley, 1994). It would seem that there may be strategies which men use to intimidate victims, but do not obviously threaten in public. This seems to be echoed in the findings of this research where men will tend to threaten by following in cars, or by waiting until other workers are not around- e.g. in a town centre- to threaten indirectly and not use actual physical violence itself at that point. The same interviewee thought that men are able to control their aggression and violence more than women are.

Where there were serious threats made verbally, one was from a man, and eleven from females. This, and the higher numbers of women offering physical violence, may just reflect the findings of research which show that women tend to be the focus of the intervention (Farmer & Owen, 1995, 1998; O'Hagan, 1997) and not the men, who tend to be somewhat on the periphery. This may be because women are the primary carers of children in most family formations, and the reason why they tend to demonstrate the physical violence rather than men, as found in the postal questionnaire returns. Therefore, when it comes to the child protection conference, or the court hearing, it is the women who react in a way under stress that is physically or threateningly violent. As one interviewee referred to it, the mother reacted like '*a wounded lioness protecting her cubs*'.

One interviewee referred to working with '*psychopathic men*' who attempted to use their power and control in the situation to threaten, and how this fitted with their self-image and their need to have power over others.

Another interviewee described how she took another worker along on visits because they were worried '*she (the mother) might explode*'. She had also experienced another mother '*screeching and threatening whilst lunging across a table*'. One worker found a mother was very manipulative and abusive in her own home and over the telephone. She threatened to hit the social worker on several occasions.

Another described how she had been attacked by a mother with mental health problems where there was a court case pending. This was an incident where the worker was hit on the head and leg.

One member of staff experienced a mother pushing her and a policeman out of the house. The manager expected her to go back by herself, but she contacted her trade

union that advocated on her behalf to insist that she did not go back without someone accompanying her.

Another mentioned how her manager was very unsympathetic after an incident. She had been concerned that no risk assessment had been carried out on the woman client and her situation even though the client had previously attacked police officers and a social worker who had been involved from another team had telephoned and told managers in her office that the client could be dangerous.

One experienced an incident where a single parent mother with several children subject to s.47 child protection enquiries in which the police officer had wanted to arrest the client with the support of the social worker in relation to the child protection matters. The mother became verbally and physically violent and was trying to throw them both out of the house.

One interviewee said that it was a mother who threw a table at her in court during court proceedings. She had also been followed by a father of a child subject to proceedings as she left the court and had found this a terrifying experience.

Another incident concerned contact following a court case where initially it was decided that a mother with mental health problems should not have contact, but then this decision was reversed. According to the respondent, the son was terrified of the contact. On delivering the boy to the mother, the mother said that she believed that the worker was trying to keep the boy from seeing her and she physically attacked the worker. This also alerts us to the fact that contact arrangements are stressful and are often the subject of disputes, frustration and anger, and particular care needs to be taken in setting up contacts. This was also evident from the findings in Finland (see section 7).

One interviewee spoke of a '*matriarchal family*' where the mother had two children removed from home and placed on care orders because of multiple sexual abuse. The mother was extremely violent verbally to the worker, as was one of the daughters of the mother.

6.8 Other areas of risk assessment

There are other areas of risk which are not so obvious which interviewees had identified from their experiences. For example, one worker had to take particular care because children placed in substitute care awaiting adoption were of an age where they were able to write down her car registration number and give this to the violent parents with whom they still had contact.

In relation to possible triggers and causes, one worker thought that there was a difficulty in maintaining a balance between physical elements put in place for safety, and these actually producing the converse effects. Therefore if there are too many obvious physical deterrents, such as panic buttons, or furniture bolted to the floor, this can give messages about the view of the clients which they may then live up to.

Very few of the workers mentioned specific strategies they used. One of the Finnish workers's talked about using light plastic vases in the interview room, and not keeping pencils/pens on the table which clients might use as a weapon.

What was not clear, apart from one interviewee's experience of there being a standing agenda item in their team meetings, was how the reporting of

incidents/DVSs were pulled together in a systematic fashion for risk assessment and risk management over time.

One worker experienced an incident where she was very threatened and disturbed by having to protect a learning disabled woman client who was pregnant in a house where a male client, known to have been violent previously, was threatening the client. She felt she could not just leave the adult woman to be threatened by the male and had to intervene and this, of course, put herself at risk. This raises another area concerning when social workers should expect themselves, or be expected, to intervene when there is aggression and violence between those adults in the household.

6.9 Police support

Another category that was examined was the support from police. In nearly all situations where they had been required, interviewees reported that they had found the response from the police excellent. For those who were more experienced, they believed that this had improved immeasurably over the last decade or so, and also reflected a much better working relationship between police, social workers and social service departments, after long periods in the past when there was mistrust between them at certain levels in certain areas. One mentioned that joint working with the police was getting much better and that joint child protection work meant that they understood each other's organisations and responsibilities much better. This is true in Finland as well as in England.

One interviewee said managers were very good in liaising with the police to ensure the back up was there and appropriate. What she also mentioned, however, was that one male police officer had told her that he was very concerned about being accused of assault on the women that he was dealing with and this did affect him in certain situations.

Another mentioned that the police were excellent in their strategies for removing and restraining clients, and in supporting social workers in relation to violence from their clients.

Another said that she found the police very approachable. The only difficulty was sometimes in gaining their rapid attendance. This left a judgement to be made concerning whether to go out regardless, or wait until they could be in attendance. This reflects problems for the police in having people available when there may be other serious incidents taking place.

One worker stated that the police provided a very supportive relationship. He had once had to remove a child and the police car had waited nearby and when the father threatened him with a hammer, he had to call them in for his own safety and they reacted very well. He mentioned that child protection conferences sometimes examined the need for joint work to protect staff. He thought this to be a very important element in multi-agency working.

6.10 Post-incident support

The initial questionnaires and the follow-up interviews included questions on post-incident support, and this produced a rich vein of information from the

interviewees. In general the workers responding to the questionnaire and those interviewed felt there were reasonably good support mechanisms in place when a physical risk had been identified. The managers were seemingly aware of the stresses, and within the constraints of their time and pressures on them to deliver the service supported the social workers well, for example in trying to provide dual visiting when this was indicated.

The coding categories within this area of support from colleagues and managers broke down into five parts.

- i. Workers believing there needed to be more systematic and structured responses to clients who are aggressive and violent
- ii. Those who had experienced good support at some stage during their work
- iii. Managers are too busy to be able to deal with the types of professional/personal/emotional issues raised in this type of work
- iv. The need for workers to have their difficulties acknowledged and sympathetically dealt with by support from managers
- v. Experiences of workers where their supervision was so curtailed because of the issues in iii. above, that the issues in iv. above could not be dealt with adequately.

In the first category, concerning responses to violent clients, six of the seven English workers interviewed made specific statements about ways in which there needs to be greater response to clients who exhibited aggression and violence towards them. One of the interviewees remarked on how there was not a culture or understanding in place concerning how to deal with the regular aggression and conflict in child protection work. Another commented on how after a violent incident a manager had expected her to go out on her own again which she was not prepared to do and had sought the backing of her union; no response to the client had been considered.

Another worker said that no risk assessment was carried out after an incident where a client had attacked a policeman, and other social workers had informed managers in her office that the situation would be dangerous for her to enter into. No reaction to the client to deal with this was considered. This area appeared to be dealt with more effectively in the experiences of the workers in the Social Office in Finland who were interviewed.

Following aggression from a mother in a multiple sexual abuse case, reaction to deal with the mother's aggression and violence was not considered as part of the child protection plan. One other worker commented on how there was a lack of understanding and commitment to developing ways of working with aggressive people who need to be controlled in the least threatening way.

In the second category- (ii)- matters arising from the experiences of those who had experienced good support at some stage during their work- good support had been given to nearly all workers in relation to at least one of the incidents or DVs they had experienced, where these were the more obvious threatening scenarios. Their descriptions of good support always included managers demonstrating concern for the personal as well as the professional well-being of the worker. This support also needed to include consideration of how to take the intervention forward in a way which was least threatening to the parent(s), the worker, and aided the protection of the child. It also included access to managers reasonably quickly after an incident had happened, although they understood that managers could not be available the whole time. What did come across clearly was that they experienced good support

from the manager if s/he was making an effort to contact them at the earliest opportunity, and to talk it through fully as soon as possible.

Nearly all of those interviewed and responding to the questionnaire said that they had found colleagues helpful and supportive. One issue that came across was problematic in this area in the questionnaire and interview responses. This was where interviewees were working with a colleague who may be lacking confidence in their work role. This could lead to problems for others because unconfident workers' interventions with clients meant that difficult messages concerning the steps and enquiries which needed to be undertaken were not given clearly. This meant that these messages about the department's/worker's responsibilities were left with other workers to pick up in subsequent encounters. There was a feeling that sometimes this could create problems for everyone involved, including clients. Two workers in Finland stated that another problematic area for them was when colleagues had minimised the effects of incidents on them when they had been victimised (see section 7).

One worker commented that her line manager would give her whatever support she needed and any other managers would listen. Another commented that for a long time she had an extremely good line manager in this respect, which helped her morale. One other commented that after she asserted herself and her needs in relation to an aggressive mother within a multiple sexual abuse case, she gained a lot of support, debriefing and a co-worker. She found her district manager extremely supportive and this was very important to her.

However, the third category - (iii.)- concerning managers being too busy, highlighted some limitations of the reactions of managers in child protection work. Two workers mentioned that their managers had given excellent support, although one said this is *'bearing in mind she was rushed off her feet as well.'* The other also said that managers *'work flat-out, they are far too busy'*, and another mentioned that the changes in the last few years in management structures meant there was a more distant relationship between front-line managers, and the second-line managers and district managers. One effect of this is there are often not people there when they are under pressure.

The themes identified in the fourth category- (iv.)- concerning the need for workers to have their difficulties acknowledged, emerged in relation to workers' need to have the pressures and stresses they are under actively into account. One considered verbal abuse is not considered seriously enough and also that managers were not well equipped to help deal with the important issue of aggression and violence and the effects on staff and their work. This they thought true for trainers and training facilitators also.

One considered that stress related to issues of aggression, as opposed to physical assault, is not acknowledged enough. However, she also mentioned that she believed that the managers have an unenviable task judging the balance between decisions concerning accountability for the child, and for safety of staff. This was a feature that is explored further in the managers and assistant manager's interviews carried out in the next phase of this research.

One found that after being assaulted, she was not rung for ten days and was only contacted when the manager wished her to go to court in relation to the case. This made her angry and upset. She was also concerned as her manager was not

sympathetic and did not ensure that the team manager was aware of the issues on her return from sick leave.

One interviewee's experience was that workers want acknowledgement from managers, not just practically but also emotionally, even if colleagues have supported them. Another considered that there was not enough managerial support in cases where physical violence is verbally threatened and there needs to be responses to clients as well as to the work in relation to this. The content of some responses overlapped between this category and that of reporting and recording. One worker expressed concern about filling in incident report forms because she believed that this might, in her manager's mind, allow her to be seen as a failure in her work; filling in a form would send negative messages to them. Another mentioned that when after being encouraged to complete incident report forms, questions were asked about whether they really needed to do this? Was it worth spending the time on it? She also considered that if it was not on the team agenda, it can be left that the worker is feeling shame and guilt, and there needs to be teambuilding to develop confidence to be able to talk about such things. It may be difficult to report less tangible violence unless there is a relationship of trust between the worker and the supervisor, as the supervisor may not think the particular events merit a particular response. This was also the experience of another interviewee.

When a complaint was made against one interviewee, she felt *'dreadful'*. Records were checked and she felt that she was being criticised personally, and she clearly did not feel supported by the agency as a whole. She stated that *'I didn't want to lose my job'*. She had no form of de-briefing to help deal with the repercussions and the stress she was feeling, and it was her office colleagues she felt *'kept her going'*. Her complaints about the situation were not responded to and she had no feedback about the issues that she raised. This led her to have much less trust in her managers and their capacity to help her deal with her difficult work.

What was important to a number of the workers interviewed was that the managers were aware of the difficulties that violent clients 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 clients, to be dealt with as the responsibility of the client, not as blame or fault on the part of the worker. Several workers commented on the importance of such reassurance from such managers' knowledge, and the manager's acknowledgement of this. This was a particular feature that was echoed in the findings from the interviews carried out with the social workers in Finland.

Another interviewee considered that *'75% of the issue of support was dealt with by willingness, awareness and good supervision support'*.

In the fifth category- (v.)- involving the experiences of workers where their supervision was so curtailed because of the issues in iii.) above that the issues in iv.) above could not be dealt with adequately, one worker commented *'sometimes supervision gets so squeezed that it isn't helping the practitioner. Supervision is dominated by cases'*. Another commented that supervision was task centred and did not take into account the other processes necessary to ensure effective work.

The importance of the attitude and commitment of managers within the teams was a consistent and powerful feature in the interviewees' responses in both England and Finland. Nearly all of the workers mentioned experiences of excellent support

from managers. Almost to a person the workers interviewed in England based their comments within the context of what they saw as structural changes placed upon the managers within their teams, which meant that there was pressure to ensure that case planning was properly carried out. However, this often meant that discussions concerning the less tangible issues affecting child protection plans and reviews were curtailed. So, whilst maybe in the past there was too much emphasis on the process and the emotional aspects of the relationship between the worker and the client, this now seems to have been reversed. 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 be.

What became clear was the importance of how far the worker trusted in the integrity and commitment of their managers. Two interviewees also mentioned the importance of supervisory support. Almost invariably the importance of the supervisor's willingness to join in with the difficulties and think them through with the worker to try and find a way forward was important.

One interviewee considered that it is very important to have a colleague to talk to, to be supportive and sympathetic and could not think of a time when there hadn't been someone there to do this for her. Colleagues were seen to be crucial, so therefore the problems of new working arrangements requiring more time being worked at home without immediately available colleagues or managers were particularly mentioned. The telephone system routed clients straight through to them without being filtered by telephonists. In the experiences of the workers interviewed, where such things were happening, it became clear that the role of receptionists and telephonists was important in screening calls and letting the worker know what state of mind the client was in when coming through. When this was not filtered in this way and went straight through to the worker's home, and maybe they were on their own or there were other members of the worker's family there, this created emotional and practical difficulties for them. It may have been they were having to talk to a very angry, threatening client in the place where normally workers retire to get away from the stresses and strains of the work. A number of the workers mentioned how, whilst the new working arrangements requiring more time being worked at home may work well for other public authority workers, issues that child protection workers deal with create additional problems for them. The intrusion into their private space was particularly distressing. Two who had experience of the new working arrangements were very concerned at problems of lack of immediate support for workers and the invasion of privacy.

The County's confidential, free counselling service appears to be used by workers for longer term issues of pressure and stress, but not generally for immediate support or for the longer term effects arising from stressful and traumatic DVs. Workers seem to wish to locate such matters within case and line management responsibilities, and the support of colleagues and managers is crucial in maintaining workers' morale, commitment and focus on the protection of the child. One worker said that she did not know if others accessed the County's counselling service, but she didn't feel the need to, using colleagues and managers. The counselling service does not seem to always provide the crucial mix of case management and personal support needed in these types of stressful situations.

Another said she felt that managers were too busy and task-centred to really address the professional/personal interface that is needed to support workers in these types of situations. One considered that she would rather go to a colleague

than a manager in the main to gain her support. She felt that those away from case management duties- some managers, trainers and facilitators- *'haven't a clue'* how to handle the matter of aggression within the profession, and that more experienced workers *'are just expected to handle things'*.

A number of workers stated that they want to see reactions to clients who have been aggressive or violent. One worker said that some managers do not respond adequately to the worker nor to the aggressive or violent client, and whilst most of her managers had been helpful, she had one manager who had not and this had a significant effect on her work and the team she worked in.

One of the workers said that she had a senior's home telephone number for after hours work and sometimes used the emergency duty team, but these types of strategies tend to rely on personal relationships built up within the department rather than policy initiatives which should clarify the support that everyone should expect to provide and to receive.

6.11 Personal strategies for dealing with aggression and violence

A number of the experienced workers talked about the importance of approaching the client in a respectful, honest way. This was particularly mentioned by two very long-serving child protection workers. One of these believed that a number of clients have *'agendas about social workers'*, so it is important *'not to wear authority like a crown'*. The most experienced workers talked about the need to be open and honest with clients about their role, and about the purpose of the intervention no matter what the client(s) had done or were alleged to have done to their children. Clients need to be treated with respect in the way they were informed of the issues. There was a belief that it was important for clients to have clear messages, and for them to have some way to move forward, if at all possible, in relation to the plan of intervention. If all avenues are closed from the client's point of view, this is when there is greatest risk of aggression and violence. This was also a feature of experienced workers' responses in Finland. On the other hand respondents thought it was important workers did not to try to minimise the effects on the children and what needed to be done.

If there were issues of aggression and violence against staff needing to be dealt with, it was thought that it is important to be clear and open with the clients; why they would only be seen in the office, for example.

Practical strategies which the workers used and had found effective were to say that they would not tolerate abusive and threatening language over the telephone and that they would put the telephone down if the client carried on in this way. This was a particular feature of strategies used by the Finnish social workers, and they thought it was important that other colleagues in the room were there to witness these statements for their own protection from complaints etc.. The interviewees seemed aware of the issues of body language, the importance of eye contact, and methods of talking down someone who is in an angry state. In relation to training, one stated that courses that deal with these matters were not seen as a priority by the department or by themselves within all the other competing training demands. In addition, their view was that training should be specific to fieldwork in this area, and the training provided concentrated too much on residential work.

One worker talked of the importance of sharing problems and issues with the team, and the enormous amount of support this gave her. She also talked of the importance of trying to avoid difficult interviews at the end of the day when it was not possible to go back to the office to get the informal support of colleagues at that stage.

In terms of general strategies, one worker mentioned how important it was not to get defensive about the department's role or her own role if it felt like a personal attack. This she believed would only exacerbate the spiraling of the situation. Although this could be difficult to maintain, she believed it was important to try to remain in a professional role without reacting in a hurt way. Issues of strategies in relation to gender were also raised, and in some situations it had not been discussed whether a male or female worker was the best to be involved after aggressive or violent situations. The research of Farmer and Owen (1995) found that an effective way of overcoming serious friction that had arisen at the investigation phase was to provide a change of worker. There sometimes had been changes made in the casework plan to take account of this, and in particular one worker mentioned the use of a male social worker dealing with the mother in what was seen as a '*very matriarchal system*' where the client had not been able to engage with the authority of female social workers. The client seemed able to accept the authority of male social workers much more readily.

One worker thought that the way in which people were engaged concerning the difficulties in their parenting was important. If parents, particularly mothers, felt judged in a very negative fashion by the social worker, this was a trigger for violence. Intervention strategies which gave clients 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. This has to be balanced against pursuing the issues to be dealt with at that point in the child protection plan.

7 EXPERIENCES OF FINNISH SOCIAL WORKERS

The five Finnish social workers interviewed were all employees of a large town's Social Office (the Finnish equivalent of our Social Services departments). All had been employed for more than 5 years. One had worked in a Refugee Centre for several years in the centre of town; three worked in the Social Office in the town, one for twelve years; and another was a social worker attached to the local police station.

There was no bank of findings on which to base the development of interview questions, and so the ones developed for the English local authority workers were employed. Because of this, the findings from these interviews are presented with broad references to the categories developed for the English workers, presented within case studies of their experiences to provide further illustrations of points raised by the English respondents, or raise new ones.

A number of issues raised by the workers echoed the findings from the research in England.

- 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 demonstrating support where aggression was threatened or had taken place
- The importance of developing coherent responses to aggressive and violent clients
- The need to give clear messages concerning limits and boundaries on violent behaviour
- The importance of having managers and colleagues who had known the clients and their propensity for aggression previously
- The high risk 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
- Verbal violence and threat appeared to be dealt with more effectively in this Social Office than generally in the English Social Services department
- Aggression affecting decisions to move out of child protection work.

Social worker one

Social worker one had been a child protection worker at the local Social Office from 1979 until 1987, when she began work at a children and families clinic. She said that one serious incident was largely responsible for her decision to change her place of work. She could recall this incident well, and was able to graphically describe the demeanour of the client and the effects on herself.

In 1986 she was attacked whilst she was pregnant by a young woman of 16 years of age. She remembered that she had been very concerned generally just before this incident as a colleague had been seriously hurt in a client's home, and that another colleague who worked in a Women's Refuge had suffered a knife attack from a client.

The young person who attacked her had been placed in a residential young people's unit as a result of child protection issues. She had bought alcohol and kept it in her room. This was against the rules of the unit. The staff tried to take it away but the young woman would not let them. They had discussed it with the social worker,

who had agreed that she should not have the alcohol and the staff told her this. The young woman became very angry and out of control and began shouting that she would go to kill the social worker. She then went out, and the staff telephoned the social worker and informed her of this. Subsequently, a number of colleagues ensured they were available in the social worker's office, which was open plan.

The client arrived in the office very aggressive and angry, shouting that she would kill the worker. She picked up an old, heavy typewriter whilst shouting to the worker that she was a '*whore*' and using other offensive words. The client threw the typewriter at her, but the worker managed to avoid it. She said she was very afraid and shocked that this had happened to her. She and her colleagues knew the girl was likely to be aggressive, as she had been so in the past, but it happened so suddenly that they were unable to stop the client throwing the typewriter.

The worker believed that as they had all known that the girl had been so aggressive in the past, it was treated less seriously than it might have been. Her colleagues left quite quickly after the event, maybe not realising the effects on her, which were particularly distressing because of the pregnancy and her concerns over this. There was no chance to talk through the issues and there was no debriefing at that time; at that point she did not expect anything else to happen, as it was part of the culture, with no one really thinking or expecting to have other measures in place afterwards. The effects were so powerful that it affected her at home and in her private life, and in the long term in her confidence and feelings of safety at work. The worker said that her attitude at the time was that she should be able to deal with this on her own, and had not expected other attitudes than this from others nor was shown them. She said that this was the main reason why she determined that she had to leave the Social Office and its child protection work, although she was sorry to leave other aspects of the work.

Some nine years later the young woman had telephoned the worker's colleagues to say that she wanted to say she had been so aggressive at that time as others had sexually abused her in the home. Nobody had known about this and she had not able to tell anyone at the time.

This worker went on to say that she had experienced two violent situations in the family guidance clinic she was now working in; both related to contact issues. Both were perpetrated by fathers who were divorced and had children living with the mother. The first occurred when a mother complained that the father was not seeing his children frequently enough. The clinic became involved in working with them on this issue. The worker asked the father to come to the office and, as part of the plan of work, suggested ways that he could take the boys out. He became very aggressive at this suggestion, and she became frightened and threatened at this point, as he was shouting. She said that at the second meeting, she had taken this into account and had a student social worker in the office. The children had arrived first, the arrangement being that another member of staff would bring the children to the office. She had tried to greet the father by shaking his hand but he became very aggressive and very quickly moved to within about ten centimeters of her face, eye-to-eye. She said that his eyes were very dilated and red and she wondered in retrospect whether he had been taking drugs. He was very aggressive, very abusive and she was very concerned, not only for herself but also about the children

witnessing this; what this meant to them, and the effects on them. He shouted angrily at the worker that she didn't seem to believe that he was capable of bringing his own sons to the clinic.

She said she felt very frightened and was frozen in her normal responses, and that she may have sounded fearful in the way her voice was coming across to him. The situation was very agitated and she was aware that the boys felt very uncomfortable. He was not able to make eye contact properly with them or in a reasonable way with anyone else. He then took the boys away in the car and the worker was very worried that something may happen to him and/or the children due to the state he was in. The next meeting she arranged was with him, his wife and the sons, but he did not come. She had however thought very carefully how she might arrange it so that she could overcome the problems within the family and avoid any aggression.

In relation to this incident she said she had had more time with her colleagues to think through what to do than in the incident in the Social Office, what the issues were, and help to think about herself and her own safety. She thought it was important that she was speaking to people who also knew the couple and their situation and what the triggers may be and how they could be best handled.

The second incident involved a client she had known before from the Social Office where she had previously worked. They had been involved as the father had tried to have his son to live with him, his new partner and two children from this second relationship. He had been very violent towards the son's mother. The agency knew that he was a very violent man. The man's domestic violence history included breaking his wife's cheekbone. At the point of referral to the clinic, matters had reached the stage where he had only permission to have supervised contact and he was very angry about this. The man had come in to see the worker of his own accord because he knew she was in the team who had decided upon supervised contact. She knew there was likely to be aggression so determined, unusually, to remain in the hall so she was not in her room. However, he had gone into her room already and she chose not to go in but to speak to him from outside in the hall where others could keep her under supportive surveillance. He stayed there remonstrating with her for one and a half hours. She was very frightened at this point. He finally went away and he later came with his girlfriend to a network meeting which she had subsequently called.

She did say that he had then made some efforts to try to prove that he would not be violent in the future. Because of some positive elements within her difficult relationship with him previously, she thought she probably could help him build on these positive points. So she concentrated on counselling him on how he could succeed on being non-violent with his wife on the basis that if he could do this, it might mean that he could have the children back. She emphasised that this was vital as the children had seen the violence too many times. She said that she had tried to do this sympathetically whilst at the same time not condoning his behaviour, and giving clear messages about acceptable limits and boundaries.

Afterwards the worker thought about this situation a good deal in supervision she was receiving whilst training as a solution-based therapist. It was suggested that the worker would write a letter to the client and ask him to think of two alternatives. First, the possibility that his two sons would think of him as a father who beats his wife always, or secondly to think about changing so that they could think of him as a non-violent father and capable of acting in this different way so that they could

remember him like this. The letter seemed to work well, and they had a further networking meeting where these issues were explored openly and without threat. The meeting was not confrontational. She believed that this was because these kind of network meetings were normal, and he did not see it as a special or a threatening meeting just to deal with a particular element of his behaviour.

Social worker two

The second social worker said that she has had many threats made against her over the telephone and had also had items thrown at her. She said that one of the ways she had learned to cope with this is that if there are threats over the telephone she is able to press a button and a loudspeaker comes on so other people can hear the person on the other end of the telephone. She said that there is another person in the room who is listening and will be a witness for the agency, the police, or in the courts if needed. She has found this very helpful, and she has also found the police supportive, as they will speak to someone if threats have been made. This seems to work well.

She said that she has always been very careful. She said this came from when she was younger and had worked in a young people's residential unit with older adolescents. She said she had experienced many incidents there that she had to cope with and she has used her learning from this in the Social Office and continues to do so. She stated that she is not scared but she is very cautious all the time and tries to be prepared for all types of occurrences. She gave an example of this, concerning her constant awareness of the possibility of violence; for example, she would always be aware about how to walk round a corner carefully to give herself maximum view of anyone around the other side. She said that it is stressful having to constantly do this, but her learning was such that she does it to ensure she feels as safe as possible.

However, she said that her manager is reluctant to go to the police and doesn't think that they should use the police to set limits and boundaries for clients. She said this was a manager she could not trust and would not approach. In terms of support she said she finds her colleagues very supportive and enjoys working with them. For example, they will make sure that if there has been a problem that they go to the car together, they will check to see if the colleague has got home safely and telephone later to offer support and check that they are safe and well.

She said that one of the problems has been that social workers have seemed strong and capable, and are expected by others '*to just get on with the work*' and, indeed, they expect themselves to '*just get on with it*'. She has noticed that if there is a problem they (the social workers) tend to blame themselves if something has happened. She said that five years ago colleagues did not talk about aggression or violence, and did not seek support, but now this has started to change.

She also very much appreciated that there was an arrangement whereby a counselling psychologist could be contacted and this could be confidential if requested. This seemed important to her and her colleagues. She said this is particularly important as her manager doesn't listen to her or the other workers worries or fears. This was obviously a contentious matter for her and, she said, her colleagues in her office.

The importance of having colleagues, but even more importantly managers who are ready to demonstrate that they are prepared to listen and give support came through in each interview that was carried out in Finland and England.

Social worker three

The third worker, who worked in the Social Office, said that there had been a number of verbal threats towards her but concentrated on one incident of physical violence. She obviously still felt the effects of the incident very keenly and had feelings from it even though it had happened 3 years previously.

She had been in her office on a busy day working on income support decisions, which is part of social workers tasks in the Social Offices in Finland. A young client had come in whom she had known before. She knew that he had no appointment but she was trying to be helpful and fit him in the best she could in her busy schedule. He had come in and was standing up. Because she was so busy she had not thought to ask him to sit down, and was trying to quickly fill in the forms to access his payment. He walked behind her at one point; in retrospect believed she should have thought this was odd. When he came back round to the front of the desk he asked if he could hug her. She said he was very tall, over 6 feet, and she was quite small. Before she could really say anything he picked her up and kissed her. She felt this to be a very intrusive and provocative act. She instinctively pushed him away and out of the door, and he went. She said that she did not immediately feel shocked or fearful afterwards, but went straight away to see a colleague who was a good deal older than she was, and told her what had happened. The colleague laughed and implied that this was quite a compliment to the social worker. The social worker did not know quite what to do about this and did not feel she was in a state to be assertive, and went into the toilet and counted to 200 as she felt so angry and unsure what to do.

This took place on a Friday afternoon, and she packed her things away in almost an automaton mode, but the effects became evident when she unlocked the door to leave to go home. She said that she was suddenly overwhelmed by delayed shock and was very upset and fearful and tearful the whole weekend. She said she could not believe that the client could have done this to her, or that she received the response from the colleague which she did; the events greatly upset and distressed her. On the Monday morning she spoke to her line manager, and it was decided to telephone the police. She said that she was fortunate that this was a *'wise manager'*. In response to a question about what constituted a wise manager, she stated that s/he is trusted, and is someone to whom issues can be taken without feeling awkward or blamed. She found her discussion with the police was very helpful. They took time to think through what had happened and they took it very seriously. Whilst they did not see the person, she felt that the police were very good and helpful to her.

The professional and personal repercussions had been significant for this worker, and left her with a sense of professional discomfort for a number of years. The feelings she had experienced after the incident continued to arise for her, and this made her angry and distressed. To a great extent this was due to her distress about the reaction of her colleague. Just prior to the research interview the worker had summoned the courage to talk with the colleague about it and stated how she had felt to try to get to a new level of understanding with the other worker so it did not affect her feelings towards her, which was achieved to some extent. She stated she felt very good that she had finally been able to talk to the other worker about it. She said that she was so shocked by the incident at the time, and the reaction of her

colleague, that this upset her normally balanced state and she had not known how to ask for support.

She said that the pushing away of the man had been important to her in many ways, in that she had taken control again, and in that she hadn't sworn but was clear that he had to leave the room.

Social worker four

Social worker number four works wholly in the police station. She said that she feels safe because the police are around all of the time, even though she deals with child protection issues, with people who are psychotic, and murderers. She said that even if she goes into a room on her own, she knows if there is no panic button she can shout and others will be there and come to her rescue. She said she has found it very useful in learning safety from the police who are very careful about violence. She said she does do home visits but she always goes with two police officers and they go through the door first so she has not felt exposed in this way. She said that on these home visits they often find problems involving alcohol and drugs. The violent person will often ask who she is as she is not in uniform, and when told she is a social worker, they often have negative reactions and ambivalent and aggressive feelings towards her. She said she has only been assaulted once, when the person was drunk. He kicked her, but was so incapable it had no real effect. As he was being arrested for other matters he was not prosecuted for this.

She said she is careful when going into cells. She said that she is not scared of murderers, as they are often depressed. She said what worries her more is that the police are getting to the stage where if they don't know quite what to do to get through to a person, they send her in to him or her. She finds this more threatening because she does not know what she is going into and what the problems are.

She said that she often goes out with the police on a Friday night into the market square where there are many young drunken people, and there are many threats to her from them. She said however these are rarely acted upon, and where she is out at other times when not on duty she has never experienced any problems or aggression from them.

Social worker five

The social worker in the refugee centre said that she had had two experiences of verbal threats from clients, and in both situations she thought she had been supported impeccably by her managers. The elements of this were that soon after the events a meeting was arranged with the client and her manager, to lay down the limits and boundaries of behaviour, and she had received debriefing.

In accordance with the policy in the centre, the police had been made aware of these incidents. The police had been helpful and supportive and warned the clients about their behaviour. The clients had both seemed to feel ashamed about their behaviour and apologised.

She had worked with one of them for 2 years afterwards and the other one for 3 years. There had been no repeats of the incidents and she thought that the effects of the agency's reaction had been very positive. She said that in such incidents of

violence and aggression there were very few court cases taken forward, but that the police will always talk with the client to warn them about their behaviour and she found this very helpful and aided matters enormously.

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THE EFFECTS OF CLIENT VIOLENCE ON CHILD-PROTECTION NETWORKS

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This article examines the literature and research evidence concerning the impact of threatened and actual violence on social workers' well-being, assessments, and interventions in child-protection work. It is proposed that client violence can have serious effects on the child-protection worker themselves, as well as having specific effects on child-protection assessments and the management of interventions. It is argued that client violence toward child-protection staff and others in the violent client's networks needs to be taken into account in a systematic manner, which may affect the protection of children involved. The potential for increased recognition of such elements within risk assessment, case planning and policy development and review is addressed. The article draws mainly on sources of evidence in England, North America, and Australia, but the findings are applicable to child-protection work in different countries.

Key words: *assessment, intimidation, violence, protection, staff care, child abuse, violence against staff, risk, violent clients, informal and formal networks, policies, social work*

VIOLENCE, SOCIAL WORK, AND CHILD PROTECTION

This article proposes that a review of the literature and research concerning threatened as well as actual violence from clients of child-protection services provides important insights into the possible significant negative effects on protective networks and their ability to protect children who are subject to abuse. These protective networks can include formal networks such as social workers, informal ones such as family members, and in extreme circumstances even those in the nearby local community.

The nature of the effects on workers and their assessments and interventions of such violence, and effective means to support workers and

their practice, are discussed. It is argued that the effects of such violence and aggression should be given greater credence in models of risk assessment and in interventions to protect children and staff more effectively.

The dynamics created by the maintenance of power, control, and abuse by certain abusers is more complex than commonly supposed in most social work and research literature and are often ignored altogether. However, there is now a good deal of evidence to demonstrate that in a high proportion of the most serious situations of child abuse, there is inherent conflict caused by the role of the protection agency and the reactions of a small but significantly threatening number of clients who are not only aggressive and violent to partners and children but also to

KEY POINTS OF THE RESEARCH REVIEW

- Some forms of violence appear to be very prevalent in the United Kingdom, North America, and Australia, such as verbal abuse and threats. Other forms, such as sexual and racial harassment, appear to be less frequent.
- All forms of violence are underreported to some extent. In the United Kingdom, sexual and racial harassment are forms of violence that are known to be underreported to a much greater extent than other forms of violence.
- Clear definitions of what is meant by violence and aggression are important. They need to include any incident in which an individual worker, as he or she experiences it, suffers verbal abuse, physical abuse, homophobic abuse, disablist abuse, sexual or racially motivated harassment, verbal abuse, or threats in circumstances relating to their work.
- Underreporting presents a problem for risk assessment and risk management. This needs to be addressed so that workers regard reporting as an important element in protecting not only themselves but also as an element in child-protection assessments to ensure the proper protection of the child and to devise programs so that clients' violence, abuse, and/or threats are dealt with appropriately in their treatment.
- The supportive reactions of managers and employing agencies are vital to
 1. increase reporting and persuade all staff to take the matter seriously;
 2. change workers' attitudes concerning some forms of violence not being serious enough to report, or that clients have justifications for being violent;
 3. provide clear messages that acceptance of violence is not "part of the job"; and
 4. dispel concerns that managers will not fully support the worker or take actions to deal with the behavior from the client.
- Males perpetrate most forms of violence to a greater extent than females, except in child-protection work, in which figures are reversed for physical violence and immediate threat of physical violence. Women appear to strike out at the point of a court order being made, which removes their children from them and where children are removed in emergency situations. Males are more likely to employ less obviously violent behavior that is intimidating, menacing, and threatening, which may develop and persist over periods of time.
- There is little evidence that agencies work to set limits and boundaries with clients when they have used violence or intimidatory and threatening behavior. This issue is also rarely addressed in the literature on violence against staff.
- Some clients use threats and/or physical violence as a way of keeping other family members quiet or workers at bay, and this needs to be included in risk assessments and treatment plans.

the protection workers (Stanley & Goddard, 1997).

The Extent of the Problem

Violence toward staff in field social work became a major issue in the United Kingdom in the late 1970s and 1980s (Brown, Bute, & Ford, 1986; Bute, 1979; Rowett, 1986), though the issue had been raised earlier, in the 1970s, in relation to residential workers (Millham, 1976). The earliest work concerning violence against staff in the caring professions related to psychiatric nursing (Confederation of Health Service Employees, 1977; Department of Health and Social Security, 1976). There have been deaths of at least eight social workers in England, the majority of whom worked in mental health or child-protection areas, caused by violence from clients since the 1980s, and there have been a number of other attacks leading to serious and permanent

injury (Brown et al., 1986; Department of Health, 2000; Norris, 1990). There was a high level of activity and a number of reports from trade unions, professional associations, and employers bodies during the 1980s and 1990s (Littlechild, 1995). These reports emphasized that employers and employees should give more serious consideration to the incidence, management, and effects of violence against social work staff, though none specifically address in any

There is now a good deal of evidence to demonstrate that in a high proportion of the most serious situations of child abuse, there is inherent conflict caused by the role of the protection agency and the reactions of a small but significantly threatening number of clients who are not only aggressive and violent to partners and children but also to the protection workers (Stanley & Goddard, 1997).

detail the particular issues relating to child-protection work (Association of Directors of Services, 1988; British Association of Social Workers, 1988; National Association of Local Government Officers, 1979, 1989; National Association of Probation Officers, 1989; UNISON/British Association of Social Workers, 1996).

The British Crime Survey is a large-scale survey, carried out by the Government's Home Office each year, of citizens' experiences of victimization of crime and violence. One set of results arising from specific sweeps of the data between 1992 and 1998, averaging around 15,000 respondents on each occasion, addressed experiences of violence at work and demonstrates that social workers are at particular risk (Budd, 1999). Against an average of 1.2% of all occupational groups reporting assaults, 9.4% of social workers and probation officers reported assaults, the highest of any of the groups apart from the police. Against an average of 1.5% of all occupational groups reporting threats, 9.5% of social workers and probation officers reported such threats, the highest of any of the groups.

In North America, rates of violence against social work staff are examined by Macdonald and Sirotich (2001), Jayaratne, Vinokur-Kaplan, Nagda, and Chess (1996), and Tully, Kropf, and Price (1993). Schultz (1987) found in a survey of social services workers in the United States that 3% had been shot at, and 25% of correctional workers had been attacked with knives. In the United States, Horehsi, Garthwait, and Rolando (1994) found that violence against child-protection staff in a rural county was a problematic issue.

In Australia, Bowie (1996) found that in a survey of social services workers, 26% stated that they had been subjected to an average of 12 incidents of physical or verbal abuse in the previous year. In another study, he found that 18% of such workers had been physically assaulted during their working career (Bowie, 1996).

In Canada, Macdonald and Sirotich (2001) carried out a study involving 171 social work respondents that utilized questionnaires concerning their experiences of violence and subsequent reporting behavior. They found that

workers, in their responses to the questionnaire, stated that 88% had experienced verbal harassment, making this the most common form of aggression; 64% had been threatened with physical harm, whereas 29% had been sexually harassed. Of the respondents, 29% had also been physically assaulted but not injured, 23% threatened with harm to family or colleagues, 16% stalked, 15% had been racially or ethnically harassed, and 8% physically assaulted and injured.

Research by Balloch and colleagues (Balloch, Andrew, Ginn, McLean, Pahl, & Williams, 1995; Balloch, Pahl, & McLean, 1998) on stress in workers in Social Services Departments—the publicly funded bodies under the control of local authority politicians who provide or commission the great majority of social work and social care in England and Wales—involving nearly 1,000 staff discovered that violence and threats of violence to social workers were commonplace and were major areas of stress for child care and child-protection staff.

Recent Developments in England

In light of such evidence, there is a need to consider the effects on the well-being of workers and how they are supported in providing effective and safe interventions. For example, the nature of state-defined social work interventions in child care work within Social Services Departments in England and Wales has changed dramatically in the last two decades, with 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 (Otway, 1996; Parton, 1998; Parton & Small, 1989). In the few pieces of work that take account of violence against staff within child-protection work, the effects of such conflict and violence on interventions aimed at protecting the child are not addressed (e.g., Parton & Small, 1989). These interventions can impinge on the power and control dynamics within the care situation that are often a feature of child abuse and produce particular issues for child-protection workers to address,

which have been noted in England (O'Hagan & Dillenburg, 1995).

A National Task Force on Violence Against Social Care staff was set up by the U.K. government in 1999, and its report, *A Safer Place*, was published in 2000. The report acknowledged that research into and management of violence and abuse against social care staff had been impeded by problems of inconsistent definition, and they suggested the use of the definition as set out by the European Commission DG-V(3):

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.

This definition would appear to be valuable in encompassing the different areas of abusive and violent experiences that workers report; it does not, however, encompass the issue of how the worker experiences that abuse. The National Association of Probation Officers (1989) produced a definition that states, "Violence includes a range of illegitimate or socially unacceptable behaviors which are intended to be, or are perceived as being, threatening. Violent behavior can take a number of different forms and have differing outcomes." This raises the issue of who defines what is a violent incident—is it the victim, or others in the agency? These personal constructs of what constitutes a violent incident will vary depending on how workers/managers personally experience different types of behavior from clients and how they might judge and/or minimize the effects of different types of violence against colleagues that they do not consider serious. This relates to an important point raised by Macdonald and Sirotich (2001) concerning reasons for not reporting explored later in this article—that workers either do not interpret certain acts from clients as violence or they see it as part of their role to absorb such behavior, findings also highlighted by Norris (1990) from research in England.

Victims' accounts graphically set out the support within their agencies that they perceived to be lacking (Heining, 1990; Holliday, 1986). In particular, Black workers are often reluctant to report racist violence as they often believe they

will receive a blaming rather than supportive response (Norris, 1990). In a large-scale survey of nearly 1,000 workers in the social work and social care work force in England and Wales, Balloch et al. (1998) found, in replies to self-report questionnaires, that 75% of Black staff had experienced racial abuse. Racism also affects child-protection interventions and decision making, though racist violence and aggression is rarely addressed or acknowledged. The inquiry into the death of one child considered by a local authority's internal Area Child Protection Committee found the social workers were in fear of the "aggressive, overtly racist, and hostile" parents, meaning that the child was seen only 8 times in 30 visits. The workers in the authority had not felt able to tell their managers of their concerns, and the director of Social Services in that local authority (Mason, 1992) commented that

it's a question of changing the whole ethos of social work in general so that people report openly what they feel. (p. 14)

THE EFFECTS OF CLIENT VIOLENCE ON CHILD-PROTECTION WORKERS

Although there has started to be recognition of the general effects of violence against staff in social work and social care, there has not been a great deal of work that specifically relates to child-protection work or research that examines the experiences of practicing child-protection/child care social workers that can aid planning in this area apart from, to some extent, the work of Balloch et al. (1995, 1998) in England, Stanley and Goddard (1997) in Australia, and Horehsi et al. (1994) in the United States.

A number of articles and books identify how violence from clients can affect child-protection assessments and the decision-

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making processes in work with families, particularly when exhibited by men (e.g., Farmer & Owen, 1995, 1998; O'Hagan & Dillenburger, 1995). In addition, a number of child abuse death inquiries have suggested that assessment, intervention, and decision making in child care and child protection can be affected by concern about aggression directed at workers (Department of Health, 1991). Difficulties in retention of child-protection staff in London were seen by the House of Commons Health Select Committee (1991) as being partly due to the effects of such violence against staff.

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Research in England and Finland explored child-protection staff experiences of aggression and violence in terms of what types of incidents workers experienced, effects on their practice and personal well-being, what workers experienced in terms of support, what they valued and what they found lacking in support systems, and their views on what is needed in terms of policies and support when staff have to face potentially difficult situations or have been subject to aggression and violence (Littlechild, 2000).

The study was undertaken in a large county in England and on a smaller scale in a Social Office in Finland. Both are public agencies that have statutory child-protection functions. The research involved analysis of questionnaires and in-depth follow-up interviews. The research found that anxiety was reported by a majority of English respondents who had stated they had experienced violence, often mixed with feelings of anger. These findings accord with those of Smith and Nursten (1998), in which threats of violence were frequently very disempowering and produced anxiety and fear in social workers who were asked to recall situations in which they had experienced fear in their practice. A wide variety of effects and outcomes from the different types of violence were reported. In Littlechild's (2000) research, anxiety

and fear during or when thinking subsequently about the situation(s), effects on working practices, anger toward the client(s), shock, depression, and physical pain were all mentioned as aftereffects.

The findings suggest that physical violence is comparatively rare, but other forms of "indirect violence," as one respondent referred to it, were common. This is in accord with the findings of Macdonald and Sirotich's (2001) study in Canada. These situations contained elements that at times affected workers and their practice and well-being to a considerable extent, such as:

One worker who felt unsupported felt less secure at work, and this had negatively affected his feelings and emotional well-being outside of work.

Family concerned about the nature of my work and risks involved (said another worker).

I am more wary about going to the shops and I am concerned about meeting this man (said a worker who lives in same geographical area as that of 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 (said a worker who lives in the same area as that of her work, threatened by what several families said they would do to her in her private life. The worker felt she had to tell her own child not to use a taxi firm that employed a member of the threatening family—but could not tell her child why).

Repercussions for my functioning as a wife, mother, etc.

My husband gets angry that I have to put up with such behavior and suffer the effects in my private life.

My partner is anxious about the emotional stress placed on me. He feels that too much is expected of social workers. Friends say they would never do my job, as people are so angry these days.

Anxieties spill over into home time. I find I am emotionally drained, which gives rise to physical exhaustion—possibly ill health.

A number of the respondents specifically mentioned effects on their practice. These effects appear to depend on the assessment the worker makes of the situation and how similar

the family/situation is to the previous experience(s).

I watch every word I say or write, body language, everything. This probably results in a stilted lack of communication.

Much more nervous when dealing with this particular family.

General reluctance to visit. Difficulty being positive with the client. My anxiety and anger prevent me being positive with the family.

Staff had a clear view in their own minds about the causes and triggers for aggression and violence based on a good deal of consideration and reflection. These related, in the main, to clients' views of the power and control inherent in social services departments' child-protection work and the right of social services departments' workers to intervene in the parents, and their children's, lives.

Nonabusing women carers in particular may fear violence from male partners who abuse them if they were to inform agencies of the abuse (Mullender, 2000; O'Hagan & Dillenburg, 1995) or give details of it during agency intervention. The same dynamics are at work here as when women fear informing the police of abuse from male partners—the fear of further and increased violence and of being blamed for the abuse. Stanley and Goddard (1997) argued that abusers can use the same types of strategies to disempower workers as for their family members. Victims of these forms of violence are often made to believe that it is their fault that the abuse has occurred and are made to feel unworthy of protection and guilty for their alleged (by the abuser) responsibility for the abuse (Kelly, 1994; Mullender & Hague, 2000).

Such fear can affect the confidence and actions of those caught up in the threats and power and control dynamics that are inevitable components of violent relationships and attitudes, be they victims, other nonabusing family members, or workers. Workers can feel that their experiences and concerns will not be believed or taken seriously and that they are expected to somehow cope; that it is just part of the job (Macdonald & Sirotych, 2001; Norris, 1990; UNISON/British Association of Social Workers, 1996).

Several of the staff interviewed in England and in Finland had changed their work setting partly at least due to experiences of violent and threatening incidents. Threats of further intimidation from clients had the greatest effects, especially when this appeared to the worker to be focused individually against himself or herself (and sometimes onto their family) rather than on their role as an agency representative. Macdonald and Sirotych (2001) found that a high proportion of respondents in their study had suffered threats of physical harm (64%), suffered threats of harm to family or colleagues (23%), or been stalked (16%), all of which in Littlechild's (2000) study were shown to be capable of producing significant fear in staff and affect decisions about their work. These types of situations were usually not one-off incidents but part of a set of dynamics that built up over time or "developing violent scenarios," as they can be seen. One particularly severe form of such violent scenarios is suggested by Stanley and Goddard (1997), who proposed from their research that the Stockholm syndrome theory as developed by Wardlaw (1982), concerning the relationship that can develop between hostages and terrorists, may also apply to relationships in and surrounding abusing families—including the relationship with the child-protection worker. They suggested that this complex set of dynamics can draw the worker into becoming a victim of these abusing/controlling dynamics, which means they are unable to challenge the abuse or utilize procedures properly, and that at times, workers appear to indulge in self-deception and denial of violence.

Findings from Littlechild's research (2000) indicate that male service users in particular may use threats and threatening behavior to try to control the formal networks involved and that these threats can have a major impact on the individual workers involved.

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AVOIDANCE OF VIOLENCE: ISSUES OF POWER AND GENDER

There appear to be significant gender factors involved in risk assessment and risk management of client violence in child-protection work. Prime abusers of children registered on child-protection registers in England within the physical abuse category are approximately 50% men and 50% women (Corby, 1996), yet interventions appear to focus on the nonabusing female partners, with no attempt to address the abusing behavior itself (Farmer & Owen, 1998). However, as women undertake the major share of child care duties, this can be argued to show a great overrepresentation of males as abusers, as they have less opportunity to abuse. Equally, in the studies of violence toward social work staff, it is generally males who perpetrate violence at a greater rate than females (Balloch et al., 1998; Littlechild, 1997b; Rowett, 1986). However, this situation appears to be reversed in child-protection work. Within Littlechild's (2000) study, in situations of physical or near physical assault, or in which there were threats of immediate physical violence and the gender of the client could be ascertained, women were the most likely perpetrators. It would seem that it may be women who react in a way under stress that is physically or threateningly violent. In less obvious but very threatening situations, such as sustained verbal abuse, threats, threatening behavior such as following workers in the street or in cars, it appears males are the main perpetrators, and so risk assessments in relation to gender need to take into account the different lessons from research discussed in this article (Littlechild, 2000).

Dingwall, Eekelaar, and Murray (1983) found evidence of how violence affected child-protection procedures in research that included social workers, health visitors, doctors, and others involved in the process. They noted how

a violent man may sufficiently intimidate (the predominately female) front line staff in health visiting and social work to prevent them from discovering maltreatment (e.g., of father of Stephen Menheniott, 1979, who instilled fear in the whole of his small island community). (p. 101)

O'Hagan and Dillenburg (1995) commented on how difficult and unusual it is to successfully engage men in child-protection work and why it is so important to do so for effective intervention and note that workers' avoidance of aggressive and violent men is a feature in a number of child abuse death cases:

It is obvious . . . how the avoidance of men can and often does constitute an abuse of women, but avoidance also seriously exacerbates the paramount task of protecting the child. (p. 146)

O'Hagan (1997) noted how the emphasis in child-protection work concentrates on the mother's responsibilities, duties, and supposed failings, not the father's, and that the effect of men's avoidance of responsibility, and their frequent aggression, is often not confronted. This problem can be compounded by racist assumptions that Black males are frequently aggressive and violent and therefore to be avoided (Milner, 1993).

Stark and Flitcraft (1985) considered that the lack of attention to these risk factors would be called into question in a system that is so closely monitored and regulated; they found that it was not. That it is not means that some children may not receive the protection they require because of the fear of violence that many abusers use to maintain power and control within the abusive situation over the children and others involved within that network. This network might include nonabusing carers, professionals such as social workers, and others such as police and health visitors.

UNDERREPORTING OF THREATS AND ACTUAL VIOLENCE: CAUSES AND EFFECTS

The reactions staff receive on first reporting aggression or violence is a key element in whether they will feel helped or hindered in dealing with the situation. The important issue for social workers is whether the response feels supportive and protective or whether it allows, condones, or even exacerbates the violence by a lack of appropriate responses. A report by Sur-

rey Social Services in England (cited in Norris, 1990) stated that

workers reported feelings of anger, frustration, inadequacy, blame and guilt after incidents in which they felt unsupported by management. (p. 37)

Many workers do not report because they fear that they will not be dealt with sympathetically, that they may be judged as poor workers for failing to prevent the incident or that they actively invited it, concern that they may well be viewed in a negative light by managers and colleagues, that it is "just part of the job," or that it might negatively affect career progression in the future (Littlechild, 1997a; Rowett, 1986).

In particular, managers can be seen to judge and minimize the effects on individual workers, which is one important reason for staff not reporting the violence (Littlechild, 2000; Norris, 1990; Rowett, 1986). Women workers frequently do not report sexual violence and harassment because of concerns of sexist and victim-blaming responses from managers (Littlechild, 1997b).

Macdonald and Sirotych (2001), in their study, found that reasons for not reporting an incident were that respondents believed the following.

1. The situation was not serious enough to be reported (69%).
2. Violence is "part of the job" (66%).
3. There is nothing to be gained from reporting to management (55%).
4. There would be negative consequences for clients (45%).
5. It might appear that they cannot cope (31%).
6. Their employing agency would not be supportive of them (24%).
7. That they would be blamed for the incident occurring (14%).

They proposed that underreporting of client violence is largely a product of the professional socialization of social workers, within which social work ideology places an emphasis on client-centered ideals that foster a culture in which the following occur.

1. Reporting of violence is inhibited by consumerist approaches.
2. Workers are concerned that reporting incidents will increase the problems of already disadvantaged and troubled clients.

They concluded, however, that there was "no evidence of large incidence of underreporting,"

and that one quarter of respondents indicated that they did not report an incident of violence against them by a client, an estimate significantly lower than other research findings concerning underreporting (e.g., Littlechild, 1997b; Rowett, 1986). Of respondents, 92% had reported at least one incident to management. Macdonald and Sirotych (2001) stated that their findings call into question the hypothesis that nonreporting of client violence is largely influenced by workers' attitudes toward management and their concerns about appearing incompetent, and it is more the case that it is influenced by workers' views of the seriousness of the violent incident and of their professional role, formed from their experiences of, and socialization into, that role.

However, the Macdonald and Sirotych (2001) study, although important in setting out issues for nonreporting, only asked respondents to state whether they had ever experienced a violent or threatening incident that they had reported to management as well as whether they had experienced such an incident they had not reported, and for each answer, the reasons for so doing. It did not explicitly examine how many incidents respondents had experienced over time and how many of these had been reported or not, producing the problem that respondents may well have experienced many more incidents that they had or had not reported. This means it was not possible to identify what types of incidents respondents had experienced in total and the rate of reporting of different types of incidents.

This "hidden figure" highlighted by examination of the Macdonald and Sirotych (2001) study is also a problem for risk-assessment procedures—the real nature and effects of such aggression is often not fully appreciated in agencies because incidents are not recorded and collated in ways that allow an understanding of the full picture (Littlechild, 1997a; Macdonald & Sirotych, 2001; Norris, 1990; Rowett, 1986; UNISON/British Association of Social Workers, 1996).

If there is no proper reporting of situations, the agency cannot deal with them fully, nor fully map areas of risk, and so plan to support staff in

the prevention of violence (Littlechild, 1995). Victims need to believe that they will be supported and protected if they report such violence, not blamed and isolated.

RISK FACTORS AND RISK MANAGEMENT

The situations in which physical violence was most likely to occur were when decisions

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Evidence from child abuse death reports that violence is frequently a feature within the sets of relationships surrounding such abuse (Bridge Child Care Development Service, 1997; Department of Health, 1991) and evidence that actions and

decisions of workers can be affected where they fear, or have been subject to, violence or threats of violence (Department of Health, 1991; Dingwall et al., 1983; O'Hagan, 1997; Smith & Nursten, 1998) demonstrate that these are clear risk factors for family members as well as workers.

Brown et al. (1986) found in their study that issues of power, authority, and control appear to be key factors in violence against social workers. Reder, Duncan, and Gray (1993) also found that issues of control for, and from, the abuser were central in 35 cases of British child deaths concerning children who had been known to be at risk. Stanley and Goddard (1997) also formed the conclusion from their work in Australia that one explanation of failures in child-protection work lies in the nature of the interpersonal relationships between the workers and clients. The changed nature of assessment and interventions in child care and child-protection work means that these issues are important features

of social work intervention from clients' perspectives. There has been increasing curtailment in England over the past two decades of opportunities to undertake preventive work, and a greater emphasis on investigative, accusatorial, and risk-assessment work within what frequently become situations of conflict (Moore, 1992; Otway, 1996; Parton, 1998). As issues of power, authority, and control are key factors in violence against social workers, the effects of interventions that have to challenge power and control dynamics displayed by certain abusers need to be considered more fully in staff safety and assessment/intervention plans.

Child abuse death inquiry reports, where children were known by Social Services Departments to have been abused prior to their death, have highlighted areas of concern in relation to such violence, giving perhaps the most graphic examples of the potential for violence from carers in the most serious situations and how this affects interventions. The report (Department of Health, 1991) into the death of one young child known to the local authority's Social Services found that the social worker

felt herself to be at risk, and expressed her anxiety to the case conference, when it was agreed that she would continue on the case on the basis of "low profile" visits of a routine nature. [The social worker] clearly wasn't safe with Richard's (the child) family and asked to be taken off the case. (p. 70)

The inquiry team (Department of Health, 1991) into another child's death recommended that

every effort must be made to make sure that the social worker's assessment, on which might hinge the safety of a child, is not disarmed by the possibility of violence, or the fear of its possibility. (p. 71)

A report by an independent consultancy, the Bridge Child Care Development Service (1997), and the subsequent Social Services Inspectorate (a central government body) report (Cresswell, 1997) into the circumstances surrounding the death of a child in Cambridgeshire suggest that there are links between violence toward staff and others in a family's network that can alert professionals to relevant areas in risk assessment and risk management in child-protection work. The Bridge report found that aggression

toward staff had been a problem and that managers should recognize the impact on social workers of parental aggression and its effects on decision making. It also recommended that the Cambridgeshire Social Services Department should draw up a policy on protecting or withdrawing staff working with aggressive clients, and it should be assumed that aggressive parents are the same with their children.

Incorporating assessment of parental violence and how it may affect interventions, to deal with this problem, was recommended by James (1994) in a national government report in England. These recommendations were never acted on.

A further risk factor is if there is no formal response to perpetrators. If the issue at stake is how the client is dealing in a violent fashion with problematic interpersonal relationships, and how this affects the well-being of the child(ren) involved, it would seem that this should be addressed as a significant risk factor within the child-protection plan. However, in England, these matters are frequently not addressed within clear plans for the safety of the client or for the child-protection team (Farmer & Owen, 1998; Littlechild, 2000). In many situations, it is a key, if not the main, area that needs to be confronted and worked with. In these circumstances, the intervention plan may need to address how the abuser views and deals with their violent behavior. One significant gap in our knowledge concerns the views and motives of those who have employed violence and intimidation against workers, and although a very small-scale piece of research was undertaken by the National Task Force on Violence Against Social Care Staff (Department of Health, 2000), this did not attempt to interview those clients who had actually been violent, and did not address child-protection issues.

Risk-assessment and risk-management procedures would be more effective if they took into account these effects on professional staff, as well as nonabusing carers who are involved in a more systematic fashion. If they do not, and they neglect the need for protection and empowerment of these groups, this may affect the protection of the child involved. The recogni-

tion of these effects on child-protection staff and others involved in the potentially protective networks can begin to ensure that aggression and violence by certain clients does not adversely affect further recognition and reporting of problems or adversely affect interventions.

AGENCY RESPONSES AND SOCIAL WORKERS USE OF AUTHORITY IN PROTECTING CHILDREN

Arguments have been presented that client violence needs to be taken into account in a more systematic manner by child-protection agencies to ensure the protection of children, by way of assessment and intervention in appropriate situations. This is not only in relation to worker safety but as a focus for work with clients in treating the problems they have in relation to violence toward the children in their care. In particular, it can provide a clear focus for assessment and intervention in child-protection plans and in plans for looked-after children. This might include addressing the violence of the abuser within the family in a structured and coherent fashion and developing strategies to aid victims of the violence—to include child-protection workers—to disclose continuing violence.

With a recent change of emphasis to a model of family support in England and Wales (Parton, 1996), Social Services Departments may have lost sight of the need to deal with the inherently secretive nature and long-term problems of aggression and noncooperation from the main abuser within many of the most serious cases of abuse (Department of Health, 1995; Littlechild, 1998).

When workers are having to work with carers who are familiar with using violence and threats of violence as a

When workers have to exercise authority, they are challenging the power, authority, and control nexus within that family situation and its networks, leading to a clash of interests and a challenge to (usually) adult's power/control within families, which is sometimes expressed as violence and intimidation against the worker.

means of maintaining control in their relationships, and those carers feel a need to prevent their power being usurped, this will inevitably have an impact on those workers. Such violent carers have a great investment in preventing other members of that family situation from finding their own dignity and control. When workers have to exercise authority, they are challenging the power, authority, and control nexus within that family situation and its networks, leading to a clash of interests and a challenge to (usually) adult's power/control within families, which is sometimes expressed as violence and intimidation against the worker.

PROTECTIVE PROCEDURES: DEVELOPING A CULTURE OF SUPPORT

This article has examined the effects of violence that abusers may utilize against those involved in child-protection work, such as nonabusing partners and social workers. It has been suggested that there may be links between those different forms of violence in individual cases and that there may be particular elements of the situation to confront in which clients may be using such control strategies. Aggression and violence from clients is often dealt with in an ineffective manner by the agency and its workers and managers (Norris, 1990; UNISON/British Association of Social Workers, 1996). Policies should instill confidence in workers and managers concerning how such situations will be dealt with and that procedures deriving from these policies will be carried out in a manner that is fair and just to both staff and clients.

Supervision is a key element in these processes, yet in recent years, supervision in England has tended to consist of discussions that enable supervisors to monitor and ensure that performance indicators are being met. It now tends not to be used for examining and untangling the complex difficulties workers face that are inherent in such work and the stresses that arise from them (Gibbs, 2001). Gibbs argued that supervision is a vital element in workers' ability to maintain firstly themselves while dealing with these stresses and second to maintain the focus of their work. She stated that a lack of attention and response to the often unconscious defense

mechanisms adopted by individuals to survive in the face of high levels of anxiety and distress become dangerous to those individuals and potentially dangerous for the child and families. In her study of anxiety in child-protection workers in Australia, anxiety about physical or verbal violence was mentioned as a major source of such stress.

The importance of training and support for staff in relation to male violence in particular is noted by O'Hagan (1997). Such training and local policies, based on an enabling policy clearly set out from the agency's central policy makers, would also make clear to staff what to expect from other agency staff in their working roles in potentially violent situations and after an incident, so that a culture of support is clearly set out. Training should include the development of good face-to-face practice skills in working with clients who are angry, feel threatened, and who may be using power/control tactics they also use with children and partners; how to prepare to ensure they are not left isolated and exposed in situations of risk; and how to use supervision in relation to ongoing relationships, and particularly where there may be a developing violent scenario with more subtle, threatening violence from clients. For discussion of good practice and policy in this area, see the work of Bibby (1994), Bowie (1996), and Littlechild (1997) in the Suggested Future Readings section of this article.

There are a number of factors to include in policies that can engender such a culture of support and safety. One of the key areas in England and Wales is to ensure that client violence to staff is viewed as a health-and-safety-at-work matter, in which employers have a duty under the Health and Safety at Work Act 1974 to take all reasonable precautions to ensure the safety of their staff. An empowering central policy within employing, or with contracted agencies, can emphasize these points. It can also stress the need for staff to ensure they raise issues of concern that may affect their and their clients' safety within agreed procedures and that this will not be taken as a sign of "weakness" or lack of professional competence on the part of the worker (Gibbs, 2001). The National Task Force on Violence Against Social Care Staff (Depart-

ment of Health, 2000) has produced a self-audit tool that emphasizes risk-assessment and risk-management procedures and checklists for agencies to utilize that places the onus on agencies, not individual employees—although they must play their part too—to assess and respond to threatened or actual violence.

This then links with the issues of reporting. Poor reporting rates mean it is impossible for agencies to map out where, in what situations, and with whom staff (and therefore possibly children) are at risk. It would also be impossible to monitor the severity and frequency of different types of aggression and violence. Staff need to know that the effects of reporting are positive and not negative for themselves and the children concerned. Written incident reports that include ideas from victims on how safety can be improved in such situations could be collated to give structured feedback to staff to demonstrate the agency is taking the matter seriously and plans, monitors, and reviews in a positive and proactive way. If there is no clear positive response, reporting will remain low, with the associated risks this brings (Littlechild, 1997a).

Examples of policies that address issues effectively are referred to in a UNISON (the largest trade union in England and Wales representing social work employees)/British Association of Social Workers joint publication, such as the 1995 Cheshire County Council Social Services Department's *Guidance to Staff on Violence by Clients* (UNISON/British Association of Social Workers, 1996).

What, then, should be included in an effective policy that would meet needs of staff given the effects of violence set out in this review? The effects of good policies would be the following:

- The worker feels confident in recognizing risk and asking for support, including when violence, threats, or intimidation may affect the ability of the worker/agency to gain proper access to protect the child(ren). (However, it needs to be recognized that although in many situations it is possible to clearly ascertain "risk" factors, this is not always possible.)
- The worker feels confident of supportive response if an incident occurs or when there are signs of a buildup toward violence.

- It reduces the risks of workers being left in a situation in which they cannot protect their territory or gain immediate help.
- There is a "culture of support" that makes workers feel secure in the responses of colleagues/managers in the face of potential and actual violence and/or intimidation.
- There are clear and specific policies concerning the types of support that will be available in different parts of the building or outside on home visits.
- It gives proper and appropriate debriefing, possibly independently and in addition to first-line managers' debriefing.
- There is good clarity of role and duties of first-line managers, including their role in supervision.
- The worker feels safe with managers and colleagues to work through difficulties arising for her or him in the work.
- Triggers are recorded so that consideration of these can be considered in future work: The best predictor of violence is that it has happened before and in similar circumstances.
- The agency collates reports of violence against staff, prepares action plans to support staff, reduces risk based on these reports, and provides feedback to staff regarding outcomes of these processes.
- The perpetrator is dealt with, not necessarily in a punitive way but in ways that make clear limits and boundaries concerning acceptable behavior and the results of breaching these.

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The purposes of the policy in this respect would be to

1. move away from blaming the individual worker,
2. minimize risk to staff,
3. minimize isolation of staff, and
4. maximize supportive surveillance and confidence in backup procedures.

The appendix sets out how knowledge can be developed and be fed into the development and review of policies (adapted from the Recognition, Awareness, Planning and Review [RAP/Review] model developed by Littlechild, 1997a).

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- There is a need to move from workplace cultures that can place blame on workers or provide excuses for client violence to a culture of support for workers, which includes an appropriate and helpful challenging of client violence, threats, and abuse.
- The need for research with service users on their perspectives of why they utilize different types of violence.
- Agencies need to develop clear definitions, reporting protocols, and guidelines further—as well as methods of risk assessment—to encourage reporting and supportive responses to workers' reporting.
- Questions agencies and staff may find helpful to address in policies, procedure, and practice as a result of these findings are:
 1. Are there clear risk-assessment procedures in place that take into account actual and potential aggression from clients as part of systematic planning and reviewing of the assessment and interventions over time, not just at initial referral?
 2. How are limits and boundaries on different types of behavior agreed, set, and maintained?
 3. How clear are these to workers and clients and how are they best spelled out and maintained over time?
 4. What range of responses should be available, operated by whom, and in what ways, to deal with any developing violent scenario a client is presenting against the worker who has the responsibility to ensure children's welfare and safety in the face of such violence?
 5. Who in the agency has the responsibility to ensure workers are supported to be able to carry out their child-protection functions effectively?
- To encourage reporting from staff and therefore improve risk-assessment procedures on the basis of such reports, the agency needs to collate the workers' reports on all types of violence and feedback to them what actions have been taken to reduce risk as a result of such scrutiny.

APPENDIX

Organizational Development of Staff Safety and Protective Services

1. Knowledge of the effects of individual fear, blame, guilt, anger, and other emotional effects of violence and intimidation on workers and protective practices; should feed into:
2. Agency headquarters reviews policies and services effectiveness; consideration of this should then feed into:
3. The development of local office/establishment policy and procedures; which then feed into:
4. Improved support to staff members.

A culture of support then feeds directly into the protection of children as well as of staff, as in some situations they are closely intertwined. If child-protection staff feel supported and protected when confronted with threats of violence from clients, they will be better placed to ensure effective child-protection assessments and intervention, which could then mean better protection for the child—a "hierarchy of protection." With such a culture of support in place, and the possible effects of violence acknowledged clearly as a factor to address, it is possible to develop risk-assessment and management procedures which take greater account of this neglected factor. Although it may not be a major fea-

ture in the majority of child-protection situations, it is a significant factor in a number of the most serious, which can be identified and assessed as a possibility at an early stage in proceedings, for further assessment and consideration if initial assessment suggests it may be an issue. Child-protection procedures in England and Wales usually make no mention of how to develop mechanisms on how to incorporate this factor into the assessment of risk or child-protection plans. Violence is often directed not only at the child, but also toward others in the violent person's network, including partners and professionals, which can then affect reporting of violence to those in the (potentially) protective network. It can be an indication of a strategy learned over many years by some abusers to dominate, control, and silence their victims. Assessment and intervention could acknowledge this to a greater extent, and make use of this knowledge for more effective and comprehensive risk assessments, leading to a hierarchy of protection which includes the children, nonabusing partners and workers involved.

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Contents

		<i>Page</i>
Section 1.	Introduction	2
	<i>a) The background to the research</i>	2
	<i>b) Definitions</i>	6
Section 2.	Summary of Findings	8
Section 3.	Wider ranging Observations and Conclusions	20
	<i>a) Violence against child protection staff - the place of role conflict and ambiguity</i>	20
	<i>b) Managerialism and staff support</i>	27
	<i>c) Supervision</i>	30
	<i>d) Training and induction of workers</i>	32
	<i>e) Organizational learning</i>	33
Section 4.	A model for the development of policy and practice concerning violence against staff	34
Section 5.	Methodology	41
Section 6.	The detailed results	46
	<i>a) The managers' general responsibilities, including Risk Assessment and Risk Management</i>	47
	<i>b) The most common forms of violence</i>	54
	<i>c) The types most difficult to deal with</i>	55
	<i>d) How best to support staff</i>	65
	<i>e) Emotional and professional reactions workers may experience, and the effects on them</i>	72
	<i>f) Gender Issues</i>	78
	<i>g) Service users' views of Social Services child-protection social workers, including inter agency issues</i>	80
	<i>h) The most effective ways of dealing with violence and conflict</i>	86
	<i>i) Do some service users use aggression and violence as tactics or strategies to deflect from the issues of abuse and protection?</i>	93
	<i>j) Are issues of aggression and violence from service users towards staff included in assessments and child protection plans?</i>	97
	<i>k) Particular problems concerning complaints procedures and the use made of them</i>	100
	<i>l) Managers' experiences of support</i>	106
	<i>m) Does the Diploma in Social Work prepare students for child protection work?</i>	109
	<i>n) Relationships with the police</i>	111
	<i>o) The effects of violence on the managers themselves</i>	112
	References	118

The Management of Conflict and Service User Violence Against Staff in Child Protection work

Section 1

Introduction

a) The background to the research

Several related areas of study have informed this piece of research into the effects of conflict and violence from service users against child protection workers in a large Social Services Department. These are:

- Findings from a research project with Hertfordshire Probation Service which demonstrated that those professionals most at risk of aggression and violence from service users of the Service were those probation officers who were intervening in parents' disputes over access and residence orders in relation to their children (Littlechild, 1997).
- Concerns about how violence from service users can affect child protection assessments and decision making processes which have been raised in the literature (Farmer & Owen, 1995, 1998; O'Hagan & Dillenburger, 1995; Stanley and Goddard, 2002), and
- Findings from child abuse death inquiries which highlighted how assessment, intervention and decision making in child care and child protection can be influenced by concerns about aggression directed at workers (Department of Health, 1991).

The findings from previous research (Littlechild, 2000c, 2002) illustrated

- the nature of the risks faced by child protection workers
- the effects upon staff of different forms of aggression and violence
- the types of agency responses which professionals found helpful and unhelpful in
 - responding to their own difficulties when victimized
 - responding to perpetrators
 - protecting both themselves and the children they were working for.

The findings also began to raise questions concerning the roles that child protection workers are expected to carry out, and the changing nature of political, policy and organizational cultures that affect such work.

There had previously been little research concentrating on child care/ child protection field services which was based on the experiences of practising social workers in order aid planning in this area, apart from, to some extent, the work of Balloch et al. (1995; 1998; 1999), and Humphreys (1999). Balloch et al.'s work focused on workers' experiences of stress, not violence as such, though they discovered that this proved to be a major cause of stress for these workers. It did not focus specifically or in such depth on the effects of such stress and violence on child protection workers' practice, attitudes to parents, or responses to violent service users. Humphreys (1999, 2000) presents findings from research which demonstrate that social workers and their agencies often minimise the violence displayed by males against partners who are mothers in child protection situations, and avoid confronting this significant problem within the family. In addition, Humphreys (2000) notes from her findings drawn from a sample of 32 case files relating to child protection investigations, that there were 11 reported incidents of abuse of workers. She concluded that in general there was a tendency to underestimate the risks of such abuse posed to the workers by women and other family members.

The research reported here concentrates on child protection managers' views and experiences of how these matters are dealt with, and how they could best be dealt with. This is particularly important in contributing to knowledge in this field, given not only the findings from the first part of this research which demonstrated the key part first line managers have to play (Littlechild, 2000c, 2002), but also, as Balloch, Buglass and McConkey (1999) note, social service managers have been kept curiously marginal to research on both social care and management.

This report concerns the experiences, views and responsibilities of managers in Hertfordshire County Council's Social Services Department (now re-organized into a new Children, Schools and Families Service since 2001). It is based on research that was conducted in response to the results of the first two elements of the research set out previously which looked at the effects of aggression and violence against court welfare officers in probation and then child protection social workers. The findings of these pieces of research had clearly demonstrated the primary importance of support for the social work staff from managers.

The findings presented here need to be read with a knowledge of the main findings from the previous research on violence against child protection staff (Littlechild,

2000c). It builds upon and extends the findings of that research, the overall findings of which suggest that:

1. Physical violence is comparatively rare, but other forms of *'indirect violence'* as one respondent referred to it, were common. These situations contained elements that at times affected workers' practice and their well being to a considerable extent. Threats of further actions from service users had the greatest effects, especially when this appeared to the worker to be focused individually against him or herself, and sometimes onto her/his family, rather than on their role as an agency representative. They were usually not one off incidents, but part of the dynamics which had built up over time, involving a complex mix of service users' views of agency interventions into their private family business, their assumptions and attributions concerning worker's motives and role, and the already existing nature of the dynamics within the family which were then played out in the family's reaction to the intervention.
2. The situations where violence was most likely to occur were when decisions were being made about parents' children, such as just before, during or just after child protection case conferences or court hearings, or when parents were told of recommendations in court reports.
3. Ethnicity was not a major feature within responses. However, two of the particularly threatening situations were associated by respondents with families from ethnic minority groups, and one respondent reported a black colleague being subject to abuse and harassment from racist service users.
4. Fear and anxiety was a very common feature in respondents' experiences and reactions to the different types of violence they experienced, which could be particularly pervasive and disempowering in situations where there were developing and threatening violent scenarios.
5. A number of respondents raised issues concerning the importance of needing to keep the protection and the welfare of the child at the forefront of thinking and planning, particularly when violence or the threat of violence was being used to keep the worker and agency at bay.
6. In situations of physical violence, in the main, respondents found managers understanding and responsive in attempting to ensure proper back up for them, but

they found procedures and support for the less obvious types of violence and threats were less clear and accessible, and these were much less likely to be reported.

7. Expressions of concern, and the reactions of managers and colleagues were clearly a major feature in respondents' experiences of whether they felt supported and protected or not. Affirmation of understanding of the increasingly difficult role of child protection work from managers and senior managers was also seen as being very important.

8. Clear ideas about risk assessment and risk management had been developed by respondents who had experienced violence, and these experiences may be able to be used by agencies in a structured manner in developing systems which take into account the risks to staff and children from violent families.

9. Almost invariably, interviewees reported that they had found the responses from the police excellent. For those who were more experienced, they believed that this had improved immeasurably over the last decade or so.

10. The importance of agencies developing a culture that discourages violence was mentioned by a number of respondents, to include more effective responses to service users who offer such violence, and to provide wider education and publicity about the child protection worker's role.

11. There were differences in the types of violence displayed by service users depending upon gender. By the time of the child protection case conference, or the court hearing, it was generally the mothers who reacted in a way which was physically or threateningly violent. In less obvious but very threatening situations, such as for example sustained verbal abuse and threats over the telephone, and following workers in the street or in cars, it was males who were the main perpetrators.

12. A number of workers emphasized their commitment to keeping the child's best interests represented, even if this was a difficult and uncertain task. It was clear that respondents might experience fear, emotional upset, professional uncertainty and even physical hurt in their work, but had a real commitment to trying to ensure that this did not affect their ability to protect their primary service user, the child.

13. There may be issues concerning implicit acceptance of violence from some service users as staff see them as vulnerable. This may lead to such violent behaviour being ignored in assessment and intervention with service users, as was the case in one social worker's experiences of a female service user with learning disabilities in a residential setting.

14. Attempts to work with the service users on their part in the aggression were not a major feature of responses. Only one worker said that s/he attempted to get the service user to take some responsibility for the behaviour and do something about it. Another worker experienced limit setting to male service users as having little effect. A number of workers believed there needed to be more systematic and structured responses to service users who are aggressive and violent. One of the interviewees remarked that there was not a culture or understanding in place concerning how to deal with the regular aggression and conflict in child protection interventions, and that managers were too busy to be able to deal with the types of professional/personal/emotional issues raised in this type of work.

These findings suggest that role conflict and ambiguity is an important area for consideration within a role which has to try to combine responsibilities for ensuring the right of children to be protected, and working in partnership with parents. For managers specifically, such ambiguity relates to their having to juggle the need for staff to be supported in working with aggressive and defensive parents, how to manage complaints against their staff, and the effects of managerialism with its focus on tasks and performance indicators.

These are key issues for child protection workers in a small but critical number of threatening and violent situations. These types of situation that child protection social workers and their managers have to deal with have been shown to have an association with the most severe forms of abuse, including deaths.

b) Definitions

The term violence is used throughout this research report to denote situations of perceived threat and aggression as well as physical violence. This is in accord with the Health and Safety Executive's definition- '*any incident in which an individual suffers verbal abuse, physical abuse, or threats in circumstances relating to their work*', and that of the Government's National Task Force on Violence Against Social Care staff *A Safer Place* (2000). This latter report acknowledged that research into the management of violence and abuse against social care staff had been impeded by problems of

inconsistent definition. They suggested the use of the definition as set out by the European Commission, DG-V (3): *'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'*. This definition would appear to be valuable in encompassing the different areas of abusive and violent experiences which workers report; it does not, however, encompass the issue of how the worker experiences that abuse, which is an important feature in understanding how abusive, threatening and violent behaviours can affect staff and their work (Littlechild, 2002; National Institute for Social Work, 1999; Brockman and McLean, 2000).

The National Association of Probation Officers (1989) produced a definition which states that *"Violence includes a range of illegitimate or socially unacceptable behaviours which are intended to be, or are perceived as being, threatening. Violent behaviour can take a number of different forms and have differing outcomes"*. This relates to an issue raised by Macdonald and Sirotich (2001) concerning reasons for not reporting explored later in this report- that workers either do not interpret certain acts from service users as violence, or they see it as part of their role to absorb such behaviour; findings also highlighted by Norris (1990) and Brockmann (2002) from research in England, and raised as issues of concern by managers in this current research.

Section 2

Summary of Findings

a. The managers' general responsibilities, including Risk Assessment and Risk Management

Managers were clearly well aware that they had the main responsibility for ensuring the safety of their staff, and detailed the measures they took to try to ensure this. More difficult areas were in their interpretation of what constitutes violence in line with agency policy and definition where the violence was other than physical, for example, in verbal abuse and developing violent scenario (where there is a build up of pressures, threats and abuse against the worker over time - see Littlechild 2000c).

All managers interviewed referred to the constant tension inherent in balancing the safety of the worker, the service to the family, and the protection of the child.

The role of child protection as currently determined produced risk in itself, with its predominately investigative role.

The perception of most managers was that there was at the time of the interviews a much higher level of threats and violence than there had been 10 years previously.

Most believed that the higher managers in the organization had forgotten or were unaware of the special pressures and stresses of dealing with aggression, violence, and the constant barrage of cases in child protection work.

A number of workers were judged by managers to require careful monitoring over the whole period of the worker's intervention, in order to minimize the possible effects on them of threats and violent behaviour, and potentially on their ability to protect the children involved.

Several managers believed that power and control dynamics within situations that can affect workers and their assessments and interventions were not sufficiently taken into account when formally planning and reviewing the work.

It would be valuable for agencies to collate information on risk and good practice/strategies from within its workforce, and to disseminate learning from this.

b. The most common forms of violence

Physical violence was rare, and was generally dealt with well, with relatively clear policies and procedures in place.

The most common forms of violence were verbal abuse and threats. Verbal abuse was rarely recorded unless clear threats were included within it.

Intimidation, harassment and threats were the next most common forms of aggression and violence. Frequently, drug or alcohol abuse was associated with such behaviour.

Racist abuse was identified as a regular occurrence where there were workers from minority ethnic groups in the team.

Some service users regularly threatened to complain about workers as a feature of their wider set of threats and abuse.

Emotional/ professional violence was a frequent issue for workers; this concerned feeling undermined, often allied with threats made against them.

c. The types most difficult to deal with

One of the ultimate responses available in other types of social work, withdrawal of the service, is not possible in child protection social work.

The great majority of managers believed that verbal abuse and intimidating threats that were personalized on to the worker (and, if they have one, their family) could have the most severe and long-term effects; it could destabilize their professional self-image and affect their capacity to carry out effective work.

One very problematic area was where threatening males had never been challenged about their behaviour by other agencies such that it was left to Social Services staff to

do this. However, most believed that they themselves did not deal with this well. Several managers believed males particularly used such aggression as part of their '*control strategies*'.

Agencies need to ensure that policies, training and induction processes include giving strategies and licence to workers on how they could respond; how they are expected by the agency to respond within policies; and what support they will get from the agency when so responding.

Orchestrated and repeated threats from parents, and issues arising in contact sessions, where limits and boundaries had to be set concerning parents' behaviour, caused particular concern, as did issues arising from work with parents with mental health problems and/or learning disabilities.

Half of the managers stated that there had been a significant increase in service users' use of drugs/drink that had heralded a major change in the dynamics within the work, including in the area of aggression and violence against staff.

Examples of violence against workers and how they were dealt with

In one particularly serious incident following the removal of a child, the family followed a worker, child and police officer back to an office and laid siege to it.

Another concerned "*a serious threat to kill us from someone who had been seriously violent in the past and killed a child.*"

One manager stated that a drug abuser parent who was racist and threatening had left the worker feeling too intimidated to tell the manager of this, or challenge the service user about his aggressive and violent behaviour. Another manager related a similar incident and effects in relation to one of her workers.

In one situation there had been threats to shoot a worker, from someone they knew from past history was capable of such behaviour. In another situation where a worker felt that her life was threatened, the social worker had subsequently been on long-term sick leave, and then resigned.

One worker had been forced to change her car, and put alarms in her house.

Another manager stated that one service user had said to a worker "*I know where you live*", and that personalized threats against the worker and their personal networks were the most difficult to deal with.

One more spoke of a situation where the service user was very verbally threatening, had damaged cars, and threatened to harm the children in the same incident. Foster carers were also threatened, as were the foster carers' children. All were very frightened.

One manager undertaking a home visit was physically attacked and had suffered significant injuries. She only managed to escape when one of the children intervened physically. The mother was subsequently sentenced to prison.

d. How best to support staff

Most of the managers emphasized the need for them to ensure that social workers recognize the effects of service users' threatening behaviour on them and their practice throughout assessments and interventions, and not just at the beginning of the contact, in order to avoid the protection of the children being negatively affected.

A number of managers believed that it was important for them to deal with issues concerning child protection workers who have a skewed level of expectation about how much aggression and violence they should expect to experience and endure.

Several managers stated that there must be an immediate response from the manager or other appropriate person in the agency. One manager remembered vividly a "*very nasty*" incident on a Friday; he did not debrief the worker properly. On the Monday morning the worker had "*closed down*" on their experience, and two months later was having flashbacks, was shaking, and left the work several months later.

It is important to have direct communications quickly with service users to disabuse them of their views that they can present aggressive behaviour without any '*come back*' on this.

In reports to courts concerning two families from whom there had been severe threats, one manager ensured that statements were made concerning why there were

no further home visits to these service users, and the effects on the workers' and agency's ability to ensure the safety of the children.

Supervision and Use of the Core Care counseling service

Several managers stated that the Core Care service (the free, confidential counseling service provided by the authority) is rarely used, as Core Care cannot undertake the 'joined up' work which all believed needed to take into account support for the worker at the same time as dealing with the response to the perpetrator, and assessing risk to the child.

Several managers stated that a relationship of trust and confidence between the social worker and the manager was the most important element of support for the worker. A key element in this was for the worker to be able to say they did not feel capable of challenging the service user or to carry out a piece of work.

A number of managers believed that more time was needed for them to spend with supervisees, so supervision was not just task centred, but also explored the worker's experiences of trying to effectively carry out those tasks.

However, supervision and monitoring of some potentially dangerous workers was not just about support for workers; it was to ensure that risk to the worker was not affecting the protection of the child, as the worker may not recognize the risk, or may be too fearful to report it in supervision or elsewhere.

There is inherent conflict caused between workers and families due to the role of the child protection agency, and the reactions of a small but significantly threatening number of clients who are not only aggressive and violent to partners and children, but also to the protection workers (Stanley and Goddard, 1997, 2002; Littlechild, 2002).

Several believed that it was important to have inexperienced workers shadow more experienced workers to help develop their skills, confidence and knowledge, and therefore be less likely to be manipulated. Visiting in pairs was seen to be one of the best practical preventive factors, and one manager believed two workers being present was necessary for effective assessment and intervention if service users were being aggressive or threatening.

Transferring workers who had been severely threatened and/or traumatized to other areas was one strategy that was used in several situations of serious threat.

Several managers stated they had to explore whether the social worker might have contributed to the situation, for example by being provocative in some way. Such ambiguity in the role could also make it difficult to support workers who had complaints made against them, for example.

e. Emotional and professional reactions workers may experience, and the effects on them

Several managers stated that their workers were leaving to go into other teams because of the stress in the work.

Some managers believed that some workers could collude with the oppression from some of the abusive parents/carers they were working with.

Stanley and Goddard (1997, 2002) propose that a particularly serious set of effects for workers can result from the same dynamics arising in some child protection situations as can develop between hostages and terrorists. A number of managers gave examples of such effects on their workers.

There were indications from some managers that workers experience similar disempowering factors in relation to abusive and violent family systems as do abused children. Some workers had not been able to tell managers of their fears of families for long periods. The impact on workers of different types of aggression and violence on assessment and practice *"could be massive. I think a worker who is intimidated or lacking confidence is not going to come to the correct conclusions"*.

One manager spoke of the *'drip, drip'* effects of constant abuse, avoidance and aggression from parents.

f. Gender Issues

Most managers believed that women were more physically violent than men were. One manager stated that single parent families, the great majority of which are headed by mothers, presented a greater risk, and that women's greater propensity to

physical violence is probably linked to the fact that the agency intervenes more with single parent mothers than they do with men acting as lone parents.

Whilst most physical violence was perpetrated by mothers, it was the less obvious (to others) threats and intimidating behaviour from males which had greatest effects. One manager stated she thought that men were more threatening but in less obvious ways.

g. Service users' views of Social Services child-protection social workers, including inter agency issues

All the managers were of the view that service users saw social workers, initially at least, as controlling and critical. Most stated that it took a very high level of skill to overcome the initial reactions of parents, but in the great majority of situations they achieved reasonable working relationships with them.

One service user had said to a manager that her anger at the workers was due to her not being seen as a whole person, but only as "*a set of problems*".

Most managers believed that social services staff are often seen as an adjunct to the police force.

Avoiding Conflict and Challenge

Several managers stated that when workers avoided being clear about their role and about the perceived problems in the family, it could create significant difficulties for other workers later in the process, and for the child protection process itself. Problems occurred when workers were not

1. Clear about their remit
2. Open and honest with managers and service users
3. Stating their role, remit and powers skillfully and firmly with service users.

Workers had to attempt to help service users develop as parents, whilst at the same time keeping the protection of the child at the forefront of their work, which may then lead to the child being removed; this was a very difficult balancing act.

Inter agency working

These issues related mainly to work with courts and professionals from other agencies such as education and health; how these agencies' staff interacted with the parent service users and social services staff; and how this affected the service users' views of social services.

Other agencies were seen to often avoid the issues arising from aggressive behaviour, and did not always realize what the consequences of such avoidance could be for the social workers and the child.

The most problematic referrals were those where service users had not been made aware by the referring agency of the referral, or where the possible stigma of being involved with social services, and the possibility of the 'punitive' nature of such interventions, had been emphasized negatively by staff in other agencies.

There were some problems in relation to courts and decision making. Contact visits were a particular area of risk for violence, as courts cannot stop contact due to violence against workers if it is not affecting the welfare of the child. It may be that liaison work with the Family Proceedings courts may aid understanding of the effects of such violence on workers and the protection of children.

h. The most effective ways of dealing with violence and conflict

Managers stated that the most important elements for workers in dealing with the "ever-present" prospect of violence was to have a high level of skill and confidence in engaging and maintaining relationships with service users. Most believed that workers needed to be better trained and supported to have a secure and confident professional self-esteem in order to deliver effective interventions and assessments in this high-conflict area of work.

Most of the managers believed that the best ways of dealing with violence and conflict in this area of work was to ensure that workers are

1. clear about the role and not 'ducking' this
2. able to demonstrate concern for the whole person, if not for elements of their behaviour; and

3. able to give time to service users, and listen respectfully to what they have to say, even if it has to be pointed out that the behaviour is not acceptable.

One manager saw the need for there to be three levels of response following violence or threats:

1. *Personal* support for the worker emotionally and professionally
2. *Tactical*, for the particular situation with that service user, and
3. *Strategic*, which takes into account the policies procedures and physical safety provisions of the Department.

A number of the managers stated that one of the most effective ways of dealing with violent or aggressive behaviour is to give immediate feedback to service users on acceptability of behaviour, and set limits and boundaries for them.

i. Do some service users use aggression and violence as tactics or strategies to deflect from the issues of abuse and protection?

The majority of managers believed that a small number of service users use aggression and violence as a tactic or strategy to deflect from the issues of abuse and protection, and to “put workers off the scent”. One stated that “The department has not seized the nettle – more could be done”.

Some managers believed that they needed to be proactive within supervision to try to uncover these effects on workers, within a process where the worker felt safe to explore this difficult territory. If this was not done the family could prevent challenges about their parenting, and therefore the work to reduce the risk to children was limited.

j. Are issues of aggression and violence from service users towards staff included in assessments and child protection plans?

The majority of managers believed this area was not as well developed as it might be.

A number believed that violence that threatened the social worker was one of the key indicators that highlighted possible risk to the child and other members of the family.

Examples of comments are: *"I have seen conferences being controlled by violent individuals where the conference itself has been intimidated into making what I believe was a totally wrong decision. Twice I have seen it where in my experience, the conference has been totally intimidated"; "Our responses to such problems are rudimentary".*

Several managers stated that anger management groups were not useful, as they did not focus specifically on domestic violence.

k. Particular problems concerning complaints procedures and the use of them

Supporting workers through complaints was one difficulty mentioned by nearly all the managers. Complaints processes were an important feature for agencies to consider concerning how they made staff feel valued and supported whilst ensuring the proper investigation of complaints. This process proved a severe source of stress, and could lead to workers wishing to leave the agency. The managers may need another source of help for the worker, as they cannot be, and cannot be seen to be, unconditionally supportive of the worker at that stage.

The adversarial nature of the complaints process in place at the time did not prove to be helpful for the workers, managers or organization to learn from the situations complained about.

l. Managers' experiences of support

The best support for managers was to have line managers who were supportive and trusting of their work. Most reported that this was the case; for the small minority that did not have this, it created significant stress for them. Higher managers were seen by several of the managers to lack appreciation of the stresses of front-line pressures in child protection work and the dilemmas involved in it.

Views were stated that there were two conflicting messages emanating from the department at that time- one of protecting workers, and the other of providing a protection service for children- and that these can provide real dilemmas for workers and managers.

Section 8 Case Reviews under *Working Together to Safeguard Children* (1999) can lead to major stresses for workers and managers, as similar issues as for complaints are present within them.

m. Does the Diploma in Social Work prepare students for child protection work?

The great majority of those interviewed believed that the qualifying Diploma in Social Work did not prepare students for the pressures of the conflict-laden nature of child protection work.

One manager stated that the "*theoretical framework for social work is very outdated in the child protection area.*"

One believed that many qualifying social workers still have a '*fantasy*' about social services work with children and families where child-protection is involved, and that they wanted to do therapeutic work, by building up relationships with children, for example; but that their work was to assess risky situations and manage packages of services, which did not give the same satisfaction to many workers.

n. Relationships with the police

The managers almost universally stated that the police worked well with them in dealing with aggression and violence. None gave critical views.

A number made statements relating to how they no longer experienced the police as being judgmental about social workers or being '*anti-social worker*', and that the joint child-protection work undertaken with them had achieved a good deal in raising awareness of the problems of social work in this area within the police service.

o. The effects of violence on the managers themselves.

One manager stated that he knew of several managers in addition to a number of social workers who had moved posts after experiencing incidents of aggression and violence.

Another stated that she was sometimes angry that she could not act as she would do if a similar situation occurred in her personal life. She believed that this suppression of feelings must affect how workers and managers subsequently dealt with service users, and required addressing in training and supervision.

Male managers stated that they believed it was incumbent on them to intervene as the protector within situations within the office. Several stated that this expectation on them to deal with violent incidents in the office was a problem for them. One of these managers stated that he found it hard to share with others his anxiety and concern about intervening in such situations. Colleagues and supervisees did not expect to have to give feedback to the manager about how well he performed or to take into account his concerns and the after effects of incidents - *"they just expect you to do it well."*

Section 3

Wider ranging Observations and Conclusions

a) Violence against child protection staff - the place of role conflict and ambiguity

A number of the findings from this research signify that role conflict and ambiguity are particularly relevant to an analysis of stress and violence in child protection work - see sections a., d., e., f., g., j. and l. in Section 6 of this report.

Role theory in relation to 'burn out' in child protection workers is explored by Harrison (1980) in the USA. Such 'burnout' can lead to workers' disengagement from service users, dissatisfaction with their job, feelings of worthlessness, and physical and interpersonal problems. Such features were mentioned by a number of the managers interviewed for this research. Harrison explored role theory in relation to this phenomenon, rather than the widely promulgated theory at that time that 'burnout' was a coping response to an overload of empathy and caring from the social worker towards their clients. Role theory views such behaviour as resulting from attempts to conform to expectations that are associated with that role. The theory suggests that roles need to

- be clearly set out
- be unambiguous and achievable
- have demands that mean that the various elements of the role are not in conflict with each other.

Harrison's research suggested that role expectations that are not clear lead to personal stress and role strain. He found that role conflict occurs for such workers because they have to attempt to carry out advocacy roles as well as represent the authority of the law, frequently with involuntary service users. He also found that role ambiguity was a significant feature in child protection work, which can occur because there is lack of clarity regarding the overall aim of the service. *"It appears that workers need to be fairly clear about what is expected of them in fulfilling their role in order for them to carry out their work. When ambiguous messages about the job well done are sent or received, little in the way of ...satisfaction and competence is to be expected"* (Harrison, 1980, p. 41). How, then does this relate to current forms of child protection work?

Within the English context of the end of the 20th Century/beginning of the 21st, it can be argued that role conflict and ambiguity is more significant than ever before in child protection work.

There is a good deal of literature that explores role conflict and ambiguity for social workers (Littlechild, 2000a; Littlechild, 1998; Merrick, 1996; Bell, 1999; Parton, 1997, 1998; Parton and O'Byrne, 2000). The nature of state defined social work interventions in child care work within Social Services Departments in England and Wales changed significantly during the last decades of the 20th century, with curtailment of social workers' opportunities to undertake preventive work, and increasing emphasis on investigative, accusatorial and risk assessment work within what frequently become situations of conflict (Parton and Small, 1989; Otway, 1996; Parton, 1998). Published work has rarely taken account of the issues raised by violence against staff within child protection work, or addressed the effects of conflict and violence on workers or interventions (e.g. Parton and Small, 1989). These interventions can impinge upon the power and control dynamics within the family situation which are often a feature of child abuse (O'Hagan and Dillenburg, 1995). Examples of the effects of challenging such power/control dynamics within families were given by managers in this research, which they set within a set of general concerns at non-reporting, accommodation of the aggression, and the lack of appropriate responses by a number of individual workers, and agency procedures.

Beckett (2001) argues that despite many people's hopes for the Children Act 1989, and represented by a Times newspaper journalist (Gibb 1991) who predicted a future where the Act would create *'a fundamental shift from the adversarial legal system'*, and where *"The new emphasis is away from courts imposing solutions or orders and towards parents, relatives and local authorities working in partnership.. consensus not conflict"*. Beckett argues that this was not to be the case. After an initial drop in registrations on child protection registers and the number of court orders applied for, this trend soon reversed. Indeed, the Department of Health in its 1992 *Children Act 1989* report made it clear that this decrease in the use of child protection registration and care orders was not the intention of the legislation, and that partnership did not mean failing to apply for court orders when this was necessary for the safety of the child (Littlechild, 2000b). Between 1992 and 1998, Beckett describes *"what can only be described as an explosion in the number of care order applications made"*, whilst other applications held steady in terms of numbers applied for each year. The increase in applications for care orders between 1992 and 1998 was from 2,657 to 6,728; an increase of 2.5 fold. Beckett concludes that *"individuals within the statutory child*

protection system were making different choices in 1998 to the choices that they were making in 1992", unless there had been a vast increase in the types of abuse which required such interventions, which he suggests is very unlikely to be the case. After offering several possible reasons, Beckett proposes that the opposite outcomes from the stated intentions in relation to the Act were due to the checks, balances, and new frameworks which accompanied the Act, which partly had the aim of curtailing the excessive use of control by social work agencies. These controls and checks had the effect of making social work more uncertain of its ability to use its discretion and more uncertain of its mandate from wider society to assess and manage risk, ensuring that it resorts to the legal system in order to try to reduce its own risks in making such judgements. As Howe states, the 'welter of procedures and guidelines' has led the social workers into the role of "investigator, reporter and "gatherer" of evidence. The analysis of information is no longer left to the discretion of the practitioner' (Howe, 1992, p.502).

Divergent and ambiguous expectations on child protection social workers to be empathetic, caring and compassionate, to empower parent service users and to support them, and at the same time to carry out investigative and policing roles in the gathering of evidence and applying for care orders, for example, are clearly placing strains on these workers. The reality of the work as demonstrated in this research is that the stress arising from aggression from service users causes conflict for workers and managers in trying to carry out the role. As Bell (1999) notes from her research, the effects of role conflict can mean that "*.. if families are to experience the investigation positively, the care element has to be balanced from the outset with control. The social workers were aware of the families' distress and of their welfare needs, but their primary preoccupation was to acquire information essential to the child's protection.. there do seem to be intractable difficulties in balancing care and control within the existing system"* (p.452).

She also notes that work as investigators conflicts with their role as advocates for families.

Most of the managers had the perception that higher managers, politicians and the media had no concern for the problems inherent in the workers' attempts to carry out the ambiguous functions implied by the expectations placed on them. They are faced constantly with a small but significant number of service users who are aggressive, violent, defensive and confrontational. Workers are frequently abused, threatened and frustrated in their aims of carrying out supportive and protective functions- facts which official guidance chooses to ignore and therefore minimize

(Littlechild, 1998, 2002). At the same time, there is increased bureaucracy which monitors and controls workers and managers actions, which is not a feature of other European country's systems (Hetherington et al., 1997). This leads to a focus on time scales and targets which can mean little or no time is left for managers to explore the casework matters which would allow full assessment and intervention plans based on considerations which include how any stress and/or violence is affecting workers. In addition, they are frequently overloaded with cases- that are now all, most managers believed, high risk and difficult cases. There are very few if any 'easy' to work with families left on social services' caseloads to provide some professional relief. In relation to how workers are prepared for this scenario, this research demonstrates that most managers do not believe that the DipSW prepares students for the conflict-laden and stressful nature of child protection work.

McClean (1999) found that role ambiguity and conflict are important sources of dissatisfaction for social workers. This occurs when they are left uncertain about the scope of the job, and the expectations of others. This confirms previous research that had similar findings (Allen et al., 1990). McLean also notes that one large scale study found that role conflict is a significant feature in dissatisfaction and stress for social work and social care staff: one third had conflicting demands made upon them by people in the department '*all or most of the time*' (p. 75); a fifth were unable to do things they believed they should do; and 10% were unclear about the expectations upon them in their work role.

La Valle and Lyons (1996a) carried out in depth interviews with social workers concerning their perceptions of changes in their organizations and the practice of social work. The most commonly mentioned perceived negative changes were the greater time spent on administration and less on client contact, and the increase in control and policing functions. In child protection work, the idea of partnership could be problematic in some circumstances, and lack of resources had led to an emphasis on control rather than prevention.

In a further article deriving from this research, La Valle and Lyons (1996b) explore how the gap between managers and workers can be traced back to the changes emanating from the Seeborn report, and that this now appears worse because of how the new managerialism has led to a greater gap between managers and practitioners, where the former have been forced to adopt a management style more typical of the private sector, and they are less likely than ever before to be guided by

'professional' themes. Many of the social workers they interviewed confirmed that they felt a deep sense of alienation from the new managerial culture.

The work of McLean, and that of La Valle and Lyons, is unusual in that they explore the impact of such role conflict and ambiguity on workers, whereas most others do not. The research presented in this report and the previous, related report (Littlechild 2000c, 20002), demonstrates that such conflicts have significant effects upon

1. How social workers and parent service users view each other
2. The effectiveness of engagement, assessment and interventions
3. The well being of workers, as well as on their professional practice.

Pahl in Balloch et al. (1999) states that large scale research on the stress experienced by the social services workforce reported in her chapter had not set out to examine issues of violence and verbal abuse, but that they were mentioned so frequently by respondents that the topic became a major topic within the research, and provided findings concerning workers' experiences of violence, and its nature and extent. Pahl notes the importance of the *"very real power"* (p. 91) in the role, *"which can provoke service users and their relatives to abuse, but which also protects them from more serious physical attack"* (a finding confirmed in the results of the current presently research), and the actions and response by agencies to the victims. However, the specific issues relating to child protection did not feature in the analysis, nor did the effectiveness of responses to violent service users. The research of Jones, Fletcher and Ibbetson (1991) also demonstrated that violence was a frequent source of stress for social workers. Smith and Nursten (1998) found in their research that the greatest stress for social workers was when recalling situations of aggression and violence from service users.

It seems clear that recognition in supervision and management of the role strain, role conflict and ambiguity in the contested and difficult area of child protection work needs to be a more important feature in supporting social workers, and how they are supported in managing the resulting problematic relationships with service users within such an ambiguous role. The effect on the experiences of service users of these ambiguities in the social worker's child protection role inevitably makes their trust of the social worker problematic; for evidence of this, see in particular section 6 g. of this report.

Dingwall, Eekelaar and Murray (1995) and Parton (1997) argue that the problem of risk assessment and risk management approaches, which inevitably reflects such conflicts and ambiguities, is that they lead to an environment in which social workers and the

departments for which they work will tend to make defensible decisions rather than 'right' decisions. Parton (1997) also raises the question as to whether it is practical for social services departments to continue to attempt to provide both child protection and family support given the coercive trends in child protection; a query which also arises from the findings of National Society for the Protection of Children (NSPCC) research (Cawson, 2002) that identifies that children who have been abused rarely tell social workers of abuse. The report recommended that *"social work must become known and effective as a front-line, accessible, and responsive service for children as well as for parents"* (p. 82). The findings presented in this current report suggest that this is very problematic given current experiences of child protection workers and service users. Would it be best to acknowledge that these goals cannot be reconciled within a single agency, and give the *"responsibility for child protection referral, investigations and initial assessments to another agency altogether"* (Parton, 1997, p. 19), as happens in Germany, as well as in other European countries?

As well as providing an empowering and individualized personal social service, social workers in child protection work are expected to carry out investigations and inquiries which attempt to determine if abuse has occurred; if so by whom; and to apportion responsibility for any abuse which may have occurred. Throughout the findings arising from this research, the issue of social workers needing to have a clear focus for their role in their mind, and the skills to engage and work longer term with parents within mixed messages from Government and politicians at both local and national government level, was a constant feature.

Parton and O'Byrne (2000) consider that social work, particularly in the UK, has lost its way; that it has become defensive, overly proceduralised and narrowly concerned with assessing, managing and insuring against risk. They say that in the last 25 years there have been a range of criticisms, public inquiries and media opprobrium, which has placed both managers and practitioners primarily in the statutory sectors in the spotlight. In the 1990s there was the introduction of sophisticated attempts to make social workers accountable and subject their practice to ever more detailed scrutiny. As one comparative European study suggests,

"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. (Hetherington et al., 1997, p.38).

The result is that less and less time is spent working directly with the users of services, and, in particular, listening to their concerns and talking with them about what might be

done. It is as if social work is becoming almost asocial. The research findings presented here and in the 2000 research report demonstrate that these 'people skills' are as important as other performance indicators for effective practice, in the most serious situations of risk, such as the artificial and arbitrary time scales for 'assessment' to be carried out (Department Health, 2000). These people skills include some social workers' deployment of very skilful ways of engaging service users who are angry and rejecting, and their creative ways of avoiding further antagonism and violence. Examples of such skills were given both by managers in this study, and by social workers in the previous study (Littlechild, 2000c). These matters, however, are given little attention in current Diploma in Social Work programmes, or in post qualifying education and training.

These attempts to try to make social work constantly more rational and predictable are having the consequence, probably unintended, of deflecting social work from the essential elements which constitute its main strengths. Traditional social work expertise has been built on the ability to establish relationships with a wide variety of people, survey the environment for resources and bring these together on behalf of the service user; negotiate with various individuals, groups and organizations and to mobilize their energies; and to enter other worlds and meaning in order to offer help (Parton and O'Byrne, 2000).

It may be that one of the problems there is in the social construction of the management of social work and social care in the field of professional decision making is that there is no recognition at present of the role conflicts and difficulties social workers have to deal with. The managerialist view is that social work (or indeed any activity) can be managed in this rational way which does not include reference to the emotional, social and power imbalance experiences of both workers and service users. In order to ensure effective management and support of staff, agencies need to learn the lessons from the many child abuse death inquiries (Department of Health, 1991; Reder, Duncan & Gray, 1993) and the growing base of research which informs us what agencies and managers need to do in order to ensure all risk factors are taken into account. This knowledge base includes the now well-documented risks to children, as well staff, of aggressive and violent service users (Littlechild, 2000c, 2002). It is sobering to note that these problematic situations in relation to how violence from, and conflict with, parent service users is assessed and dealt with, are still occurring. In 2000, a couple were jailed for five charges of neglect against their five children; in addition, the man was convicted on 6 counts of raping his sisters when he was a teenager, and also imprisoned for 6 months for threatening to kill a social worker (Guardian, 2000). In 2002 a mother, Leanne

Labonte, was sentenced to 10 years imprisonment, and the father, Dennis Henry, was sentenced to 12 years imprisonment for the manslaughter of their 2-year-old daughter Ainlee Labonte. The court heard that "*Labonte and Henry were hostile and abusive to health and social services workers, and avoided contact*" (Guardian, 2002).

b) Managerialism and staff support

This research builds on previous work carried out on the experiences of social workers, and the effects of, aggression and violence from service users (Littlechild, 2000c, 2002). A review is given here of current developments in management styles which questions the lack of emphasis placed upon workers' emotional lives within the stresses of child protection social work. It also explores how managers made sense of their duties to provide for the health and safety of workers who are subject to aggression and violence from service users (which was shown to be problematic). In addition, the findings demonstrated that there was still a concern for such support from managers towards their staff.

The first part of this study demonstrated that social workers on the whole felt that their immediate managers were concerned about their safety and well-being, which does not altogether accord some conclusions of certain authors (e.g. Lewis and Glennersteiner, 1996; Harlow, 2000) in recent years concerning the 'new managerialism', and accords with the findings of Levin and Webb (1997) which showed that most managers' major job satisfaction was still in 'making a difference'; that is, helping service users, and supporting staff in a difficult and ambiguous role.

Harlow (2000) puts forward the argument that the new management styles are male based and have discarded the skills which were seen as important in social work and social work management. This she relates to the evidence from the work of Grimwood and Popplestone (1993) which demonstrated the over representation of men in management, and the over representation of women in practice areas. Harlow argues that these discarded areas concern the value of supervision in order to support difficult decisions; addressing the emotional effects of making difficult decisions in child protection assessments and interventions; and the importance of informal work relationships, which have now been subsumed within a management culture where managers have to ensure the meeting of performance targets, goals and outcome; a scenario which mirrors the changes in social work itself, as discussed in the previous section.

Harlow argues that the development of scientific rational managerialism has been in the ascendancy over social work's traditional concern with the depth and complexity of human emotion, and that these latter areas are being undermined, along with the diminution of social work core values. The new managerialism, she argues, decries the old style of social work management that emphasised worker's emotions and informal work relationships, whereas scientific managerialism "*emphasizes rationality as the means of most efficiently and effectively achieving the task*" (p. 76).

Harlow notes that a number of directors of social services departments are not now social work trained and that the new managers are symbols of "*competitively successful society*" (p. 78). However, in my research, this was not necessarily the issue for managers, where they could equally experience that higher managers who had been social workers were not in tune with, or sympathetic to, current pressures within child protection work.

Hearn (2000) notes the importance of the development of managerialism and its effects on performance targets, quality assurance, inspection, inquiry findings, risk assessment and risk management. He argues that this has affected how workers are supported, and the professional space that they have within which to make decisions in their work. It also affects the emotional and cultural environment of support, or otherwise, in which they work. This would seem to be borne out in the current research findings discussed in this report, where a number of responses from managers showed that they felt constrained by, and had fears about, what support they would get for their decisions if 'things went wrong'.

As one manager in the currently presented research stated, "*It is the constant stress of trying to meet targets and gain positive outcomes in such families within these situations of conflict over time that take the most of out of the workers' morale and commitment, and sometimes it is only one small event that can lead to the straw breaking the camel's back*". However, the managers interviewed believed that they were responsible for the safety and well-being of staff with little support from their managers at the centre, and that this puts strains on them; this element of the findings does accord with Harlow's analysis.

Harlow provides an analysis of deprofessionalisation in the face of the new managerialism, and argues that as employees in state structures, social workers can

now be understood as bureau-professionals, and that this has implications for their assessment and decision making processes, and their value base.

Lawler (2000) argues that the emphasis in the new managerialism does not relate to a concept of social workers as professional staff, but to a concept of social workers as employees within strict line management structures, leading to the tensions and the devaluing of professional status that we now see. Lawler argues that social workers in the past have experienced professional supervision from senior professional social workers, but that now, in a managerial ethos, managers mainly relate to other demands on them from within the new culture. Directors of social services departments are now often drawn from management backgrounds rather than senior social work backgrounds, and key decisions now often rest with managers rather than the professionals who make the assessment.

Harlow also asks the question 'who is the consumer?' She argues that service user choice is very limited within what is a pseudo-market. It is not the same as shopping in a store such as Marks and Spencer, where a customer chooses a piece of clothing, or alternatively goes to another store to buy one from there. The same options are not available on a local level for users' choice of social services. Such a view of the market economy, and that the 'customer is always right', problematises the experience of the worker who is being abused by such a 'consumer'. This becomes a problem because if we have a pseudo-market where it is assumed that consumers' needs will be met, within what essentially is a control function rather than a service function, there are problems because service users, particularly parents, can feel cheated, and this will affect how they relate to the social worker. Some very experienced social workers have learnt to deal with these situations, saying that what is important is being very careful about how they explain their role and powers to parent service users, and how they form a relationship with those parents based on this.

In an era of emphasis on risk assessment and risk management and managerial approaches, agencies may need to ensure that managers of child protection social workers are aware of, and act upon knowledge of:

1. The potential effects on workers, and the protection of children, of aggression and violence against workers, and
2. The effects of role conflict and ambiguity, compounded by the effects of aggression from parents.

In section 4 of this report, a model is proposed concerning how this might be achieved.

c) Supervision

Supervision is a key element in these processes, and provides a key link between the previously mentioned themes of managerialism, and risk assessment and risk management. The importance of supervision in the support systems for social workers was highlighted by the research of Jones, Fletcher and Ibbetson (1991).

However, in recent years supervision in England has tended to consist of discussions that enable supervisors/managers to monitor their supervisees' work and to ensure that performance indicators are being met. Bell (1999) identifies two important issues- the inherent conflicts now present in child protection work, as discussed in previous sections, and the importance of supervision. She found that there was a need for good supervision and supportive management. The findings from her research give cause for concern in that reasons given by one third of respondents for not being able to undertake a thorough investigation in relation to the case they related to the researcher were not lack of time, but due to characteristics of the family which the social workers experienced as lack of co-operation. She found that the workers' supervision did not focus on this, but consisted of management of the investigation, and was aimed at dealing with particular problems concerning tasks.

Supervision now tends not be used for examining and untangling the complex difficulties workers face that are inherent in such work, and the stresses which arise from them (Gibbs, 2001). Gibbs argues that supervision is a vital element in workers' ability to firstly, maintain themselves whilst dealing with these stresses, and secondly in order to maintain the focus of their work. She states that a lack of attention and response to the often unconscious defence mechanisms adopted by

individuals to survive in the face of high levels of anxiety and distress can become potentially dangerous to those individuals, and potentially dangerous for the child and the families. In her study of anxiety in child protection workers in Australia, anxiety about physical or verbal violence was mentioned as a major source of such stress. That these issues are also factors for workers in England is clearly demonstrated in the first element of the research with child protection workers (Littlechild, 2000c).

In summary, supervision skills are important

1. To support the worker
2. To assess over time if role conflict, ambiguity and aggression are affecting the protection work
3. To make sure, over time, that the worker is not becoming potentially dangerous by putting themselves and/or the child (ren) at risk by avoiding consciously or unconsciously the effect of threat psychologically or physically in their work with a family (see section 4 of this report).

Supervisors need to have knowledge of the effects of aggression and violence from service users in order to recognize risk for workers and child (ren); and know how to utilize this knowledge in supervision within a trusting relationship to prevent non-recognition in the worker, and to prevent fears of discussing threats and possible effects on their practice with the supervisor. Of particular importance is the need for supervisors to have knowledge of, and skills in addressing, situations where workers may be becoming potentially dangerous due to avoidance of issues resulting from dealing with that case, or where there is a build up of effects from constantly dealing with situations of conflict and aggression with those on their caseload.

The effects of the build up of stress from the constant strain produced by the nature of such work over time was a particular theme discussed by several managers. They had concerns about a number of workers being unable to share with the supervisor difficulties in their work with families that may be compromising their safety and well-being, and the safety and well-being of the child(ren). Managers and supervisors have to appreciate how such strains can affect their supervisees, in conjunction with the effects of the abuse and aggression from some families- for some workers on an almost daily basis.

Supervisors also need to understand the effects of the personalising of anger and aggression onto social workers, and utilize strategies that depersonalise the role for

worker and service users, so that parents are worked with in ways do not allow parent service users to personalise the anger/controlling behaviour onto the worker.

d) Training and induction of workers

There is a need to train and induct workers on

- how to deal with aggression and threats
- what to expect in support from their first line manager/agency
- what they are not expected to have to endure
- what measures will be taken on their behalf if they are subject to such threats- not just for their benefit, but also potentially for the protection of the child(ren) they are working for in that situation.

New or less confident workers may also need to have the benefit of modelling from experienced and effective workers. There also needs to be training on assertiveness, and ways of dealing effectively with the role of child protection work. Examples of this are given in this piece of research, and the report from the first phase of it (Littlechild, 2000c).

The importance of training and support for staff in relation to male violence in particular is noted by O'Hagan (1997). Such training and local policies, based on an enabling policy clearly set out from the agency's central policy makers, would also make clear to workers what to expect from other agency staff in their working roles in the build up to potentially violent situations, and also after an incident, so that a culture of support is clearly set out. Training should include

- the development of good face to face practice skills in working with service users who are angry, feel threatened, and who may be using power/control tactics they also use with children and partners (Littlechild, 2000c, 2002)
- how to prepare and plan for the work in order to ensure workers are not left isolated and exposed in situations of risk
- how to use supervision in relation to ongoing relationships, particularly where there may be a developing violent scenario with more subtle, threatening violence from service users.

e) Organisational learning

There is a need for the agency to learn from incidents/ Developing Violent Scenarios (DVSs) over time; this has been a constant failing within agencies for many years in this area (Norris, 1990; UNISON/BASW, 1996; Bowie, 2002). There need to be more feedback loops/learning organisation strategies in this area. As stated previously, this is not just for the safety of workers, but also for protection of children. None of the managers had experienced their central management as taking this matter seriously; they perceived it was up to them at their level to deal with, leaving a large gap in organisational learning and development.

This constant, systematic review and development could then be based on themes- in this case violence to staff- as the Social Services Inspectorate/ Audit Commission now do in many other discrete areas. Another Government Ministry, the Home Office, examined the work of probation services in relation to dangerous clients and violence against staff as long ago as 1995 (Home Office, 1995).

These issues of organisational learning area addressed in the next section of this report.

Section 4

A model for the development of policy and practice concerning violence against staff

It would appear from the research presented in this report, and a review of findings from other relevant research and the wider literature, that any model which sets out to take into account the different factors which may affect the safety and well-being of staff, and of children, needs to take into account the following elements:

- a. **Some service users use threats and/or physical violence as a way of keeping other family members from telling others of the abuse, or workers at bay, and this factor needs to be included in risk assessments and treatment plans.**
- b. **Under reporting presents a problem for risk assessment and risk management.** This needs to be addressed so that workers regard reporting aggression and violence as an important element in protecting not only themselves, but also as an element in child protection assessments in order to ensure the proper protection of the child. This can then lead to the instigation of programmes in their treatment to deal with any issues of violence, abuse and/or threats.
- c. **Agencies/managers need to encourage/facilitate reporting which allows organisational learning and contributes to improved risk assessment and risk management procedures.** Collation of reports on the causes and effects of aggression against, and fear in, workers (which is mainly in relation to violence - see Smith and Mursten 1998) needs to take place, within feedback mechanisms to staff which set out the lessons learnt by the agency, and how incidents/DVSs have been responded to. The importance of such feedback loops is highlighted by Norris (1990) and Littlechild (1993). This then becomes part of the learning loop that is seen as so important in organisational learning (Easterby-Smith, Burgoyne, and Araujo, 1999).

d. The supportive reactions of managers and employing agencies are vital in order to:

- Increase reporting, and persuade all staff to take the matter seriously
- Change workers' attitudes concerning some forms of violence not being serious enough to report (Rowett, 1986; Norris, 1990, MacDonald and Sirotich, 2000), or that service users have justifications for being violent
- Provide clear messages that acceptance of violence is not 'part of the job'
- Dispel concerns that managers will not fully support the worker or take actions to deal with the behaviour from the service user.

e. Managers' need for support, training in appropriate supervision skills, and knowledge of the effects of dealing with situations of conflict and aggression. This is particularly important in the types of situations identified in this and previous research (Littlechild, 2000c), where such threats are not always allied to obvious incidents- some can be very invidious, and prevent workers themselves recognizing the risks themselves, and lead to workers not discussing/reporting for this reason, or because of concern at how they will be seen by their manager if they do raise it.

f. Supervisors need to have an awareness of how to assess and deal with situations when workers are becoming potentially dangerous in their avoidance of confronting the abuse and agency function in relation to it. Particular problems relate to:

- Personalising of threats onto workers and/or their family
- Where there are crossover points between the personal/professional effects arising from personalised threats, the manager needs to consider the needs of the whole person, as a worker and in their personal life
- Denial in the worker/ failure to recognize, or raise in supervision their avoidance, either conscious or unconscious
- The effects of Developing Violent Scenarios over time - that it is not just at initial referral/assessment stages that these matters need to be addressed.
- The effects on workers of constantly dealing with parents who are avoiding contact and/or being aggressive and threatening. The effects over time can mean that the worker becomes more vulnerable to such aggression from parents, and the child more at risk from the avoidance of that aggression by the social worker.

g. Agencies need to ensure that effective strategies are in place to support threatened workers and confront appropriately violent service users. There is little evidence from the research that agencies worked to set limits and boundaries with service users where they have presented violence or intimidatory and threatening behaviour. This issue is also rarely addressed in the literature on violence against staff. Humphreys (2000) notes that if there should be a shift to more proactive work with men on confronting their violence, there would need to be increased support to ensure the safety of workers, as this would increase the risks for them.

h. Assessment/Treatment plans needs to include:

- Who does what? How? When? What are the aims of the intervention in relation to reducing the risk of aggression and violence to all concerned, including non-abusing family members?
- When will this element of the risk assessment be reviewed? By whom? When? What is 'good enough' in terms of 'safe enough' for the worker, and the child? How are victims' fears included/considered, to what purpose?
- How is change measured in the situation? By whom?
- How are issues of Power, Authority and Control included in the assessment – how are parents experiencing the intervention? How have they already reacted in relation to the current intervention, and any previous interventions?
- How much of a threat is there to the self-image of the parent- particularly the mother, and/or any power/control issues for the father? How are each of these people experiencing the intervention?

i. Agencies need to

- Produce guidance on risk assessment and risk management in the area of aggression and violence from service users as part of risk measures. This is particularly important as the *Framework for assessment of children in need and their families* (Department of Health, 2000a) is intended for all assessments, not just child protection, and does not provide guidance on issues of the effects of violence against staff as *Protecting Children* did (Department of Health, 1988), and may be missed if not included in further and additional agency guidance.

- Develop a complaints procedure which affords support to workers at this very stressful time, and which can contribute to organisational learning rather than just the apportioning of blame.
- Move away from work place cultures which can place blame on workers or provide excuses for service user violence, to a culture of support for workers, which includes an appropriate and helpful challenging of service user violence, threats and abuse.
- Carry out research with service users on their perspectives of why they utilize different types of violence.
- Develop clear definitions, reporting protocols and guidelines, as well as methods of risk assessment, to encourage reporting and supportive responses to workers' reporting.

Questions agencies and staff may find helpful to address in policies, procedure and practice as a result of these findings are:

1. How are limits and boundaries on different types of behaviour agreed, set, and maintained?
2. How clear are these to workers and service users, and how are they spelt out and maintained over time?
3. What range of responses should be available, operated by whom, in what ways, to deal with any developing violent scenario a service user may be presenting against the worker? Who has the primary responsibility to ensure children's welfare and safety in response to such aggression and violence?

Features of an effective policy

What, then, should be the features of an effective policy which would meet needs of staff given the effects of violence set out in this report? The effects of good policies would be that:

- The worker feels confident in recognizing risk and asking for support, including where violence, threats or intimidation may affect the ability of the worker/agency to gain proper access to protect the child(ren)
- The worker feels confident of supportive responses if an incident occurs, or where there are signs of a build up towards violence
- There are reduced risks for workers of being left in a situation where they cannot gain immediate help

- There are clear and specific policies concerning the types of support that will be available in different parts of the agency's buildings, or outside on home visits
- It gives proper and appropriate de-briefing, possibly independently and in addition to first-line managers' de-briefing
- There is good clarity of role and duties for first line managers, including their role in supervision
- The worker feels safe with managers and colleagues to work through difficulties arising for her/him in the work arising from aggression and violence from service users
- Triggers for aggression and violence are recorded, so that consideration of these can be included in future work: the best predictor of violence is that it has happened before, and in similar circumstances
- The agency collates reports of violence against staff, prepares action plans to support staff and reduce risk based on these reports, and feeds back to staff on the outcomes of these processes
- The perpetrator is dealt with; not necessarily in a punitive way, but in ways that make clear limits and boundaries concerning acceptable behaviour, and the results of breaching these
- Issues of inter agency working – e.g. with judges and magistrates on the basis of decisions in court, and with other agencies that may present problems when they avoid the reasons for intervention at referral stage- are addressed.

The purposes of the policy in this respect would be to:

1. Move away from blaming the individual worker
2. Minimize risk to staff and children
3. Minimize isolation of staff, and
4. Maximize supportive surveillance and confidence in back-up procedures.

The diagramme on the following page sets out how knowledge can be developed and fed into the development and review of policies (Adapted from the Recognition, Awareness, Planning and Review (RAP/Review)) model developed by Littlechild (1996):

Knowledge of the effects of Individual Fear, Blame, Guilt, Anger, and other Emotional Effects of violence and intimidation on workers and protective practices

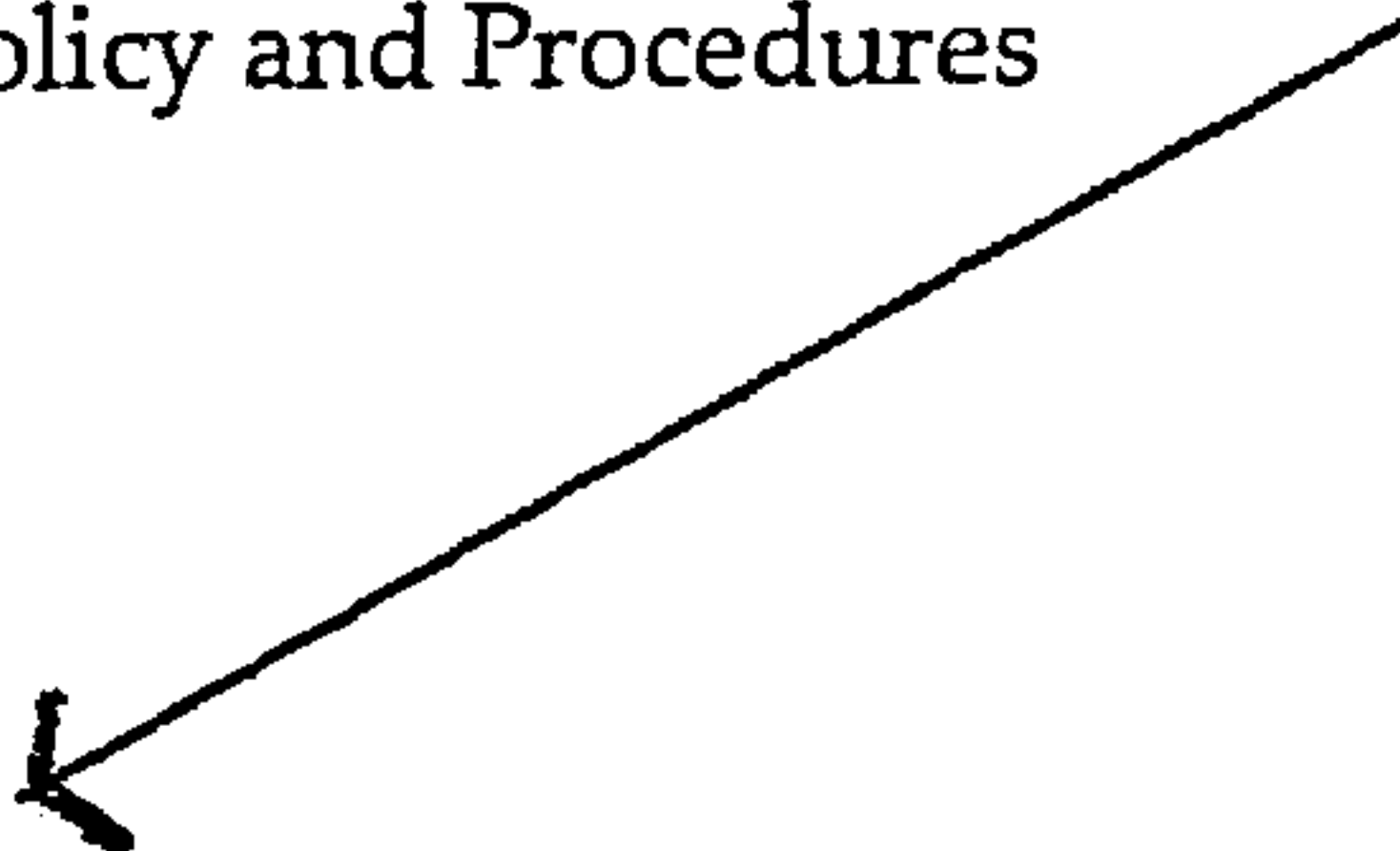
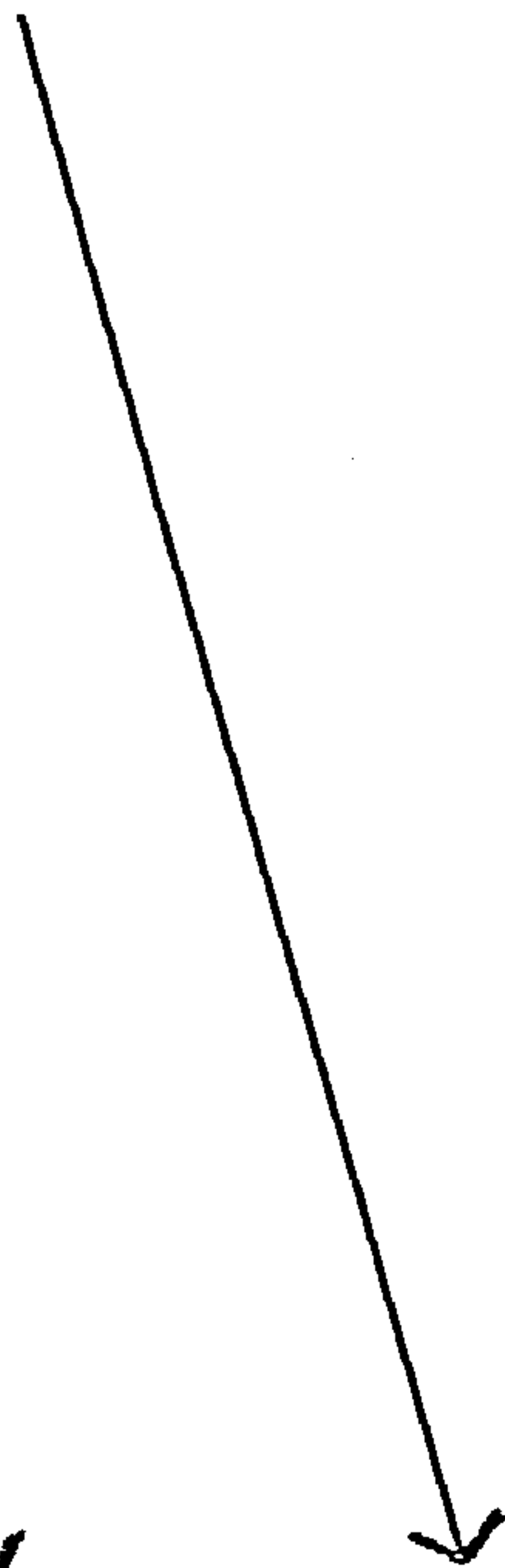


Feedback on risks and policies to Agency headquarters is used, leading to regular reviews of Effectiveness of Policies, Practices and Services



Improved Support to Staff Members, and the protection of children

Development of local Office/ Establishment Policy and Procedures



A culture of support then feeds directly into the protection of children as well as of staff; in some situations they are closely intertwined. If child protection staff feel supported and protected when confronted with threats of violence from service users, they will be better placed to ensure effective child protection assessments and interventions which could then mean better protection for the child- a 'hierarchy of protection'. With such a culture of support in place, and the possible effects of violence acknowledged clearly as an area to address, it is possible to develop risk assessment and management procedures which take greater account of this neglected factor. Whilst it may not be a major feature in the majority of child protection situations, it is a significant factor in a number of the most serious. These

can then be identified and assessed as a possibility at an early stage in proceedings, for further assessment and consideration if initial assessment suggests it may be an issue.

Child protection procedures in England and Wales usually make no mention of how to develop mechanisms that incorporate this factor into the assessment of risk, or into child protection plans. Violence is often directed not only at the child, but also towards others in the violent person's network, including partners and professionals, which can then affect reporting of violence to (and by) those in the (potentially) protective network. It can be an indication of a strategy learned over many years by some abusers in order to dominate, control, and silence their victims. Assessment and intervention could acknowledge this to a greater extent, and make use of this knowledge for more effective and comprehensive risk assessments, leading to protective processes which include the children, non-abusing partners and workers involved.

Section 5

Methodology

This piece of research was developed from the findings presented in the research report *"I know where you live: experiences of violence against a child protection staff in Hertfordshire"* (Littlechild, 2000c). A key element of support as experienced by social workers in dealing with the professional and personal effects of threats and violence from service users related to support from their direct line managers. A number of areas were identified in that report in 2000, which are set out in section 1 of this report, *Introduction: a) The background to the research.* A number of new areas of inquiry have arisen from this research to take forward by way of interviews with managers.

These areas were then explored in this further piece of research, as the importance of the agency managers' planning, attitudes and responses to potential and actual violence were important factors for most workers.

The areas examined in the interviews were:

- Managers general responsibilities in relation to safety for staff in relation to service user violence against their social workers
- What types of violence were most prevalent
- Which types were most difficult to deal with
- What managers believed were the most effective ways of dealing with the problems arising from such threats and violence
- Reactions workers may experience and the effects on them
- Any relevant gender issues
- How they thought service users view social workers from the Social services Department in child-protection work, and any effects on the working relationship arising from this
- The best ways to support staff when they are subject to threats and violence
- Whether some service users use tactics or strategies to deflect from the key issues in child protection work
- Whether the problematic issues for child protection work arising from such threats and violence are effectively included in child protection assessments and in any resulting child protection plans
- What were the most effective ways to deal with violent service users

- Whether they believed there were any particular problems concerning complaints procedures and the use of them
- Whether there were any particular issues concerning parent service users with mental health problems or learning difficulties
- How well they believe they were supported
- What could have improved how any problems in this area are dealt with
- In any problems they may have had in dealing with these matters, how far they believed the basic social work qualification, the Diploma in Social Work, was effective in preparing newly-qualified workers for dealing with the violence and conflict in child protection work
- How well they worked with the police in dealing with these problems

Another two categories were added after the analysis of the data; the effects of violence on the managers themselves, and risk assessment and risk management, which is included in the section on managers' general responsibilities.

The pressures on managers in social work agencies, particularly statutory social work agencies, are addressed by Harlow (2000). The research sought to examine how these pressures fit with managers' responsibilities to support staff in a difficult and contentious area of social work practice, where there are significant agency requirements, and concerns to ensure the safety of children.

A semi-structured questionnaire schedule was used to assist the managers and assistant managers to put forward their own views and experiences within the areas that were identified from the first element of this research, as set out previously. The results of the research arose from an analysis of the responses from the interviews that were taped, transcribed, and then examined and developed within a thematic analysis.

The aim of the research was to examine and analyze managers' experiences of trying to deal with different types of violence and aggression, their problems in dealing with it effectively, and to produce learning points for good practice and policy development in the area of child protection work.

As stated in the previous (Littlechild, 2000c) report, an appreciation and understanding of the perceptions, motives and actions of staff is essential in order to gain more than only a partial analysis and understanding of the complex problems of organisational, professional and emotional responses to the increasingly contested

and stressful area of child protection work (Parton, 1998). 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, giving a number of important recommendations which had significant effects on child protection practice in England and Wales. However, in exploring child protection processes, neither social workers nor managers were asked why they acted in the ways they did and made the decisions they made within the processes studied.

Therefore, interviews with 20 managers took place in order to determine the issues that arose for them at their level within the organization.

This research report examines the experiences and views of managers within child protection work in the same large county's social services department, Hertfordshire, where the first part of this research was carried out (Littlechild, 2000c). This department now no longer exists, having been replaced by a new Children, Schools and Families service as from 1st April 2001. The fieldwork began in 2000, and ended in March 2001. Two managers were approached in each area, one manager and one assistant manager. None of those who were approached refused to be interviewed. Two asked for the material used for the report to be checked with them, which took place. Therefore, 10 child protection managers within the county council social services department responsible for the delivery of child protection services in the different geographical areas of the County were interviewed, as were 10 assistant managers who directly supervised and managed the social workers in those areas. The sample was determined in relation to geography, in that one manager and one assistant manager was interviewed in each of the different geographical areas as then set out within the county. 13 were female, 7 male.

The semi-structured nature of the interviews meant that the researcher could not always pursue the same areas in the same depth with all respondents; whilst the same themes were explored with all, the managers had different responses and concerns, which the method allowed them to pursue; indeed this is the purpose of such research. However, it may be that they would have developed their thoughts on all the different areas covered in the interview schedule as part of the interview to a greater extent if directed more by the researcher, but this would have confounded the aim of allowing them to put forward their own experiences and agendas. Therefore, a balance had to be struck between persistence and guidance. Thus, if issues of gender were emphasized by a respondent, this was reflected in this report;

if they chose to pass over it, this was not pursued in too vigorous a manner. In the analysis, the interview records were typed up in full, and examined over a period of time in order to draw out themes, and also to highlight particular incidents and issues. As certain types of violence are comparatively rare, but can have significant impact on how children are protected in the most serious of cases (Littlechild, 2002), learning from perhaps only one reported incident can be important in highlighting the types of risk which can affect workers and agency protection structures if they fail at this human level, where workers are caught up in threatening and intimidating situations. These themes and messages were then refined and developed over a number of readings and analyses. The records and analysis for this piece of research have been re-examined and developed over a period of 8 months and 2 full re-examinations, for which a research colleague, Debra Fearn, from the University of Hertfordshire's Centre for Community Research, kindly gave her time and expertise to help check and agree the codings, and validity of the findings.

In this type of research, the researcher must immerse her/himself in the material in order to do justice to the experiences of those interviewed, and reflect as accurately as possible their meanings. This creates a number of difficulties, making it open to question in terms of methodological positivism as favoured by some researchers; however, such experiences and nuances of experiences and decision-making cannot be captured to such effect by other means.

The importance of social constructionist approaches are now recognized by government (Department of Health, 1995) in all areas of experiences for those involved, except in how social workers construct their reality, and how this affects them and their practice. The importance of determining and analyzing such meanings in child protection work are discussed by Littlechild (1998), in that most research fails to take workers' constructs and meanings into account. Effective means of achieving the aims of the child protection system cannot be developed and monitored if this key element is missing. This research attempts to rectify this deficit in one area of such work - in how aggression and violence is experienced by, and affects, social workers and their managers.

This approach allowed several novel areas to be identified by managers. For example, in role theory, human behaviour is viewed as resulting from conformity to expectations associated with particular roles. The theory posits that role expectations should be clear and achievable, and that different expectations in the role should not be in conflict with each other. One form of role strain is role conflict, and refers to

perceived difficulties in carrying out a role, where there are conflicting and incompatible demands placed on the person carrying out the role. As discussed in section 3a, Harrison (1980) utilized these concepts in relation to research on stress and 'burnout' in social work. The concepts are useful in considering how social workers carry out, and how service users experience, their role in the contested and difficult area of child protection work. As well as providing an empowering and individualized personal social service, social workers are expected to carry out investigations and inquiries which attempt to determine if abuse has occurred, and if so, by whom; and to apportion responsibility for any abuse which may have occurred. Throughout the interviews carried out for this research, the issue of social workers having a clear and fixed focus for their role, and the necessity for them to have advanced skills to engage and work longer term with service users within territory which contains mixed messages and expectations from Government and politicians at both local and national government level, were emphasized by respondents.

Another novel area identified related to one particular issue raised by several managers concerning the problem of social workers who could not convey the clear messages to service users that were required, or keep the focus of their work clear over a long period, particularly where there was aggression and/or violence against them. Managers' understanding of how each worker might react when undertaking such work was seen by a number of managers as an important issue to cover in supervision and case planning. One particular problem was how they dealt with workers- and the families and children- where the initial worker had avoided the real issues leading to the intervention.

One of the questions arising from findings from this research, and that which led to it, is whether some social workers' expectations and understanding of their role is 'out of date'. If workers believe they are there to help and support in a "*naïve*" way, as one manager put it, when their role as defined by Social Services Departments is inherently investigative and conflict-laden- and this was how the role was clearly viewed by nearly all the managers in this research- how is this dilemma to be resolved? This then becomes a central issue relating to approaches and skills mentioned by the majority of managers- that social workers need to be open and honest about their 'new' role in investigating, and be able to manage the relationship with suspicious and sometimes aggressive service users from within their role. These types of findings are not possible to achieve from quantitative, positivist research.

Section 6

The detailed results

The following sections of the report address the responses to the different areas explored in the interviews. Where appropriate, particular managers' views and thoughts are quoted.

One of the challenges arising from this type of research, with the numbers of respondents involved and the ensuing in-depth data that is gathered, is making the findings digestible to the readership. This research attempts as far as possible to represent the views and experiences of respondents, set out as an analysis of the main points. A key purpose of the research is to allow respondents to develop the themes they believe are important. To set these findings within a broader context, knowledge from other research on support to staff and ways of dealing with violence are referred to in aiding the analysis of the findings. A discussion of key areas considered in relation to relevant issues involved in a study of violence against staff is presented in section 3 of this report, concerning wider ranging observations and conclusions.

The main themes and significant statements from individual managers are set out in this section, and any which contradict the main themes or significant individual views and experiences are also set out in that section. The findings are grouped together under the following headings:

1. The managers' general responsibilities, including Risk Assessment and Risk Management
2. The most common forms of violence
3. The types most difficult to deal with
4. How best to support staff
5. Reactions workers may experience and the effects on them
6. Gender Issues
7. Service users' views of Social Services child-protection social workers, including inter agency issues
8. The most effective ways of dealing with violence and conflict
9. Do some service users use aggression and violence as tactics or strategies to deflect from the issues off abuse and protection?

10. Are issues of aggression and violence from service users towards staff included in assessments and child protection plans?
11. Particular problems concerning complaints procedures and the use of them
12. Managers experiences of support
13. Does the Diploma in Social Work prepare students for child protection work?
14. Relationships with the police
15. The effects of violence on the managers themselves.

Findings

a. The managers' general responsibilities, including Risk Assessment and Risk Management.

The great majority of managers were clearly aware that they have the main responsibility for ensuring that safety guidelines are kept in place for staff, and to carry out risk assessments on their work-not just at the initial referral, which tends to be the norm, but also over time. They also had to judge whether incidents were 'violence' as defined within their agency policies- for example, whether a particular developing violent scenario (where there is a build up of pressures, threats and abuse against the worker over time-see Littlechild 2000c) would be deemed to be in accordance with the definition of violence utilized within the agency.

The perception of most managers was that there was at the time of the interviews a much higher level of threats and violence than there had been 10 years previously. Several managers stated that a certain level of resilience in social workers was now required for this work.

Most believed that the higher managers in the organization had forgotten or were unaware of the special pressures and stresses of dealing with the constant barrage of cases- "*all work now has risk in some form or another*".

One manager stated that violence and aggression to social workers used to be seen "*as just part of the job*" and it was accepted that these things happened to social workers; there was at the time of the research a greater awareness of the risk factors and acceptance that social workers should not expect to be subjected to threats and violence. One manager stated, "*Our safety comes first*".

A major issue for managers was balancing the safety of a worker, ensuring the service to the family, and the protection of the child. The great majority of managers mentioned the constant tension inherent in this balancing act.

One manager was not sure if her team's approaches to implementing the policies and their idea of safe practices were also in place in other parts of the county. She said that her job was to ensure that risk assessments were carried out when initial referrals came in, and that dual visits were undertaken with two social workers where there was an assessment that one worker alone would be at risk.

Another manager stated that she had to ensure that support was given to workers within the department's health and safety procedures, and that this feature of the work was "*never ending*," particularly in relation to balancing the service to the family/child, and safety of the worker, with the pressures that this brought within limited staffing resources. Another stated that the pressure was "*relentless*". The reality from her perspective, having been in child protection work for over 10 years, was that there was now a much higher incidence of threats and violence, and this was part of a generally more aggressive environment, with more threats, violence and conflict in society generally. She said her office kept a domestic violence daybook, and they had between 15-30 referrals on a daily basis logged where this was a key feature. She stated that "*Case files are full of aggression and violence*". Several stated that the problem of threats and violence was greater now than in the past.

Another manager stated it was his duty to check all incoming referrals, and check them against the information system on previous and current service users, and to be sure that health and safety procedures were put into place. If the worker seemed to be at risk, then to arrange for a joint visit, and if it was deemed very high risk, to ensure a police car is present. If he thought it necessary he would go himself with the worker if no one else was available on a first visit. He stated that they had a system of signing in and out which he checked when he was on duty, and arranged for mobile phones to be used to check that the worker was safe, employing pre-arranged codes in such communications which would trigger further support if needed. He also stated his duty was to ensure reporting was carried out if there were threats or violence.

One manager said it was his duty to ensure that risk assessments were up-to-date, and to take the lead in sending out letters and arranging meetings if there had been serious incidents or problems, and to point out the consequences of such actions to

service users if they were to take place again in the future. He stated that amongst all the other pressures within the work it was difficult to keep violence high on the agenda if there had not been a spate of incidents, and/or a very serious incident. He said that staff were generally now much more aware of the risks of violence than they had been in the past.

Monitoring workers' involvement

Another stated it was important for her to make sure the social worker did not minimize the effects on the worker her/himself, the child or other professionals. She said that if necessary, she would call a team meeting to discuss the problems that had arisen and ways of dealing with it.

A number of workers were judged by managers to require careful monitoring in order to minimize the possible effects on them of threats and violent behaviour, and potentially on their ability to protect the children involved. Whilst the nature of the work required managers to bear this in mind constantly, two groups of workers were seen as being particularly vulnerable:

1. Those who were inexperienced
2. Those who did not feel they had the right, and/or the confidence, to carry out the control elements that had to be utilized in protection work.

Clarity of role in child protection work

The role of child protection social work as currently determined was seen to produce risks in itself, with its predominately investigative role. The issue of appropriate use of authority in child protection work has been noted in a number of child abuse death inquiry reports and government publications (Department of Health, 1988; Department of Health, 1991; London Borough of Brent 1985; Moore, 1992). In addition, issues arising from the effects of the power and control elements inherent in the child protection role are examined by Stanley and Goddard (1997, 2002). Several managers believed that power and control dynamics within situations that can affect workers and their assessments and interventions were not sufficiently taken into account when planning and reviewing the work.

Several managers believed workers had a very clear view about their role in protecting children, and some took risks that they should not, in the belief that this would protect the child; the manager's role should be to identify when this is happening, and prevent it, whilst also ensuring effective alternative strategies to protect the child.

Risk Assessment and Risk Management: Identifying and managing risks

One manager stated that it was her job to determine if incidents or developing violent scenarios were to be defined as violence or not within the generic definition of this used by the Department. She also stated it was her function to be sure that others in the agency –and those in other agencies- were aware of problems which had occurred and any further risks; that it was reported; and to ensure she was aware of any possible impact upon workers.

Another manager stated that his duty was to supervise assistant managers, and to cover any particularly worrying incidents with them. Another stated that the work in child protection was now much more relentless in Initial Referral and Assessment teams; she was concerned that there was a possible hardening of sensitivity of workers to dealing empathetically with problems that service users experienced, and with problems they presented to social workers. This was due to the stress of the work, and trying to ensure that all service users were seen within a reasonable time, which relate to the performance indicators from the Department of Health in relation to its *Framework for assessment of children in need and their families* (2000a). She stated that all of the work is now high risk in some form or another, or it would not be accepted for allocation. This placed great pressures on the workers and managers, in a climate of political and media attention that focuses on blame and criticism of individual workers (Parton, 1998; Ayre, 2001).

One stated that it was important for the agency to recognize that it was not always possible to identify risk even with the best procedures. Another stated that it was not possible to keep up dual visits if there is not a significant risk of physical harm.

If there had been previous problems, one manager believed it was important to know who had been subjected to what in such violence, and that for these reasons it was important for victims to complete an incident report form so that others could be informed in the future.

Dealing with the effects of previous violence on workers was seen to be important by some managers. One gave an example of a worker who was on sick leave for 13 weeks following serious threats from someone who was believed to be capable of carrying out the threat of “*getting you and your family.*” This worker had memories of this incident triggered on their return to work in relation to similar types of situation they were having to enter into.

One manager stated that whilst the organization and its staff were relatively good at spotting the possibility of physical violence, and at risk assessments at the initial stage of assessment and intervention, they were not always so good at spotting more subtle build-ups of aggression and violence, and having this built-in to the mechanisms for risk assessment and review. Therefore this was a particularly difficult area to deal with. He also stated that he believed that social services were dealing with an increasingly *"hard core of dysfunctional families, and families which are outside of the communities they live within"*, and therefore these families were not constrained by the same values as many other families in the community. Corby describes how some parents utilize social isolation from the rest of the community, in order to keep the abuse from its gaze (Corby, 2000).

It seems clear from this the importance of supervisors/managers being aware of the power/control dynamics within some child protection situations, and ensuring social workers are aware of these as an ongoing area of risk to non-abusing partners, and the children; and that these tactics may begin to include the worker as well (Stanley and Goddard, 1997, 2002). It was easier to spot possible immediate danger of physical violence than the build up of threat within Developing Violent Scenarios.

One manager believed that risk assessments were useful to an extent, but they were often not related to the context or the pressures within the social work task. She believed there needed to be specific assessments aimed at such contexts and pressures. One other believed this also, and that there needed to be encouragement to review risk assessments over time, as it was often the Developing Violent Scenarios which needed to be recognized in areas of developing threat. This was difficult with the other pressures of case management they had to undertake.

One manager stated that risk assessments had improved in the previous few years. There were reviews of incidents in their team, there were procedures in place the senior managers felt happy with, and there was a daily handover meeting that considered matters of risk assessment. She saw this as good practice in itself in order to ensure that issues were being dealt with, and it also ensured proper continuity was happening within situations they were dealing with. One example she gave was a timer switch set within the duty room, which rang at the time that a worker had said they would have finished an interview. There was also a procedure in place for there to be telephone contact at the worker's home after evening visits to ensure that the worker was home safely. She stated she thought that some workers felt this was

all a little *'over the top'*, but thought that this was better than being too lax. For example, she always tells workers to park by a street light.

One respondent stated there had been an increased emphasis on risk assessments. However, if this works effectively- i.e. in reducing risk and preventing incidents- it can put more stress on workers. This was because others in the agency then do not get to hear of, or appreciate, all the risks that workers are emotionally and professionally having to encounter and manage.

One manager stated that if there had been a serious incident, they did not always effectively pass information around to all in the area who might need to know. She gave an example of a serious incident involving one worker that some people in the office had not been aware of, and this did not help the worker's return to work. There would seem to be a need here for consideration of

1. Who needs to know what about the incident, and the effects on the worker involved
2. When and how matters are agreed with the victim concerning the passing on of information to others, and
3. How others should react to the victim when they return to work, and how this relates to both risk assessment and the well being of the victim.

Another stated that work with other agencies was generally better now than in past, e.g. with the police, but the downside of this was that workers get more anxious because of the focus on the possibility of risk. He stated it was not always possible to have partnership with parents, for example when a court appearance is due with recommendations for the child(ren) to be placed on a care order. Humphreys (2000) found from her research that there was increased risk of aggression to social workers when decisions were made not to return children to their parents. This manager did not think that higher managers understood the stresses of these types of conflict-laden situations. Whilst they were now more focused on avoiding 'drift' for the child, this meant that the workers and the agency had to be more direct in their concerns and the need for any problems to be resolved, which then put extra stress on workers, and therefore presented extra risks.

Previous knowledge of any difficulties caused by service users needed to be recorded in a way that could be used in risk assessments. One manager stated that it was not always possible to carry out a risk assessment at an early stage if they were not aware of other agencies' involvement or a service user's previous violent history.

Contact visits were a particular area of risk for violence, as also noted in the first part of this study (Littlechild, 2000c).

From the comments of a number of the managers, it would appear that it would be valuable to collate information and good practice/strategies from across the authority, and publicize these each year, as such good practice and recognition of the problems was not a feature of agency practice at that time.

Another manager believed that there should be regular and consistent feedback on the incident forms which are sent to headquarters, which could then lead to an annual review of health and safety procedures, with plans of action deriving from those reviews.

He thought that whilst risk assessments had become much better, they were being undertaken on more difficult situations where there was more likely to be resistance, violence and aggression. Within this, however, their clarity of focus was much greater, with better quality assessments and investigative reports.

"There is such a strong concentration on child protection- an understatement that- and so no doubt our primary focus is on not making a botched job of protection, and that is a particularly strong culture in this district. We had several child deaths in this area in the 1990s, three children killed by parents or carers, which is a disproportionate statistic I think. None which could have been predicted but the Department got extremely angry about it and the way it treated its staff as a consequence of that was very important. So there is a great deal of over-caution about child protection and that has a great knock-on effect. It does mean that people are very anxious and we do not want anything to 'go wrong' in these cases. The workers are more anxious and worried about these cases. ..So there is an air of tension. That is one of the reasons I think we're just not retaining staff in child care work. They are leaving us hand over fist "

Another manager stated that they were not good at recording past contacts to see if there was a picture of risk building up. Nor did they do this fully with other agencies, or with workers in other agencies if they were part of the network as well. This was also true for other agencies passing on risk matters to the social services department.

This manager also stated that guardians ad litem expected too much in terms of input and working in partnership with families where there had been aggression and

violence. In his view judges and magistrates in the family proceedings courts normally understood these issues if these are set out clearly to them. He believed that managers needed to give licence to social workers despite such guardians' entreaties, and have confidence to do this and place the matters in the child-protection conference and court arenas. Workers need to believe they will get support for this approach, where it had been properly considered, from their higher managers.

b. The most common forms of violence

Actual physical violence was rare, as found in the earlier 2000 research. It appeared to be dealt with well in most situations, with relatively clear policies and procedures. One manager stated that he thought that the small amount of physical abuse experienced demonstrated how far social services had come in dealing with that type of violence; there were now robust policies and practice in place to help prevent such violence.

The most common forms of violence reported by the managers were verbal abuse and threats. Verbal abuse was rarely recorded unless clear threats were included within it. Several managers reported a problem of constant phone-calls that were abusive, with some service users regularly threatening to complain as a feature of their wider set of threats and abuse. One manager stated that verbal abuse was a daily occurrence for her staff group. Another stated that if the intimidation was directed personally at a worker in some way, she would interpret that as violence.

Intimidation, harassment and threats were the next most common forms of aggression and violence. Frequently, drug or alcohol abuse was associated with such behaviour. One manager stated that intimidation and threats were second in place to verbal abuse in terms of frequency.

Racist abuse was identified as a regular occurrence where there were workers from minority ethnic groups in the team. Two managers stated that as they had a number of black workers in their teams, that racist abuse and violence was an issue, and that this was demonstrated mainly through verbal abuse.

Emotional/ professional violence was a frequent issue for workers; this concerned feeling undermined, often allied with threats made against them, or to make

complaints about them; one manager saw this as being the next most common form after other types of verbal abuse and threat. Several stated that very frequently drug abuse was involved in the verbal abuse and threats, and that these service users were often very difficult to deal with when they were under the influence of such drugs. One particular problem was verbal abuse that took the form of constant and repetitive abuse over the telephone, which was exacerbated at that time by a telephone system in some of the teams, which allowed direct access to the worker without any screening from a telephonist. This meant that the workers could not prepare themselves for a difficult call. Because of this a voicemail system was put into place in one area, but it was seen that this could also aggravate abusive and/or anxious service users.

One manager stated that verbal abuse was seen as so normal that they did not record it. Shouting, which is one form of verbal abuse, was seen to be a problem for some workers in how they experienced it, but it would depend on the content of the abuse which would determine for that manager whether it became defined as violence or not.

One mentioned a hostage-taking situation that had a significant negative impact on the worker; issues discussed by Stanley and Goddard (1997, 2002) (see also section 6e. of this report).

c. The types most difficult to deal with

All of the managers interviewed were of the opinion that it was not possible to withdraw the service in child-protection as it was in some other areas of social work and health care. Whilst they could state that they would only see someone in the office in order to improve the safety of the worker, if the service users refused, then they had to visit at home in the safest way possible.

The great majority believed that apart from serious physical assault, verbal abuse and intimidating threats that were personalized on to the worker (and, if they had one, their family) had the most severe and long-term effects. It could destabilize their professional self-image and affect their capacity to carry out effective work.

Where physical violence did occur this was also very difficult given the fear for the worker; not only if they had to work with that person again, but also if they were to see them in the office unexpectedly, or in the local community.

One stated that *"very nasty incidents"* could affect a worker and their professional lives and confidence for very long periods of time:

"We have had workers that had been physically threatened. We have had workers who have had jewellery ripped off, we have had workers who have had people lying on the bonnet of their cars to stop them driving away with their children".

Orchestrated and repeated threats

Orchestrated and repeated threats from parents, and issues arising in contact sessions, where limits and boundaries had to be set concerning parents' behaviour, caused particular concern.

Several mentioned one of the most difficult areas to deal with was where a service user and those in the service user's network bombarded the social worker with telephone calls that were constantly abusing. One social worker in one of the managers' teams had been seriously affected by such a bombardment that may not have affected another member of staff in the same way. *"This worker was less experienced than some, and so probably was not as confident to say, 'I'll put the phone down if you do not stop abusing me'"*. Once this had been discussed in supervision and the worker had been given ideas on how to respond, and license to respond in an agreed way, she was more confident and dealt with the situation well. The same manager stated that he found racist abuse and threats the most difficult to deal with, especially as he is a white male, and whilst he tries his best to appreciate it, he believed he could not know how the aggrieved person must feel. In one instance he transferred a racist service user to another worker, but felt ambivalent about this, as it seemed to be *"giving in"* to the abuse.

One particular incident that a social work assistant found extremely difficult was where she was abused and threatened over the telephone every few minutes in repeat telephone calls. The worker had not felt confident to say *"If you carry on in this way, we cannot get any where, and I will put the telephone down and we will speak when it is possible to have a conversation"*. Her team supported her informally, and determined with her a way forward, which was in the immediate sense not to have to speak the service user again, which was arranged. One of the workers telephoned the service user to state that this was an unacceptable way to talk to people, and that if she

wanted a service, she could not carry on in that way. He stated that *"sometimes they accept it, sometimes they don't"*.

Responding to threats of violence

One particularly difficult issue for this manager was dealing with a threat to a male social worker that he would be 'beaten up'. The manager spoke to the service user and contacted the service user's solicitor to state that this was unacceptable, and what the results of breaching this would mean. The manager stated that it was a departmental issue and not an individual issue; if the service user had a complaint against the Department *"that's fine but the user cannot be allowed to take it out on the individual worker. The worker isn't working in isolation, s/he is working as a member of the Department"*. This strategy is one way of de-personalizing the matter for the service user and the social worker alike.

It would appear that agencies need to ensure that policies, training and induction processes include giving strategies and licence to how workers on how they could respond; and how they are expected by the agency to respond within policies and what support they will get from the agency when doing so, as it is known this can be a problem for workers (Johnson, 1988; Bowie, 2002).

One manager stated one of the most difficult situations he had to deal with was *"a serious threat to kill us from someone who had been seriously violent in the past and killed a child."* An injunction had been taken to keep the person away from the office, but there were many problems for the worker who was concerned about being followed, and interference and threats in family life and personal space outside of work.

Another stated that contact sessions were often very difficult, and on one occasion he had attempted to stop contact but the solicitors in the County Council had told him that he could not, even though this person had threatened a worker in a contact session with a dummy gun.

Threatening males

One manager stated that one of the areas which concerned him most were threatening males who had never been challenged, and where social services was the agency that had to say *"no, that will not do"*. Such males expected to get their own way by their attitude and their way of operating, and this could be a real flashpoint for the social services workers. He stated there had been a case of a 13 year-old made subject of a care order from a very violent environment where the father threatened the social worker with an iron bar because the messages that had to be given to him.

He stated *"I am aware that we have worked in families where the co-habitee, partner or stepfather uses violence to control the mother and the children. One would expect that the social worker will try to take some control of the situation and we've had very distressed separated parents threaten (workers) with violence. That's the hardest one."*

"Another example I can think of is- we are trying to deal with the situation at the moment- where there is this man whose marriage ended five years ago; his marriage ended. He cannot accept that. He responded by staking out the house, breaking windows, and making threatening telephone calls. We were involved because of the impact on the children and now that extended to us – that same kind of oppression; we've become identified by him with his conduct."

This manager stated that whilst he believed males particularly used such aggression as part of their control *"strategies"*, he did not believe the word 'strategy' was necessarily the correct one because this implies some element of forethought and careful planning. He stated he thought it might be a coping strategy. *"If as a child you have learnt that it is to your benefit, it is your ability to frighten people and that's the way to achieve things; if you are not a good thinker and you are not a good talker, this is your opportunity to scare people and they may let go of the issue. When everything goes wrong, that's what you revert to."*

Several managers believed males particularly used such aggression as part of their 'control strategies'.

Parents with mental health and/or learning disabilities

One manager stated that dealing with parents with mental health problems could be one of the most difficult areas to deal with because of the unpredictability of their mental health problem.

One manager stated that she had experienced anger and aggression from people with mental health problems and learning disabilities. She thought, *"you get caught up in all sorts of other emotions about it. We had a situation where we removed a child from parents who both had a learning disability on an emergency protection order because of an immediate risk to the child, but the more you work with them, the more you can see how much of their inadequacy is learning disability and how much is their own background and what has happened for them, and you question whether they really stand a cat in Hell's chance of actually parenting. So you get the empathy you feel for them as well as concerns about the abuse, for want of a better word, of this child, which was not really malicious, but the result is the same. I think also he was very vulnerable, and yes he was being very*

aggressive, but there was a feeling that that this was going to be more manageable than had he perhaps expressed the same level of aggression and violence but did not have the same level of learning disability. That might be completely misguided but I think there was a sense of that. I think his only way of dealing with this was to get angry and distressed because he did not know any other way".

Stevenson (1998) suggests that social workers can look for mitigation for parents by looking, for example, for abuse in the past of these parents. It may well be that the same issues are in place for some workers concerning parents with learning disabilities. According to several managers interviewed, this was also borne out in this study in relation to parents who have learning disabilities. Workers can often find it difficult to determine a balance concerning risk to the children; how far the parents' capabilities can be seen to mitigate for their abusive behaviour to their child(ren); and how much they should allow for a different expectation on their parenting than would be placed on parents who did not have learning disabilities.

Whilst the same types of aggression or violence may be presented by different service users, it appears that the causes for such behaviour are attributed differently if the service user has mental health or learning disabilities; and differentially between the two groups. This has implications for staff safety, and for assessment of risk; it may be that it is almost 'excused' if a service user has learning disabilities. For parents with mental health problems, the issue appears to relate to fear of unpredictable violence against the worker, or the child.

One manager stated that a large percentage of parents they dealt with had mental health problems or learning disabilities. Where parents had learning disabilities, this raised problematic issues for making assessments and plans, as workers sometimes believed that the parents' actions and parenting abilities were not within their control. This means that social workers can have enormous sympathy for the parents, who, whilst they are struggling to do their best, this is not 'good enough'. Therefore there tended to be a considerable amount of support given, whereas substitute care was seen almost as an attack on a vulnerable parent. One manager stated some social workers begin to believe with certain families with such problems that they are there to support the adults, and that this could be a problem; they sometimes failed to identify the risks to the child (ren)- this had to be covered by skilled supervision.

All of the managers who mentioned issues of mental health and learning disabilities stated that there were good relationships and understanding of what their roles were

in relation to issues of child protection with their adult social work team worker counterparts. However, one said that on some occasions the adult team social workers inappropriately advocated for their service users. One manager believed it helped ease the process along where the parents felt that they had someone who was supporting them as individuals whilst the childcare social workers were concentrating on the needs of the child(ren). One stated that whilst there needed to be respect shown for parents concerning their problems, it was the welfare of children which had to be at the forefront of workers' minds.

Another believed that child-protection had become a "*minefield*" in situations where there were parents with mental health problems or learning disabilities. There was a concern that mental health service users may harm others, whereas the real issue should be whether it is causing emotional impact or significant harm on the child. The issue arises whether there might need to be advocates for mental health users and/or learning disabled service users, as the children and families workers have to see the situation from the child's point of view. Two of the managers stated that they recognized that some workers from the adult social work teams would probably advocate for the parents, but that they hoped this would not make the relationship vitriolic between them, which it had been known to be at times.

She believed that the adult team social workers had to accept the main focus was the welfare of the child, but the definition of this became problematic, as did how long, and with what support, parents should be given further chances to improve their parenting. Several managers believed there were very different issues between the two groups, and that with parents with learning disabilities the assessment had to concern their capacity to parent; whereas with service users with mental health problems there was the concern about how stable they would be in their parenting because of possible relapses in their mental-health problem and how rapidly this may happen. With learning-disabled parents, it was seen that the issue was whether the parents could improve their parenting skills with appropriate support, and if this would be 'good enough' from the child's point of view. One said that social workers tend to think a parent with learning disabilities cannot help but be the way they are, and this raised crucial issues concerning what expectations there should be on their parenting, taking into account the learning disabilities of the parents.

The effects of drugs/alcohol

One manager stated that drug-related issues were much more of a problem in assessments than mental health problems or learning disabilities. Other particular

problems were drug-related issues, such as in situations of squats and multi-occupancy accommodations, where the social workers did not know who else was present in the household, or their roles.

Half the managers stated that there had been a significant increase in service users' use of drugs/drink that had heralded a major change in the dynamics within the work, including in the area of aggression and violence. One stated that in some instances the service user could not remember what happened in an incident, and if this was the case, it was difficult to deal with. One of the manager's workers had been caught up in the crossfire on a home visit when drug dealers had arrived and were very threatening to the family.

Depersonalizing the violence for the social worker

One manager found that one of the most difficult scenarios to deal with was abuse and threats over the telephone, and the constant nature of some service users' approaches. She stated that colleagues were very important in over hearing such aggressive telephone conversations, and offering support to the worker whilst they were on the telephone, and after the call. She again emphasized how she and colleagues tried to say to the victim that they have to put it into perspective – “*yes they are angry at our service but not necessarily at you as a person*”. She also stated that if the victim is angry, s/he needs to be encouraged to “*get this out of their system*” with colleagues and managers so they did not take it with them to other service users. In her view service users would sometimes target their aggression personally towards one social worker and not to anyone else in the department, and this should not be left unchallenged. She believed that some service users believed that social workers hated them personally, and that this is one of the reasons why workers are attacked when parents are taken to conference or when there are applications to remove their children from them.

Several respondents mentioned the importance of continually emphasizing to service users that the social worker is acting as a member of the Department. An issue is raised here for agencies to continually emphasize that the social worker is acting as an employee of the Department, and it is up to that Department to work with the potential risks and the effects of any violence or threats proactively to ensure the safety of the worker, non-abusing family members, and the worker.

It was clear from the managers' responses that the personalizing of abuse and violence had perhaps the greatest effect on a worker as it blurs the

personal/professional boundary, as it does the worker's feelings in response to such abuse, threats and violence. The abuse and threats also often take place over a period of time, and are not single incidents. That this type of aggression can have the most serious effects reflects what we know for abused children; an NSPCC study found that these types of long term abuse can produce the most serious long term effects for such children (Cawson, 2002). This adds weight to the arguments for including the use of aggression and power within family situations as indicators of risk to the child and others (Bridge Child Care Development Service, 1997; Mullender 2000; Littlechild, 2002; Walby and Myhill, 2000).

One manager stated that in the previous 3 years there had been three incidents that were particularly serious; these had all been threats that were personally directed against the workers and their families.

Another manager stated that one service user had said to the worker – "*I know where you live*" – and it was such personalizing of the issue on to the worker and their personal networks, in addition to the professional effects, that were the most difficult to deal with. In this situation they knew the service user was capable of such violence. This intimidation into the worker's personal as well as their professional life was life-threatening, so the manager applied to stop contact sessions between that parent and the child. The court determined that there were no grounds to do so in legislation, as it was only the detrimental effect on the child that could be used to stop such contact. The social worker went on long-term sick leave, and then resigned as a result of the stresses arising from this situation.

Racist violence

Racist violence was identified as a problem by several of the managers who had a number of black workers in their teams. Two managers mentioned that they thought that the Department should consider using the 1997 Prevention of Harassment Act's definition of harassment, and one was using this in pursuing a matter with one service user, making use of the emotional impact element of the definition of harassment in that Act.

Another manager gave an example of one drug abuser who was racist and threatening, but frequently did not remember his behaviour because he had been under the influence of the drugs. The worker had felt too intimidated to tell the manager, or challenge the service user about his aggressive and violent behaviour, and this had to be recognized and drawn out by the supervisor. Then the effects on

the worker that may have affected protection of child had to be dealt with. In this situation it was stated in subsequent court reports that due to the racist and physical threats, there were no home visits.

Workers' confidence in being open and honest about Social Services' role and powers

One manager believed workers needed to have a secure and confident professional self-esteem in order to deliver effective interventions and assessments. She stated her concern that if workers avoided the conflicts arising from using their power in this way, it can make it more difficult for other workers: *"The only thing I can say about that is I know I have to send out somebody who will find great difficulty in saying the difficult things. If I know they are going to have that amount of difficulty and if my assessment is they will come back without having said it, I'd rather offer myself in some way to help that worker through it, even if that meant doing that piece of work in the context of a meeting at the office. Rather than leaving it for somebody who may not actually hit the right buttons, because the consequences of not actually saying what you have got to say always, 100%, 101% of times comes back to you at a later stage and I had never ever known that not happen."*

Some further examples of violence against workers

In one particularly serious incident following the removal of a child, the family followed a worker, child and police officer back to an office and laid siege to it.

Another concerned *"a serious threat to kill us from someone who had been seriously violent in the past and killed a child."* An injunction had been taken to keep the person away from the office, but there were many problems for the worker who was concerned about being followed, and in receiving interference and threats in family life and personal space outside of work.

In one situation there had been threats to shoot a worker, from someone they knew from past history was capable of such behaviour. In another situation where a worker felt that her life was threatened, the social worker had subsequently been on long-term sick leave, and then resigned.

One worker had been forced to change her car, and put alarms in her house. One of the problems for her was to explain to her children why this was happening, and make them aware of the risk without making them worried to the extent that it would be too anxiety producing for them.

Another manager stated that one service user had said to a worker *"I know where you live"*, and that this, along with personalized threats against the worker and their personal networks, had been very difficult to deal with.

Another manager stated that where a service user had physically assaulted a social worker, there were also effects on the children in the family who had observed the effects of the violence.

One manager had experienced a problem on a home visit where the school had made a referral to social services about the family; the mother was known, and there was concern that she had been drinking. The children were on the child protection register. The manager believed that she needed to check that the children and the mother were not at risk. The interview became very difficult, and she was physically attacked and had suffered significant injuries. She only managed to escape when one of the children intervened physically. The mother was subsequently sentenced to prison.

Another manager stated that the service users she found the most difficult to deal with were those who refused see any other perspective, such as the child's, or the agency's, and would not negotiate over what the problems were; she described them as *"blocking"* individuals. She believed they were *"trying to gain some kind of self-esteem, and keep some power- it was not about the welfare of the child, it was more to do with power struggles between themselves and feeling powerful"*. She stated this was often an effect if workers challenge service users- they will then try to undermine the social worker's ability to use the relationship in a creative and protective manner. She stated that this is particularly true for inexperienced workers, or for workers who do not feel they have the right to possess, or to utilize, the control elements in child protection work, or where they feel uncomfortable/unconfident with them. This echoes the recommendations of the London Borough of Brent (1985) Inquiry into the death of Jasmine Beckford, and the findings of a number of other Child Abuse Death Inquiry reports (Department of Health, 1991).

If workers avoided the conflict inherent in being clear about their role and the perceived problems in the family, it could make it more difficult for others. This matter needed to be covered in training and supervision. The importance of managers ensuring that their social workers were confident and supported in stating clearly but in a non-confrontational and non-defensive manner the concerns leading

to the intervention, and the possible consequences of it, was seen as a key element in their work by a majority of the managers interviewed.

Another manager spoke of a situation where they had to lock doors from the reception area into the main office because of the fear that one service user was very verbally threatening, damaged cars, and might harm their children at the same time in the incident – there were also concerns that arson was a risk as judged from the service user's past history. The department could not "*back off*", because of the risk to the children. Foster carers were also threatened, as were the foster carers' children, and they were all very frightened. There was the possibility of a firebombing so there had to be contact with the local fire service and police to try to put safety and protective measures in place. The worker had then still to move offices after support from Core Care, her own GP and the staff support officer. The worker and her family had to move house, however, because of the continuing threat, despite this support.

This manager described how one man had a "*knowing*" way of intimidating, and used tactics to avoid taking responsibility for his behaviour and the effects of it on others. Eventually he made serious threats to the worker. This eventually led to him being violent in a child protection case conference which had long-term effects on all of the workers present, and led to serious considerations concerning all the different agencies' involvement in the case, and how to protect the workers and the children involved.

d. How best to support staff

Most of the managers emphasized their perceived duty to ensure that social workers recognize the effects of service users' threatening behaviour on them and their practice throughout assessments and interventions, and not just at the beginning of the contact, in order to avoid the protection of the children being negatively affected. They believed it was important for managers to be sensitive, open, and honest, and to acknowledge worker's fears. A number thought there may also be a need for ongoing training for managers and workers in order for them to be able to imagine themselves in the service users' place and to understand the stresses on them, a technique described elsewhere by the current author as 'projective identification' (Littlechild, 2000b).

Trust in managers' reactions

Several managers stated that a relationship of trust and confidence between the social worker and the manager was the most vital element of support for the worker.

A key element in this was for the worker to feel empowered to say they did not feel able to challenge the service user or carry out a piece of work. The supervisor then needed to consider how work could best be carried out by the worker, with what types of support and strategies in place. A number also believed that the support of the team for the worker was vital. One manager stated that she always included an agenda item in her meetings with her workers on managing stress.

A number of managers stated that there must be an immediate response from the manager so that the worker does not try to minimize or ignore the difficulties they are experiencing with the service user. If the manager was not available then the person should know who they could go to immediately to access such support.

In responding to abuse and violence, the use of immediate written responses to perpetrators was seen to be important. What also made managers and workers feel more confident in responding was when other colleagues or agency representatives had observed the threats and violence.

One stated that it was important that the social worker felt that s/he had been listened to, and his/her views taken into account seriously and proactively by the manager. He also stated that at times it was important to have a sense of humour about what happens, though this has to be employed sensitively and at the correct time, if at all.

One believed that workers needed to be helped not to talk down to people, but taught to be negotiators. She also believed at times workers needed to know how to defend themselves physically. Several believed it was important to keep emphasizing that the acceptance of aggression and threats was not part of the job; some workers they believed accepted it much more than they should.

One manager stated it was important not to judge workers *"from how you think you would react yourself in that situation"*, as this could undermine them and make them feel less confident and honest in the relationship. *"Some of my peers criticize me because they say I am always mollycoddling my staff – well you have to, that's part of social work. Taking abuse is not what we get paid for in the job"*. She stated it seemed to be that this judgmental attitude of others came from those who had been in the work for the longest time; they did not understand how often violence occurs or the effects of it. She thought that their experiences as social workers many years ago were very

different from the dynamics that were produced from the new functions and ways of working arising from the requirements of child protection work today.

One manager spoke of a situation he had dealt with which concerned a service user who had taken a job in the Royal Mail, which gave access to addresses. This service user had said to the worker that *'I was up your way last week'*. He judged that there was a clear intent to intimidate, and he contacted the service user's employer, and set up a system in her house with the police which would give direct access to the police station and immediate support. This service user had a history of violent behaviour. The manager met with him to set limits and boundaries about his future behaviour. He said what had been important was to take the worker seriously, to be decisive, to emphasize it was not their individual problem but the department's, and for the worker to see a decisive and firm response to the aggressor.

Another situation he dealt with involved a threat to shoot a worker. He agreed to hire a car for the social worker so the service user could not identify the worker's car; met with the service user to try to set limits about his behaviour; and the worker was transferred to a different area office. The police were informed, as a threat to kill is an offence. As it was a serious threat from someone they knew was capable of such behaviour, he offered for the worker and their family to stay in a hotel, but the family did not wish for the disruption this would mean, but greatly valued the support which was offered.

In two severe cases of threats, the manager ensured that statements were made on file concerning why there were no further home visits to these service users. This manager also believed that social workers expected to put themselves physically and emotionally at risk to oversee the protection of the child – and yet there was always a concern that they will be criticized for their work from immediate, and possibly from higher managers. She believed that social workers were in the main extremely dedicated and put themselves at risk too much to try maintain the goal of protection of the child without the support from other sectors of society.

Transferring workers who are severely threatened and/or traumatized was one strategy that was used by managers to deal with the aftermath of such aggression and violence from service users. One manager stated she had transferred a worker to another office in the face of severe threats, although this worker had wanted to continue working on the case; the manager had had to decide this was too risky for all involved.

Another manager stated that at times they used a social worker from another area for a family if there were particular risks demonstrated, so that the worker did not live near the area in which the family did.

Supervision and Use of the Core Care counseling service

The importance of skilled supervision is set out in the work of Gibbs (2001), who argues that supervision is a vital element in workers' ability to firstly maintain themselves whilst dealing with these stresses, and secondly to sustain the focus of their work.

Several managers stated that the County Council's Core Care service (a free confidential Counselling Service) was rarely used, with social workers often saying "I am OK", but there being long-term implications for them that managers needed to beware of which may affect the issues involved in the crossover points of case planning and staff support. This confirms the finding in the first element of this research with workers (Littlechild, 2000c), which found that they needed to have the issues which affected them as professionals and individuals tied in with consideration of the management of the risk to workers and child (ren) in cases where violence had taken place or was threatened. A confidential counselling service such as Core Care cannot undertake this 'joined up' work, as they have no responsibility for staff safety management, nor case management. One manager thought Core Care adequate for a few but not all workers, and not for all issues – their concerns and fears must be placed within a risk assessment and plan for the worker and the child in order to protect the worker and provide an effective child protection plan.

Several managers stated that some workers could deal with certain types of abuse well and others could not, and this needed to be taken into account concerning the possible effects on the assessment and intervention and dealt with by the manager. It was not always easy to predict this unless they know the worker well. One manager also said that "*we have all learnt different ways of dealing with abuse and attacks on us from within our own culture and personal experiences, and managers need to be aware of possible confounding factors in this*".

One manager stated that he had felt he had to justify sending out workers in pairs at times, but he believed the agency's duties as an employer under the Health and Safety at Work Act 1974 meant that this needed to be a key feature of protective

policies. He also thought that there were professional issues which needed to be dealt with in supervision concerning effective assessment and intervention if the worker was afraid or intimidated, when s/he needed someone else with them to ensure that proper assessments and strategies were taking place to protect the child if the parents are aggressive or threatening.

One manager stated that

"We are now looking at performance agreements, performance management and you know, we are much more task centred in terms of making sure things get done, or whatever. One of the complaints I pick up from social workers here is there is far less time spent in supervision on – 'how are you? Are you keeping OK, are you keeping yourself together, and keeping on top of the job?' The focus is on task issues; there is less of a supportive relationship built in to the supervision. I think if you were to talk to all the care group managers in Hertfordshire they would say that this job is probably unworkable and unmanageable at the moment. Partly because we can't retain our staff- we are burning them out very quickly in childcare at the moment. One of the factors has been the increased level of aggression and violence that is caused by the way we are structured now and what we are doing. That increases the pressure on the ones that remain of course".

He believed that some workers could collude with the oppression from some of the abusive situations that they were working with. He also believed that some social workers still "naively" want service users to like them and appreciate them as people, and for service users to be grateful for the service they were receiving. One of his workers was at that point just about to leave, as they had wanted to operate within a "nurturing parent" mode, which was proving too difficult for them to maintain.

However, supervision and monitoring of some potentially dangerous workers was seen by some managers as being not just about support for workers; it was also to ensure that risk to the worker was not affecting the protection of the child, as the worker may not recognize the risk, or may be too fearful to report it in supervision or elsewhere (see also sections 6.e and 6.i of this report).

One stated it was important to consider what concerns the worker might have; for example in one situation a service user who had Aids spat at the worker. He brought in a medical adviser to give advice to the worker and others in the team to help allay their fears and take appropriate action.

Another believed that it was important for a skilled supervisor to spend time with the worker after they had experienced difficulties, and to consider if there was a need to take away part of their role in the case, put into place dual visits, or to determine that a service user should only come to the office for interviews, where there were back-up procedures.

One manager stated that she had often telephoned service users to ask *"Why have you upset my worker? You had one of the better workers within the team dealing with your case, and they have a sensitive, polite and courteous manner. You would not walk into your GP and verbally abuse them, so do not abuse my staff". They are often quite shocked when I do that. I'm surprised that I've not had any complaints. Or often I would call-up and say 'I understand there has been a very difficult phone call, can you tell me in what way my worker was rude or obnoxious' and of course they have not been.... And 99.9% of those conversations end up with them saying 'I understand they were just doing their job'. That's got to be better than a worker going out for another dose of abuse."*

Several mentioned the importance of trying to build up the worker's confidence and make them feel that the matter was being dealt with immediately after the incident, or as soon as possible. One manager stated that mobile phones make workers feel safer, and there is now much more than emphasis on planning for visits, which may lead to dual visits. This manager believed that the *Working Together to Safeguard Children* document (Department of Health, 1999) had helped in this as it promoted ideas of planning, and that child abuse deaths inquiry reports (Department of Health, 1991) had also helped, as a number have emphasized the problem of violence and its effects, raising the profile of this matter in relation to physical attacks and threats.

Another manager stated that she encouraged social workers to complete incident forms for all types of violence. However she did state that she found one social worker difficult to deal with as *"if someone sneezes, she says she can't work with him or her"*. She stated that there was a certain level of resilience which was required in this work, and the important element was in distinguishing which were the 'normal' types of anger and responses with which many people might respond when accused of child abuse, and those in which there were genuine threats against the worker themselves.

Most managers believed workers have a very clear view about their responsibility for protecting children, and some took risks that they should not; one believed that

his role was to identify when this was happening, and to prevent it. One stated that some workers expected too much of themselves in their work and this needed to be taken into account in their supervision and management. She stated that newly-qualified workers knew the risks they were facing but often still took too many. She thought that in general that those who come from qualifying courses were better prepared for dealing with possible violence in child protection work. She had in the past transferred a social worker to another team in the face of serious threats from someone they knew from their history had traumatized others with these threats. She stated that this had to be dealt with in a very sensitive and in a non-blaming way, or it could make the worker feel that they are weak and incompetent.

One stated that workers might feel guilty that there had been conflict and difficulties, and want to deflect this away without really thinking about it. In dealing with the impact on workers – *“supporting the workers in terms of how they are left feeling, that’s difficult because you have got to think about them as a human being, as a parent, as a partner, having a weekend that is not going to be ruined, having a career where their confidence isn’t totally demolished. From my point of view, managing my worker’s distress, I think it has to be them being able to maintain this self-esteem and confidence. You can’t divide it (personal effects from professional effects) up. They come to work a person and leave work a person. They have got contacts, they have got a history, they have got different levels of emotions and intelligence, and they have got different responses. They know in themselves what works and what doesn’t in a situation of violence. And everyone has, in some time in their life, been afraid, and we cannot undo that pattern, and it is just working with it.”*

One manager stated he had guilt feelings when he believed he had not dealt with issues for workers well, and he remembered vividly an incident from two years previously. It was a Friday, there had been a *“very nasty”* incident, and he didn't debrief the worker properly. On the Monday morning the worker had *“closed down”* on their experience, and two months later was having flashbacks, was shaking, and left the work several months later. The importance of debriefing in some way immediately was something that he said he had learnt from this experience.

She stated that some people needed to go out to get *“a cigarette and have a cup coffee, other people want to talk about it straight away, so you have got to respond to what they need”*. From these points made by managers, it seems it is important to be aware of the different responses of individual workers and how to support each person differently. A number of managers stated that it was important to learn what individual workers could deal with well, and what they found difficult, in order to

be able to help them to manage interventions with individual families effectively. This manager believed it was important in supporting staff to use a range of different tactics and strategies immediately afterwards and over a period time with the worker. This involved working through the issues which might occur as a result of the actions of the service user and the concerns of the worker; and how best to deal with all the potential problems which may arise.

She found it helpful to visualize the different outcomes of different possible responses, and how the service user might be experiencing the issues from their perspective. She said that she would send back copies of threatening letters that service users had sent, with a covering note to set acceptable boundaries. She said it was often the case that they were very surprised about such a response, as they believed they could put such poison pen letters in the post with no comeback. She said that she had found child protection strategy meetings a "godsend" in child protection work, as they allowed discussion between the agencies concerning how to intervene in the best ways, including dealing with any aggression and violence, and where service users are trying to deflect workers away from the child protection issues.

It would appear that agencies need to ensure that policies, training and induction processes include giving strategies and licence to workers on how they could respond; how they are expected by the agency to respond within policies; and what support they will get from the agency when so responding. This area of uncertain support can be perceived as a problematic area by workers (Johnson, 1988), and particularly when the violence is not physical or obvious to others (Littlechild, 1997, 2000c).

e. Emotional and professional reactions workers may experience, and the effects on them

Leaving the work

Several managers stated that their workers were leaving to go into other teams. One said "We are not developing staff, and those who leave are telling us how burned-out they feel. And it is quite demoralizing to hear that time and time again. Actually they have done a very good job but they just can't keep doing the job for the length of the time we need them to do it- they are saying two years is quite sufficient doing this; I'll go off to family placement work or the youth offending team, where I don't have to face these issues."

One said that he had employed a number of new workers who had left soon afterwards due to the stress of the work. Another stated that he often had workers in

tears and feeling very angry about what had happened to them, and they often felt like leaving after such situations. He had had a number of new workers who had left quickly, thus having an effect on his allocation of work and the continuation of work, and therefore affecting the agency and service users.

Several of the staff interviewed in England and in Finland in the first phase of this research (Littlechild, 2000c) had changed their work setting partly at least due to experiences of violent and threatening incidents, and several incidents of such effects were recounted by the managers. Threats of further intimidation from service users had the greatest effects, especially when this appeared to the worker to be focused individually against her/himself (and sometimes onto their family), rather than on their role as an agency representative. Macdonald and Sirotich (2001) in the USA found that a high proportion of respondents in their study had suffered threats of physical harm (64%), threats of harm to family or colleagues (23%), or had been stalked (16%), all of which in the first phase of this research were shown to be capable of producing significant fear in staff, and of affecting decisions about their work. These types of situations were usually not one-off incidents, but part of a set of dynamics that built up over time, or 'developing violent scenarios', as they can be seen.

Keeping workers disempowered through fear

One particularly severe form of such violent scenarios is suggested by Stanley and Goddard (1997, 2002), who propose from their research that the Stockholm syndrome theory as developed by Wardlaw (1982), can also apply to social workers in child protection settings. This theory explores the relationship that can develop between hostages and terrorists. Stanley and Goddard argue the same dynamics that can arise in relationships between hostages and terrorists can also develop in the relationship between the abusers and the child protection worker. They suggest that this complex set of dynamics can draw the worker into becoming a victim of these abusing/controlling dynamics, which means they are unable to challenge the abuse, or utilize procedures properly, and that at times, workers appear to indulge in self-deception and denial of violence. For further discussion of the effects on workers of such dynamics, and possible effects on assessments and interventions, see sections 6.i. and 6.k. of this report.

One manager believed it was sometimes impossible to know what a worker is experiencing in the aftermath of a situation, and there may be a number of reasons why they would not let the manager or others know. She believed that the more trust

there was and confidence in the supervisor/manager, the more effectively the protection service for everybody could be kept in place. This manager stated that there can be issues which affect the social worker, where if the *"threat is sufficiently strong then it will effectively disempower the social worker, where they may not even feel able to report it or discuss it with the supervisor- then you got a really serious situation- they may not even acknowledge it themselves"* This needs to be uncovered and worked with, as *"we work in a very emotionally charged situation and if you don't offer the facility for social workers to be able to dump some of these feelings, you will end up with very ineffective social workers and potentially dangerous situations. And I don't mean that in any derogatory way to social workers, that is real because there is only so much a person could actually deal with- sooner or later they will become overwhelmed and close down"*.

One social worker had not been able to articulate her fear of one family for over a year, and there had been a lot of *"unpicking"* to do for the worker by the manager, and also for management of the case. The manager stated that workers often tried to minimize the violence and threats within the family and its effect upon themselves, even when this was relevant to concerns about the child, and the worker's ability to protect him/her. The minimizing of violence by males against mothers by workers and agency policies and procedures in child protection situations is explored by Humphreys (1999, 2000), and the findings of the current research demonstrates that similar avoidance can also take place in relation to violent males in child protection work. This is within a context where practice and policy only very recently has begun to recognize the effects on children who are brought up in environments where domestic violence is a feature (Mullender and Morley, 1994; Department of Health, 1995, 1999).

The impact on workers of different types of aggression and violence on assessment and practice, one manager believed, *"could be massive. I think a worker who is intimidated or lacking confidence is not going to come to the correct conclusions"*. Another manager stated that the effects on workers are most severe when the violence is personalized on to them rather than on their role as a worker for the department. He stated that different social workers respond in very different ways, and this needs to be taken into account in the development of those workers, and in the management and supervision of them and their work.

Another improvement, he believed, would be moving away from the Work Wise scheme (where workers work at home and take calls from service users there). He stated that it is in the nature of the work and of those in social work and social care

to be looking to have working relationships within a team. If someone was at home, maybe with their family, and they take an abusive call that is not screened, this can be extremely problematic and has a significant effect on workers. This happened to one of his members of staff and the partner of the worker said *'why do you put up with this?'*. This manager stated that Work Wise was a problem as there needed to be clear boundaries between the workplace and home in this very emotionally charged area of work, although there were some positives also in working at home at times.

Keeping a focus on risk

Managers were very aware of keeping a focus on risk, and how it may affect workers' assessments and practice: *"I wonder about social workers who have been through violent situations. How do they deal with clients? Does it mean the child is more vulnerable because they are not actually dealing with a situation which is likely to lead to conflict and maybe that becomes quite a dangerous situation - you may just accept it in order to avoid any challenge or conflict. Such challenges may make matters worse in certain ways, but at the same time not dealing with issues as they need to be."*

One of the situations in which one manager had seen a social worker most affected was where the male partner of a mother in a child protection situation was very involved in drug dealing, and he said he would place her name and her family's names on the internet with an address, so that others in his network knew who she was, her family's names, and where she lived. The major issue for the worker was that she had lost control and did not know how to regain it for her safety and for her family's protection. The manager said that this was much more *"scary than any other violence or threats I have come across"*.

One manager stated that the worst effects she had seen on her workers were when two women workers went on what was meant to be a purely supportive visit to see if the mother was "OK" – as the door opened the mother attacked and injured the workers, who had severe bruising and needed hospital treatment. It became clear later from further inquiries that she was very volatile and violent, but the Department had not known this; it is not always possible to do a risk assessment at that stage if they are not aware of other agencies' involvement, or the parent's previous violent history.

One manager stated that after a particularly serious incident she became much more aware of the issues of risk and how to manage them. Another stated that her workers were sometimes angry that they could not act as they would if a similar situation

occurred in their personal lives. She believed that this suppression of feelings must affect how workers are dealing with service users, and needs addressing in training and supervision.

Another manager believed that it would be valuable if staff's vandalized cars were taken on as a responsibility by Hertfordshire County Council, and that issues of risk to workers' safety in leaving at the end of the day could be pursued more rigorously. She also believed that it was not just the individual incidents that needed to be looked at in terms of risk, but also the "drip-drip" effect of the underlying threats. The cumulative effect of this could lead to a seemingly 'minor' incident becoming one that can be the final straw, which affects the worker and their work, and makes them leave. They also needed to be taken into account by agencies in terms of learning organization issues, in order to deliver the most effective service for service users through the development of the staff, and of agency policies.

Similarities in the experiences of abused children and abused social workers

There appeared to be a number of effects experienced by workers which closely mirrored experiences of children in abusive situations (Littlechild, 2002). Cawson's large-scale research for the NSPCC took a random national sample of 2,869 young people aged 18-25 in order to determine young people's experiences of maltreatment in their families. A number of points from Cawson's findings demonstrate that the experience of violence by and between parents/carers in atmospheres of pervasive and severe violence produces the most serious experiences of abuse. The research also confirms that the use of such violence by such parents/carers is a key feature in the most difficult child abuse and protection situations in which social workers are required to intervene. One manager believed that violence towards staff was often linked to abuse of children but that risk assessments did not always consider this possible link. Key points from Cawson's research that have relevance to the present discussion are:

- The majority of respondents in the research reported some violence between carers. For those suffering serious abuse, this was likely to be constant or frequent (Cawson, 2002). This adds weight to the view that dealing with conflict and abuse within families is a key feature to take into account, as it may have effects on partners, and workers, as well as children (Littlechild, 2002). Another similarity is that reporting abuse does not lead to support for the abuse to be dealt with adequately- of those who had complained of abuse, most received little help; 174

complained, and only 44 said that the problems ceased as a result. The most common responses were for no action to be taken which the young person had been able to ascertain, or action had made no difference. Some respondents were not believed. This accords with a number of social workers' experiences where the violence was not physical (Littlechild, 2002).

- The report confirms McGee's (2000) view that a climate of pervasive violence in some families included regular physical and sexual violence between partners and against children, and Walby and Myhill's (2000) and Mullender's (2000) findings that domestic violence is an indicator that wide ranging maltreatment may be present. *"Results confirmed the strong link between domestic violence and child maltreatment in the family, particularly physical abuse and neglect of children"* (p48). Two thirds of those who reported they had been sexually abused had experienced such a conjunction of factors. The majority reported some violence between careers; and for those seriously abused, this was likely to be constant or frequent. Such pervasive violence is what social workers are expected to challenge and impinge upon, and therefore they are likely to encounter violence and aggression as a result.
- *"Indices of 'warmth' and 'criticism' were compiled from answers to several questions concerning parental behaviour. The results supported the argument that an environment which is 'low on warmth and high on criticism' is a high risk factor for child treatment"* (p48). This is important in relation to social workers entering into such environments, as this type of behaviour may also be displayed towards them.
- The review of the literature showed there had been little attention paid to the effects of disciplinary methods which can be construed as psychological attack; shouting, swearing, threatening and similar behaviour, with such behaviour producing effects as damaging or possibly more damaging than physical punishment (see also Vissing et al., 1991). Psychologically threatening attacks on workers were seen by managers as often having some the most powerful effects on workers and their practice.
- Social isolation, especially lack of neighbourhood or family support, characterizes many abusing families. Corby (2000) concludes that some families may deliberately choose isolation in order to conceal abuse. Such families may also try to avoid the attention of workers, and their interventions, by a mixture of avoidance and aggression.

f. Gender Issues

Areas of risk

The findings reflected those from the first element of this research in relation to gender issues (Littlechild, 2000c, 2002), in that most managers believed that women were more physically violent than men were. One manager stated that single parent families, the great majority of which are headed by mothers, presented a greater risk. This manager believed that women's greater propensity to physical violence was probably linked to the fact that the agency intervene more with single parent mothers than they do with men acting as lone parents.

One manager stated it was nearly always women that she experienced violence from. Another manager, however, stated that it was normally males in families- including adolescent males- that were violent, if the full range of behaviours which can be classified as violence are considered. She stated that the Department had no real strategies to deal with them. This supports the findings of Mullender (2000) and Humphreys (1999, 2000), who found that child care professionals currently lack appreciation of the need to confront male perpetrators in domestic violence situations where children are also affected by the abuse, and also lack the skills to be able to do so. This is of particular importance because, as Mullender notes, overlap between woman abuse and child abuse is estimated by various studies as being between 30% and 60%. Mullender also found a high correlation of men's violence against women partners within child sexual abuse situations, and that up to one third of children on child protection registers live in environments of domestic violence.

One manager stated she thought that men were more threatening to staff but in less obvious ways – she believed that men are more controlled, whereas women act in more outwardly emotional ways. She thought that some men found it difficult to ask for support with their difficulties and this made them more liable to use aggression and violence when frustrated and unable to communicate.

One manager had often seen men “wind up” partners to be aggressive and violent – and this had particularly been the case if the women had learning disabilities. She did think that someone who “shouts and screams” will get other agencies to “back off a little” because of this, whereas social services departments had to confront it and deal

with it. She thought that service users often get positive rewards for negative behaviour.

One manager stated that he had been subjected to an incident of violence in court from a mother. The recommendation to the court was for a care order and removal of the child. He thought that in such circumstances violent responses should not be surprising. He believed that physical violence was most likely if action had to be taken quickly and in an emergency. This was often while the child was in the mother's care.

One mother in the High Court threatened to kill one manager and her workers; they had to leave by the back door of the court under special police protection.

"My experience with interviewing very violent people has been that violent men might have been more difficult, but they had been more amenable in interviews than some of the women. Some of the women have really shouted, jumped, screamed, threatened in a way the men haven't". However, overall, her experiences had been mainly of feeling more vulnerable with men than with women.

Allocation of workers

Some managers used strategies for allocation of workers to cases based on the gender of service user and the worker. This may include consideration of how the former is known to react to the gender of the latter.

One female manager mentioned there was a very violent alcoholic man who regularly came into the office, but she felt no threat from him, partly because she believed that as a woman he reacted differently to her than if she had been a male.

One manager stated that when mothers received a male worker they often became much more compliant, and that she uses this as part of case management strategies.

One manager was concerned that some female workers are "*naive*" about service users' motives and attitudes, particularly in relation to the wearing of clothing which could, he believed, be seen as provocative by some service users with their skewed attitudes about male-female relationships.

g. Service users' views of Social Services child-protection social workers, including inter agency issues

All of the managers were of the view that service users saw social workers, initially at least, as controlling and critical. Most stated that it took a very high level of skill to overcome the initial reactions of parents, in gaining their trust, and explaining the reason for the interventions and possible outcomes. The skills of workers in engaging with the family during the initial phase of engagement were vital in order to reduce the concerns of the service users. Most managers believed that they were initially almost always unwelcome in families, but in the great majority of situations they achieved reasonable working relationships with them. Most managers believed that in the great majority of cases their workers achieved reasonable working relationships with the family, a finding which supports conclusions in the Department of Health's *Child Protection: Messages from Research* (1995).

Another manager stated that the majority of parents positively wanted social work support. He stated that the skills of workers in engaging with service users at the initial phase were vital in order to reduce their concerns. Initially in child protection work he believed that the workers were not welcome 99 per cent of times. *"If we are abrupt or rude or judgmental, with all those sort of negative criticisms, it is not going to be helpful. There are times we have got to be assertive, but you can still be assertive in a reassuring and caring way. But I suppose we are not genuinely welcomed at first"*.

Avoiding Conflict and Challenge

Several managers stated that when workers avoided being clear about their role and about the perceived problems in the family, it could make it far more difficult for other workers later in the process, and for the child protection process itself. This matter they believed needed to be covered in training, and in supervision.

Problems occurred when workers were not

- Clear about their remit
- Open and honest with managers and service users
- Stating their role, remit and powers skillfully and firmly with service users.

He stated that the agency gave out basic guidance letters about the role and possible outcomes from the department's interventions. He said that sometimes new staff could not say the difficult things that needed saying, and this led to problems for the

service users, and other workers. He believed it was important to use modelling from experienced workers to help these new workers- or others who are having difficulty in undertaking the role- to help them learn these skills.

A number of the managers believed that many parent service users have been subjected to disadvantaged and abusive backgrounds, and expect to be rejected. In the context of the judging of their parenting skills, which is a major feature of the work, this can strike at the core of parents' self image and confidence. One manager stated that in work with such service users, the social service's role in judging their parenting skills- which are particularly sensitive issues in our society- can strike at the core of their self image and confidence, and lead to violence and aggression.

One believed that at times a service user would project feelings on to the social worker in a child protection visit. The service user feels blamed, and he thought that service users and social workers had to struggle with this. Service users had said to him that their aggression and/or concerns were due to their anger at not being seen as a whole person. One service user believed the worker saw her as no more than "*a set of problems*". Several managers believed that social workers did not always have the opportunity to concentrate on the service user as a whole person, as they were concerned about the pressures arising from the weight of their caseload, the time-scales they had to meet for the many different reports and requirements in child protection work, and fitting in the next visits on time because of these pressures.

Another manager stated that a number of parent service users seemed to believe that their social workers hated them, and that was why they were sometimes violent when taken to a child protection conference, or when there were applications to courts remove their children. Again, this demonstrates the problem of "*personalization*" in this area of work, and the need to develop strategies to overcome this problem. This manager stated that it was useful to have an Initial Referral and Assessment Team involvement, and then being able to pass the service users over to the long-term team- the service user could leave the anger with the Initial Referral and Assessment Team, and start a new relationship with the worker from the long term team. Service users often saw the long-term workers as trying to help; for example, to work towards the child's removal from the child protection register, or maybe trying to work towards the rehabilitation of the child back home- although that can lead to anger if this does not then happen. However, it might be that whilst changes of worker/team can be useful, it may produce extra pressures on the long-

term workers, if there is such a split in the service user's mind between 'good' and 'bad' workers and teams.

Another stated that she believed it was important to put the responsibility back on to the service users, to say, *"you are the parents responsible"*, and to be very specific about the concerns. Then she discusses this and gets them to think through the possible repercussions of their choices about their engagement with the Department. *"I am very specific about the concerns. Sometimes they would come back to me, and I say yes that's fine, but what if e.g. you had actually pushed him (the child) and he ended up with a minor bruise and you feel that's OK because it's accidental. What if actually you pushed him back harder and he hit his head on the table and ended up in hospital with concussion, is that still OK with you? I haven't had one who survived more than three minutes without saying, no that's not OK, - so I say fine. That's what we're talking about. That's what we are worried about – you are saying to me it is not OK. I'm saying to you with my child protection hat on, it's also not OK, so how are we going to agree where we go to from here. What I am doing is actually asking them to go through that thinking process, rather than me going in and actually taking the immediate diagnostic role and having to work my way through that. I haven't found one yet who could not manage to go along with me. I've had to be a bit specific at times, you know, fairly graphic, but actually you can engage them and it usually works better. I also try to talk about responsibility, not blame."*

Another stated that some service users desperately wanted social workers to support them, and others were the complete opposite. Again this manager believed workers needed high-level skills for this type of work, especially as now there was much more pressure to meet tighter time scales in assessments, and from the pressure of work generally. Workers had to attempt to help service users develop as parents, whilst at the same time keeping the protection of the child at the forefront of their work, which may then lead to the child being removed; this was a very difficult balancing act.

Another manager stated that they would often be seen as an adjunct to the police force. She thought the current requirements for child protection work now force social services departments into this role, and it was difficult to balance the issue of support for service users and the policing role. Another stated that social workers from social services departments were seen as interfering agents of the state; not all but most families see them as 'child snatchers' as portrayed within the media. She believed that the views of politicians and the media justify service users in their concerns in this way. This area of role ambiguity and conflict is discussed in more depth in section 3a. of this report.

Interagency working

The issues discussed in this section relate mainly to work with courts and professionals from other agencies such as education and the health; how these agencies' staff interacted with the parent service users and social services staff; and how this affected the service users' views of social services.

Other agencies were seen to often avoid the issues arising from aggressive behaviour. Several managers stated that education staff were particular '*offenders*' in this. One thought they did not want to threaten their relationship with the parents of their students, and did not wish to make their own professional lives more difficult - they will *"always try to avoid their part and responsibility, saying that if they are challenged it is in an open school, whereas if it is in Social Services we are behind closed doors."* She also believed that this feature was increasing in the work.

The inquiry into the death of 6 year old Lauren Wright as a result of severe abuse which was not picked up on or reported by teachers has led to ministerial suggestions for legislation which would strengthen child protection arrangements in schools in relation to the reporting of such abuse. The Government minister, Stephen Timms, stated that there had been *"serious failings on the part of the school and others"* (Guardian, 2002b).

One manager stated that the child protection procedures agreed between all agencies were often ignored. She stated that the schools' designated teachers for child protection work often do not do what they should, and avoid the difficult issues.

Several managers stated that other agencies' professionals could *"set up"* the social services child protection workers as a threat if they did not co-operate with them. For example, health visitors would sometimes not see families where they had worries about the care of the children because of concerns about aggression against themselves, but they were not clear with parents about these concerns, so they referred on without these concerns being made explicit to the service user. Most managers believed that other agencies needed be more honest about their reactions to service users, and indeed to the agencies they are referring on to. Several believed that threats were used in a punitive way if other professionals are unhappy or frustrated with the service user - e.g. *"they actually say things like 'I'm going to have to report this to the child protection team and they may do an investigation'. Well obviously then if you do that, then you will find a position where you are as a worker going into that situation already facing an attack. We are set up a lot. We try and stop it every time we come*

across it, but we are set up a lot. And no one diminishes (the perception) of those people seeing us as being the people who go in and investigate and it's almost always sold as an aggressive thing, that we're going to look for reasons to take the children away, and we don't. Actually we're going to try and keep them where they are, but it's not helped by public perception of what social workers do, particularly children and families, and not helped by other professionals' perceptions that we are like the SAS. We can only complain to other agencies or talk to them about our remit. But we can't change their views. I think the major danger is the public view. Either we are seen as under reacting and we are dangerous because we don't take children away, or we are seen as over-reacting, and we take the wrong children away – and that's been going on since 1971".

The most problematic referrals were those where service users had not been made aware by other agencies that the referral was being made, and suggestions by other agency's workers of stigma/possible punitive nature of social services intervention had been emphasized. *"You get referrals from professionals who say 'we don't want them knowing we have referred' and then you have to get over that hurdle. Whereas if people have been told and know we're coming round, we can start by saying we think we might be able to help you regarding childcare arrangements or your parenting. This is a much better way of doing it. It would be helpful if schools were to have closer communication in this way, especially if it is not 'significant harm' and child protection work- the first thing I would say (to professional referrers) is 'have you spoken to the parents – what is their response?' If they haven't I will ask if they can go and do that first- to say 'I think it might be helpful for you to be in contact with social services because they may be able to help you with some of these issues'. That it is what I like in the new children, schools and families structure (where the education and childcare social work functions were to be placed together in one County Council Department). I think that can take away some of the stigma we carry as social services".*

Some managers think that other agencies do not always realize- or maybe do not want to realize- what the consequences of such avoidance can be. One manager said she does not find common ownership of child-protection matters, and that this is not just with teachers but also general practitioners and health staff. Mike Leadbetter, then president of the Association of Directors of Social Services, stated in evidence to the Victoria Climbié inquiry: *"I have example after example of difficulties in getting health professionals engaged, difficulties in getting them to see the child rather than the family dynamism (sic) and difficulties in getting them to come to case conferences"* (Community Care, 2002, p.10).

One manager said that other agencies had often avoided the issues arising from such behaviour, and gave the example of a health visitor who told initial meetings that she would not visit a family because of a father's aggression, but then when the service user was present in a meeting refused to discuss this as a problem - she later said this was because of fear of further repercussions towards her from this man.

Another stated that in one difficult case the head teacher had initially refused to allow an interview to go ahead in the school with two children in relation to child protection concerns, because the risk was too high from the parent. The school's Health and Safety Adviser had told them not to allow the interview. This had meant that the interview due at 9.30 am finally took place late in the afternoon, which had been very worrying for the children who had expected it to happen at the start of the day. When the family engaged in discussions, there was no violence, and they had stated that at least they knew that the social services would be honest with them.

She stated that in her view the health service was much better at dealing with violence from patients than Social Services were at dealing with violence from service users. She also stated that information passing on risk between agencies was poor.

There were a number of problems in relation to courts and decision making. One was a problem with contact arrangements, in that courts cannot stop contact due to violence against workers, if it is not affecting, in the court's judgement, the welfare of the child. Another was the court's lack of willingness to consider the effects on how well children could be protected from significant harm if sent home where workers were subject to violence and intimidation. A number of the managers ensured that in reports to court where there were severe cases of threats or actual violence, statements were made concerning why there were no further home visits to these service users, and/or the problems which would arise in trying to supervise and protect a child if the child were ordered to stay at home by the court after a care order had been sought. It may be that liaison work with magistrates and judges in the Family Proceedings courts may aid understanding of the effects on workers and the protection children, and in decision making.

One manager stated that other agencies were important in dealing with such violence, but they could be difficult to educate, and to get them to understand the problems and responsibilities of social services; so, for example, in her experience it had been difficult to get judges to understand the impact on the workers and

potentially on the protective work which could be carried out with the family. She also believed that there was a problem concerning inter agency sharing of information and protocols concerning this, which impacted upon assessments plans for interventions.

Another manager stated that some abusers needed confronting and challenging, and that staff in all agencies needed more training and support to do this. She also believed that violence towards staff was often linked to abuse of children but that risk assessments did not always consider this possible link. She also thought that some risk assessments were carried out by people who were not clear about the possible links between violence to staff, to partners, and to child-protection issues. She had asked why, if the violence and aggression was so threatening that a social worker cannot visit, should a child still be in that environment? She stated that in her view *Working Together to Safeguard Children* section 8 reports carried out by Area Child Protection Committees and government inquiries have often highlighted the links between such risks.

h. The most effective ways of dealing with violence and conflict

Skills and approaches of workers

Managers stated that the most important elements for workers in dealing with the "ever-present" prospect of violence was to have a high level of skill and confidence in engaging and maintaining relationships with service users. Most believed that workers needed to be trained and supported to have a secure and confident professional self-esteem in order to deliver effective interventions and assessments. It was generally the case that managers believed that it was necessary for them to give workers greater skills and techniques in such conflict-laden situations. This was not just in relation to parents; several managers commented that grandparents can have similar feelings to parents about situations and there can also be confrontation and violence from them.

They believed that there were sophisticated skills in making service users feel important as part of the work, and giving positive feedback if service users had made efforts to change, both in their parenting and behaviour to staff.

Another manager stated that it was important that the families were approached in a reasonable way, and that inter agency communication about risks were proactively

undertaken based on recognition of possible risks. *“Hopefully in most situations, the person referring has informed the client in person, so they are actually expecting us. So when we ring up and say – ‘we need to come round. Don’t be anxious about it. We just need to work out what happened here’. I think it is about saying we need to come out and see you, because we have had this referral; the school has told us this... what has the school told you?’ I then say, ‘OK, we are going to sort this out’. And I think that is done in a very non-confrontational way. I do not think then they get quite so stewed up, they actually want to get it over and done with.”*

Trotter (2002) studied the experiences of 50 child protection social workers and their clients in Australia, and found that both workers and clients agreed on the most important skills for working in such a setting:

1. The workers discussed their role
2. The workers had understood and helped them with their problems
3. The workers encouraged positive actions in clients
4. The workers made their expectations clear.

Better outcomes were found where workers and clients stated that these skills had been used, leading to:

- better progress for the clients
- more satisfied clients
- earlier closure of cases
- less likelihood of removal of the children
- fewer breaches of court orders.

Both high risk and low risk families demonstrated better progress when workers had demonstrated these skills. However, there is no indication of whether the workers had to deal with any of the types of violence or aggression discussed in the research presented in this report. In such situations, there may be particular issues to consider in relation to these suggested ways of working by way of consideration of the model suggested in section 4 of this report.

Trotter’s findings are similar to some of those in this study; for example, one manager stated that one of the best ways to deal with violence and conflict in this area of work is to ensure that workers are clear with service users about their role and intervention, and for these not to be avoided, as otherwise it leads to difficulties

for workers- and the process- at a later stage. This then requires managers and workers to develop skills and methods that can overcome the effects of role ambiguity and conflict, as set out in section 3a.

Aiding workers in their work

One manager stated it is important to give social workers positive strokes when they are carrying out their work well rather than constantly just keep looking at the difficulties in their work. *"I would like to give staff a good time in supervision and I'm very much a believer in positive strokes because it is a thankless task sometimes, it is a crap job to be honest sometimes. I think that if the workers don't feel valued, and if they don't feel supported and understood... I'm very much a believer in team building. It is important for me and how I am seen to be supporting my team- I like people to feel that I support my team...the best way I can think that makes workers feel valued is that the social workers feel valued by their direct line managers- it is the key to it all"*.

One manager stated that one of the best ways of dealing with violence and conflict in this area of work was to help workers be clear with service users about their role and interventions. It is important that these are not avoided, as otherwise it leads to difficulties for other workers- and the child protection process- at a later stage. It also created problems for the service users if they have not had full information in relation to the nature of social services involvement. This manager said that she sometimes had to send out a further worker to interview a family because this had not been dealt with properly in the initial interviews. She stated that it was important to get to know the strengths and weaknesses of the different members of the team to ensure that the most effective pieces of work were being undertaken.

Another manager stated that in his opinion the most important of the workers' skills are that they are open and honest, and show that they are not to be intimidated. *"Because it is the initial 'what the hell are social services? What are you lot doing here?' Then when you get a chance to actually show them what the issues are, what we have got to do, and what our job is. I try being fair with people, and say we keep an open mind. We actually want to talk to you, we have been open and honest with you, and then will talk to other people. It tends to sometimes, usually it does, bring the temperature down and again I think it is about the skills of the worker involved, about how they use themselves to do that. It is no good getting angry, raising your voice or trying to even suppress your own fears in a way. Try to show you are not intimidated. It is a real skill. A real difficulty when your insides are turning and flipping over, to try and present it in an assertive way, when really you are*

thinking 'oh God, this is awful'. That really does require an awful lot of skill in how workers present and how they deal with it, in how they coped in that situation".

Several believed that it was important to have inexperienced workers shadow more experienced workers to help develop their skills and make them more knowledgeable, more confident, and therefore less likely to be manipulated. Visiting in pairs was seen to be one of the best practical preventive factors, and one manager believed two workers being present was necessary for effective assessment and intervention if service users are being aggressive or threatening.

Another manager stated *"I have a strong belief that I need to keep workers happy and to be enjoying the work to do it properly, and if they are frightened about going out to see people or are anxious about what they might see, or how they handle it, then they are not going to approach the problem properly anyway".* This manager believed that co-working is important on several levels:

1. Modelling for new workers from experienced workers
2. In order to ensure that difficult family dynamics do not overwhelm a single worker
3. For personal safety.

"If there has been verbal aggression, and the worker has come back and has felt harassed, then I'm quite happy to write and say that this person has brought this back to me, and we are thinking about ways of being able to discuss this in a more reasonable manner. That takes responsibility away from the worker and says look, this person reported this and that is not acceptable. How can we look at this?... I'm very much in the mode of limiting the complaints that come in through the door. So actually I think if somebody rings me back and says I want to speak to your manager, we actually allow them to speak to the manager, so that they can air their views and then we can set the standards and actions about their behaviour - 'we appreciate why you are behaving like this, but you need to respect the differences' or whatever. I will go out to see the client with the workers, so I would actually experience it, and then role-play it through with the worker, it helps them think through if they could have dealt with it differently. Often it is just you just don't want to give them another issue to be angry about."

Another believed that stress on the parent(s) may lead to more conflict and violence.

One manager gave the example of one very violent father, where the police were present at all of the visits because he had a very violent history. The parenting was

'good enough', but the workers were very concerned that if the parents' behaviour was like this when workers were present, what was he like when they were not; their concerns focused on the emotional effects on the children in an emotional development sense.

Another manager stated that a service user had hit a social worker five years previously for which he was cautioned by the police. There had been threatening letters, and there were also effects on the children who had observed the effects of the violence. It was pointed out to him that this was problematic for the children, and the next day the service user apologized to the manager. She said she found letters very effective, but they had to be sent quickly. They could also be referred to later if there were any further difficulties. She tried to emphasize that she was not criticizing them as people, but was pointing out that their behaviour is unacceptable even if they were feeling angry. She gave an example of a worker who was attacked in the reception area by a 15 year-old girl; her family were rejecting and abusive. She met with the young woman the next day, to state limits and boundaries, and that they would call the police next time if there were a similar situation; the young person's behaviour was much improved after this.

She stressed that the limits and boundaries must be set with an acknowledgement of the service user's feelings of rejection or anger, but pointing out that there were other ways to deal with this. She also stated that the approach of the social worker was vital. It was not necessarily what the worker said, but how the worker said it, and their awareness of how the service user was experiencing their intervention. Workers needed to realize that it was sometimes best to "*take a step back*" before there was a blocking/angry response, and come back to the matter in a different way a little later.

Another manager also pointed out the value of letters to abusive service users to set limits and boundaries, and ways forward. This manager emphasized that they usually managed to overcome the initial anger and create good relationships with service users despite the tensions arising from their interventions. They have had service users asking for further help some months later after the original situation had been resolved.

A number of the managers stated that one of the most effective ways of dealing with violent or aggressive behaviour is to give immediate feedback to service users on acceptability of behaviour, and set limits and boundaries for them.

One stated that she would often telephone the service user to discuss the problems the aggression had caused, and point out that this was not acceptable behaviour; she would often get an apology – however, she stated it did not necessarily stop it happening again. She found the most effective way is to write quoting the policy of the Department, and saying that their behaviour is unacceptable, and that they could not allow it to happen again, whilst also acknowledging their feelings. She stated that they had sometimes put into place sanctions where non-parents would not be seen again, or adults may not be allowed to see the children again for contact if they have been assessed as unsuitable as a main carer.

Another manager stated that she needed to ensure that social workers recognized the effects of service users' threatening behaviour on them and their assessments and interventions, otherwise they could negatively affect the protection of children. She said that it was "*better now than in the past*", and social workers tended to be better at recognizing the effects on themselves. She stated how important it was to try to learn from the problems that may have led to the types of situation of aggression presented by service users. She stated it was important for the manager to be sensitive, open and honest, and acknowledge workers' fears; this may also need ongoing training, to put oneself in the service users' place. She saw the need for there to be three levels of response:

1. *Personal* support for the worker emotionally and professionally
2. *Tactical*, for the particular situation with that service user, and
3. *Strategic*, which takes into account the policies procedures and physical safety provisions of the Department.

Another manager also stated that she finds written responses very effective, and she sent a copy to whoever needed to know in other agencies or in her own agency. Sometimes she would get a higher manager to write the letter if she thought this would be more effective. There was however the problem that if service users did not agree to come into the office, they still had to go on home visits if the service user refused. She stated she thought it was important not just to say either verbally or in writing that behaviour would not be tolerated, but list specifically what would happen if that behaviour happened again. She had stopped contact briefly for one father, and if he had not assured them that he would show no more aggression within the contact situation, this would have had to be presented to the court for a decision. This would have required demonstrating there were effects on the child which were serious enough to stop contact.

“(Workers) are not meant to be victims and I often phone people up and said ‘why had they upset my worker? You have had one of the better workers within the team dealing with your case, and they are sensitive, polite and have a courteous manner. You would not walking into your general practitioners and verbally abuse them, do not abuse my staff’. They are often quite shocked when I do that. I am surprised that there haven’t been many complaints about that. Often I would telephone and say that ‘I understand there has been a very difficult phone call, can you tell me in what way was my worker rude or obnoxious?’ And of course they never have been, and that is why I ask the question. I think it wrong foots them, but it helps the discussion. And 99.9 per cent of those conversations end up with them saying ‘I understand they were just doing their job.’ That has got to be better than a worker going out for another mouthful of abuse, because the parent, the carer, whoever, is so wound-up”.

“We can become desensitized to it, we have got a ‘helpful attitude’ towards it. We accept that our service users are going to be violent on some occasions and that is wrong.”

It would appear from the managers’ views and experiences that it is important to have direct communications quickly with service users to disabuse them of their views that they can present aggressive behaviour without any ‘come back’ on this. Also important for managers to deal with are issues concerning child protection workers who have a skewed level of expectation about how much aggression and violence they should expect to experience and endure.

One manager believed that it was important for social workers to feel confident, skilled and assertive, but not aggressive, with service users about the issues that needed to be addressed. He thought that role-play was valuable in learning skills and tactics with aggressive service users.

Another believed that some social workers were good at challenging service users whilst others were not. The manager had to be aware of this and be proactive in ensuring that this happens. She stated that there were some workers who were extremely good at coping with challenging behaviour from parents, who could ‘stick their ground,’ and would make sure they had said what they had gone out to say and would not shirk that responsibility. There were workers who were less sure of their ability to do this, whilst they may be extremely good in court. *“You can’t train social workers in that (dealing with challenging behaviour), it’s something you acquire over in years of practice.”*

Reducing the risk of aggression and conflict

One manager stated that some workers do produce antagonism from service users by the way they asked questions and set out their role. Workers had to learn to deal with these issues of difficulties and conflict, and the supervisor had to ensure this was picked up if workers were producing such antagonism, and deal with it. She also stated that thinking about strategies to deal with specific situations that might occur was important, and in one particular situation she had helped workers think about strategies for how to deal with a violent service user if they met them in a street in the future.

She also stated that staff support had received a much higher profile in the previous 18 months in Department; she said she was not quite sure why, but she thought it must have been in response to an incident, as this is what she believed tended to drive matters forward in the Department.

One stated that the important matters in dealing with difficult service users were

1. To be clear about the role and not 'ducking' this
2. Demonstrating concern for the whole person, whilst not accepting elements of their behaviour; and
3. Giving time to the person and listening respectfully to what they have to say, even if it has to be pointed out that the behaviour is not acceptable.

She also stated that it is important to give staff time, and managers time, because they are also fearful not only about some of the work that they do and the possible consequences of their work, not only for themselves but also for the children, and sometimes some of the other family members.

i. Do some service users use aggression and violence as tactics or strategies to deflect from the issues of abuse and protection?

The majority of managers believed that a small number of service users used aggression and violence as tactics or strategies to deflect from the issues involved in child abuse and protection investigations: *"they want us to withdraw, and that is why they are threatening us- it is to get us out. In most other situations, people are asking for a service, but in child protection, they do not want us there at all. I think we are very limited in how we manage violence from clients as we cannot refuse the service, and we have to visit them at home if the protection of the child is still at risk."* This manager believed that there are intimidating techniques that some service users have learnt, and are also

exhibited by their children; in the latter cases, the same kind of behaviour on a lesser scale. Most managers did not believe that this was necessarily a thought through set of tactics, but more likely learnt and instinctive behaviour.

Several believed that power was an important issue within these scenarios; it is a way of service users regaining some power in what seems a very unbalanced relationship in relation to a very threatening situation to them, when their parenting was being criticized, and their children possibly legally removed.

Another stated, *"We have had workers that had been physically threatened. We have had workers who have had jewellery ripped off. We have had workers who have had people hang on the bonnet of their cars to stop them driving away with their children. We have had people coming into the office with people that they know, to reinforce the fact that they mean business i.e. through their networks. They bring a big bloke in with them, and say 'he is here with me while I am in this interview. He's been down (in prison) for grievous bodily harm', or whatever. They use history in order to frighten the life out of the workers. I think the department is fairly lackadaisical in my experience of really supporting their staff and I have had it myself, and I have had it with the other workers assaulted- they have had to pursue their own criminal process. They felt very let down by the Department, the support, even though they say they will offer it. Core Care they offered up to one worker- they had six sessions, then there were issues about them needing more and there were issues about them having to pay for that themselves and I just think that is not good enough. That is about us being valued as workers"*. This manager also stated his understanding was that research evidence had shown that hostility from parents had caused problems in providing effective child protection services.

Another stated that he thought that a *"small minority do use certain tactics to divert the workers from exploring and confronting the real problems- i.e. the treatment of the children by the adults. The department has not seized the nettle - more could be done, but it also puts workers more at risk"*. Another thought it was not really 'strategies' that were being utilized, as this term implied a more conscious and planned state of affairs than she thought was the case for most service users who used violence and aggression. She saw it more as their way of trying to survive what the process was doing to them and their self-image. One violent mother had told her how she had learnt from her family of origin how to incite fear; her family encouraged her to do this to others, and the family then viewed her as being a strong person if she did. She stated that some social workers may be affected but that she as a supervisor might not know about it

if it was in ways which were less obvious than, for example, physical violence in the office.

There were indications from some managers that workers can experience similar disempowering factors in relation to abusive and violent family systems as do abused children. Mudaly and Goddard (2001) have described how certain types of abusive family dynamics can affect young people who are abused in similar ways as workers can be affected by those dynamics. The similarities between abused children's experiences of their parents behaviour, and experiences of social workers abused by abusive parents, are examined in section 6.e of this report, drawing on the work of Stanley and Goddard (1997, 2002), and Cawson (2002). It has also been suggested that there may be links between forms of violence utilized against children, mothers, and workers in certain individual cases, and that there may be particular elements of the situation to assess and confront when the adult service users may be using such control strategies (Stanley and Goddard, 1997, 2002; Department of Health, 1991; O'Hagan, 1997; Littlechild, 2002).

The role of supervision for workers

Supervision and monitoring of some potentially dangerous workers was seen by a number of managers to be important in being able to ensure that risk to the worker was not affecting the protection of the child, as the worker may not have recognized the risk, or may be too fearful to report it in supervision or elsewhere. This accords with the work of Stanley and Goddard (1997, 2002), who identified how some workers accommodated the aggression of service users as a defence mechanism, meaning they could not challenge the abusive parents and their behaviours. Sometimes workers could exhibit the same reactions to severe intimidation and threat as do hostage victims, which supports the findings of Stanley and Goddard (1997, 2002).

One manager thought there were probably a number of situations where workers had not brought the matter along to their supervisor. She believed that supervisors needed to be proactive within supervision to try to uncover these effects on workers, within a process where the worker felt safe to explore this difficult territory. If this was not done the family could prevent challenges about their parenting, and therefore the work to reduce the risk to children was more limited. If the threat was sufficiently strong and was very effective, then it could disempower the social worker to a point where they may not feel able to report it or discuss it with their

supervisor before it becomes a serious situation. They may not even acknowledge it to themselves.

The dynamics created by the maintenance of power, control and abuse by certain abusers is more complex than commonly supposed in most social work and research literature. These issues are often ignored altogether. However, there is now a good deal of evidence to demonstrate that in a high proportion of the most serious situations of child abuse, there is inherent conflict caused between workers and families by the role of the protection agency. In addition, there is evidence that a small but significantly threatening number of parent service users, who are not only aggressive and violent to partners and children but also to the protection workers, can affect the assessments and interventions for abused children within such situations (Stanley and Goddard, 1997, 2002; Littlechild, 2002).

Another believed that the impact on workers of different types of aggression and violence on assessment and practice could be *"massive. I think a worker who is intimidated or lacking confidence is not going to come to the correct conclusions... you have things like having inaccurate assessments and poor interventions, because there is another agenda and it's more a power agenda, because as human beings we have to feel all right about ourselves and our interventions, before we can actually carry it through with some objectivity. Some workers try to get alongside them (service users)...so collusion, without intending to, can slip in, and blur the focus. Other workers exhibit 'learned helplessness'- It's almost like 'well I can't do anything about it anyway, so why bother trying'. Whatever I say about the workers and women abused in such families, it is the same for the children; the impact (of violence and aggression) - I think it's huge. We can be so damn grateful for when somebody actually bothers to have a meeting with us, we forget actually bringing an agenda to that meeting; we can come with the best scripted interview questions, closed questions, open questions whatever, but that other person will have the power concerning what they withhold"*. She believed that it needed to be considered how service users' behaviour towards workers might give clues about the use of aggression and violence in the family- a point made by the Bridge Child Care Development Service in its report on the death of Rikki Neave (1997)- and how this might impact upon the children. *"If we are affected as workers, admittedly we are strangers, but any client who shows propensity for violence can show it in other areas. They get the results they want. You can be damn sure that it is a mode of operating as a parent, as a partner, as an employee, whatever. It is not going to go away"*.

Putting workers 'off the scent'

A majority thought that a small number of service users use aggression and violence to "put workers off the scent". Violence was not, however, the only means utilized by some service users which managers identified as a way of deflecting attention away from the abuse and the dynamics surrounding it. "We had a case conference recently where there was an issue about quite a serious injury to a child; both parents were quite articulate. The father used a completely different technique but the result was exactly the same. His technique was to talk very calmly and instead of actually addressing the fact that he had actually caused this really quite severe injury to his child, he deflected on to all sorts of other issues about his child's behaviour, and 'we're very grateful to you all for your help and advice'. Throughout this conference I thought 'are we ever really going to get to the fact of what we are here for', because he very cleverly deflected away from it. It was a different technique, but the result was the same as the person who shouts and screams abuse".

Another manager also mentioned that the use of violence and aggression is only one of many strategies used to put workers 'off the scent', stating that some apparently very co-operative service users were also attempting to do this. One man who seemed very compliant and willing to carry out work had been seriously sexually abusing the child at the centre of the intervention for five years, but no one, including the child, had been able to say this to any one.

One manager stated that social workers did not always work directly on the aggression and violence which had been exhibited towards staff, and whilst they might refer to it in the child protection conference, they rarely got service users to agree to be part of work on addressing it with them.

j. Are issues of aggression and violence from service users towards staff included in assessments and child protection plans?

There were mixed responses from managers in this area. Several believed that issues of aggression and violence from service users towards staff were taken into account in their area effectively, whilst a greater number - 13- believed that this was not as well developed as it might be.

One manager stated that in relation to domestic violence and child abuse, "at the end of the day, if we are trying to change behaviour, we cannot just change the victim's behaviour, we also have to change the perpetrator's behaviour. Because nine times out of 10 the victim will go back to the perpetrator. One in ten will say I'm going into a refuge, I am

moving on, but another nine times out of ten, she will choose another partner that is violent towards them. So they are not getting away; what we need to do is to develop strategies and means of working with perpetrators.... There are no groups around for them to go to. There are no resources around for them - there are all sorts of groups around for the victims, but there are no groups around for the perpetrators and nobody talks about it. And we are continuing to groom perpetrators, because nobody is saying 'hang on a minute, stop, let us look at it, how can we work with you'. And then they go away and pull another relationship and start in the same thing again because they had not learned to control that behaviour".

This manager's experience was that the aggressors were becoming younger- 15 year-old males were being referred for violence in the family. She stated it was difficult to carry out work with fathers or mother's partners in families, and often at review child-protection conferences the report back was that the father/partner has opted out of any agreed work. *"What we have done is to do the work with the mother and child"*.

One manager stated that it was common in his area for recommendations in child-protection plans for referrals to be made for anger management courses. Whilst they found it difficult to keep track of whether this was being followed up, it was often part of discussions in review protection conferences. This manager believed that *"our responses to such problems are rudimentary"*, and from his experience of many years of work in this area, he believed that some parents, predominantly males, were often ingenious in the methods they use to conceal their aggression and violence in the home. One also believed a high percentage of those that they worked with had ways of avoiding the intervention of social services and individual social workers.

One manager stated that he believed that there were important matters to take into account where violence and aggression was exhibited by parents and carers, raising issues about power and control; so that if a child was going into school and was timid or nervous and anxious, or they were going in to school and being violent and aggressive, and there were reports that the parents were violent, this could be a key factor in why the children were behaving as they were. The behaviour may be coming from their role models - the child was seeing this behaviour, and this was the way the child learnt that problems were resolved.

One manager stated: *"I have seen conferences being controlled by violent individuals where the conference itself has been intimidated into making what I believe was a totally wrong decision. Twice I have seen it where in my experience, the conference has been totally intimidated. And we tried to confront the men - who are violent and aggressive - say through*

anger management, but if that does not work, and talking, with some it goes some way, but some just do not want to know."

Another manager believed that where there were domestic violence and alcohol/drug misuse issues linked together, this was an important risk factor in assessment and child protection plans. In a snapshot of three months of domestic violence incidents in one team, where child protection issues were involved, 50 per cent involved drugs or alcohol. Humphreys (2000) in her research found that 56% of case files concerning child protection investigations in one agency contained evidence that the mother's partners alcohol abuse was a problem, and 27% of files contained evidence that the mother's alcohol or drug abuse was a problem.

One manager believed that violence that threatened the social worker was one of the key indicators that highlighted possible risk to the child and other members of the family. He did not believe that they were good at dealing with this aspect of the work- *"It is almost well, we have got to keep away from that. If they had been convicted of an offence, they might go on an anger management course, but that is a very small number"*. He stated it might be that services had not been developed and it was not the fault of the assessment and plans *per se*. *"We push it outside, I think, rather than actually provide a service"*.

Another stated that these problems were usually apparent before the event, from previous knowledge of violence and aggression towards staff and perhaps towards partners as well- this was seen as an indicator of threat to the child. They often had difficulties in persuading the identified violent person to attend anger management courses.

Several managers did not think that the anger management groups were particularly helpful, as they did not focus specifically on domestic violence. Anger management groups were seen as being too generic, as they dealt with too wide a variety of interpersonal violence issues, such as fights arising in public houses.

Another manager stated that in a particularly violent and aggressive situation where the children had been removed, they were placed back again after two years because the children had significant bonds with the parents. However, the issues of aggression and violence from the parents had to be confronted, and there needed to be a great deal of support for the workers in doing this. She stated that the workers were very fearful, and almost had a siege mentality about the work they were

undertaking. There needed to be residential work with the family, and part of the plan was that the agreement with the family included how the issues of aggression and violence towards staff and others could be resolved. The family knew that if they were not dealt with, the children would have to be removed, as they could not be protected.

Another manager stated that risk assessments took little account of issues of aggression and violence towards staff and other people in the abuser's networks. If these were significant issues, they were referred to in child-protection conferences and court reports, as examples of how difficult it was to work with the family to gain their commitment to protect the child in the future. If they were very serious matters, the Department supported criminal convictions, and if there were child-protection issues, the matters were taken seriously. However, she stated that if they were providing family support services, procedures concerning the support of the Department for dealing with the issues arising were less clear.

One manager believed that the triggers for aggression and violence were often very individual to a particular service user, and these needed to be included in assessment and case planning.

k. Particular problems concerning complaints procedures and the use of them

The effects on workers and their work

Supporting workers through complaints was one difficulty nearly all the managers mentioned. They had the problem of having to demonstrate that the complaint was being investigated objectively, whilst at the same time trying to support workers in their concerns, which were:

1. How they might be seen by others in the agency, and if they would be seen as poorer workers as a result of the complaint
2. Whether the complaint would be upheld
3. How their career/professional status might be affected.

The findings of this research demonstrate that complaints processes were an important feature for agencies to consider in how they make staff feel valued and supported whilst ensuring the proper investigation of complaints.

It was clear from the strength of the replies of managers that the effects of complaints, particularly where there was a barrage of and/or constant complaints, could undermine the social worker's confidence. They could also affect the worker's approach, and ability to ensure that they were examining relevant matters, in the most effective ways, to ensure the family was supported and the child was properly protected. Workers could feel oppressed by complaints that were made, and that their integrity and professional competence was being called into question; it affected their morale, and they needed a great deal of support during the investigation of the complaint, and perhaps afterwards.

Systems of support for workers who were subject to an investigation needed to be re-examined, as it was a severe source of stress for a number of them, and could lead to wishes to leave the Department. The managers may have needed another source of help for the worker, as they could not, and could not be seen to be, unconditionally supporting the worker at that stage.

One manager did not believe that there had been an increase in the number of complaints, but nearly all the others did believe there was such an increase. They did undoubtedly take much more time to deal with than, for example, a decade previously; all managers agreed on this. Another manager believed that formal complaints were becoming more common, and that they took an enormous amount of time to deal with.

One manager thought that a complaint was a major issue to have to deal with, although she often saw a complaint as a sign that the social worker knew what they were looking for, and therefore was asking questions and investigating rigorously. She stated that one difficulty was where some families made serial complaints, echoing the comments from several other managers.

One manager stated that that one of the most difficult situations he had to deal with was when service users went to the local media, or if they took to jamming the telephone switchboards to senior managers, and constantly barraging the senior managers- himself and others. This had significant effects on him and his team members. He gave an example of one service user who he thought had really meant the threats that he had made, in addition to a barrage of complaints, and said this had had a very negative effect on himself and his team.

Another manager stated that the complaints procedure was experienced as adversarial, and by social workers as an *"inquisition"*- being looked at for proof of the guilt. One manager talked about the problems of service users going to councillors, and this having a significantly worrying effect on social workers, but said she did not know a way around this. She believed that constant complaints made by service users could be a way to try to undermine social workers. She stated that in eight months in her current post many complaints had been received but none had been upheld. She stated it was particularly difficult with staff retention at that time, and the organization had to start to listen to the reasons that people said they were leaving, and why the job had got too much for them: *"It is such a difficult job. At the very least people have got to feel that they are supported and valued."*

A majority of managers believed that in a very small number of circumstances, service users had used constant complaints alongside other forms of intimidation to prevent the focus remaining on their behaviour and possible or actual abuse of their children.

Another: *"Some service users just get pleasure from trying to intimidate and harass others"*. In this situation it was very difficult for the worker, as, for example, this was often tied up with many complaints being made to councillors etc., and sometimes she would not tell all the details to the worker about the complaint, as she was concerned this would have too much of a negative effect on them and their work. She believed that complaints being made to councillors were sometimes a means of trying to intimidate workers. Another manager mentioned a situation where the complaints had a significantly distressing effect on the social worker, and in this case it seemed to be a way to try to undermine the authority of the social worker who was trying to confront the abusive parenting. Another believed social workers had no sense of being valued, and that they experienced the complaints process, and reactions within the Department to these complaints, as part of this. He felt that local managers could not really support social workers and investigate complaints at the same time. He believed that the Department was not committed to supporting social workers or gave this a priority over other matters such as service user complaints.

Supporting workers through complaints

One manager mentioned that one of the difficulties for the manager was that they could not immediately take an unconditionally supportive stance for the worker, as they had to be seen to be objective in investigating, making recommendations, and dealing with any complaint. In this respect, the feelings of social workers who were

investigated concerning such complaints may not be that dissimilar from parents who are accused of abusing their children.

One manager stated that *"I know that there is a feeling sometimes from social workers who have been the recipient of the complaint of 'why wasn't my manager sticking up for me', when in fact the manager's role is to investigate that complaint and devise a response to the complainant from the agency. The person doing that investigating might be highly confident in the work of their social worker, but to respond to somebody who is complaining, saying 'I do not believe what you are saying because I believe in what my social worker is saying', is not an appropriate way to respond. So you have got to respond in a more balanced way, but that does not leave the social worker feeling supported by their manager"*

This manager had to deal with a complaint where both herself and her line manager were entirely confident about what had happened in relation to the social worker's work, but the social worker felt *" 'they are not supporting me; why are they not supporting me?'... Because you have to be seen to be neutral as the manager"*. She believed that sometimes the supervisor/manager was too closely involved to properly be able to investigate. She stated *"we are not as an organization aware of the impact of complaints on workers"*. She believed that the number of complaints is increasing, partly because they now routinely make clear to service users their routes for complaints, and make it easier for them.

There was a clear view from managers about the need to be seen as neutral when complaints were received. One stated that it was important to examine what could have been done differently in a situation, but the blame culture surrounding complaints did not help this. He stated that persistent complainants were a major problem for him, and other managers echoed this view. He stated that *"I think it reflects what is happening in the world, where people look for blame and despite the positive side of it, about improving the procedures, it is never perceived that way... to see how we can improve things here. Most of the complaints we get are about the way we have acted on child-protection matters. No social worker likes complaints and no manager does. I think some people see it as an open invitation to complain about anything and some people do complain about anything... I don't like complaints because it takes me away from what I am supposed to be doing"*.

The effectiveness of complaints procedures

In relation to complaints from service users, there was seen to be a need to determine exactly what happened from the service user's point of view, but also how to take the matter forward to heal the rifts that had almost inevitably been caused already. The view from a number of the managers was that the complaints procedure did not help in the latter manner. Another manager believed that the complaints system was essentially a blaming system.

One manager believed that it was very important that social work staff were accountable. He thought that, after a complaint had been made, *"depending on the tact and skill of how that is done, the worker can either leave that scenario feeling that their professional credibility is intact, and they had been understood and believed, or misunderstood and blamed for a mistake. There is a big fear that if you make a mistake somehow it is going to rebound against you. I am not for that. I am for saying, you learn by your mistakes, and we are not arrogant enough to state nobody makes mistakes. In these sorts of systems mistakes will happen, but I think we should apologize if we have made a mistake, and also that we learn from them and have a look at how that educates us... I am more worried about people that seem to think they do not make mistakes, or who cover them up"*. This manager believed that there was a *"blame culture"*, but that there needed to be a culture which recognized the uncertainty of the work, and that it was not possible to be 100 per cent correct all the time. There needed to be a system that could recognize problems, and learn from them without scapegoating individuals. He stated that at that time the complaints process could feel like an inquisition. Some of his workers lived with great fear that they had missed something, that there would be a tragedy, and that they would be blamed.

This culture of blame, and lack of support, was seen to be an issue in relation to one *'very nasty'* complaint which went to the top of the organization, and where the team said they could not cope with the effects of this anymore, and wanted to know what they could have done differently. *"What needs to happen is to have an organization that learns from problems, mistakes and difficulties, not a culture of blame which encourages people not to come forward with such issues. I think if you can create a better environment and be supportive to workers, this creates a safe environment. If there is a problem I need to know about it, because I do not want it to happen again"*. But when she needed to, she had to work with the worker on how they could have prevented matters becoming worse, suggesting why didn't they do something else; *"but in the end I think it's all about being valued. I hope I value - but it is really hard, it is the bucket of water isn't it? If you are giving out all the time, and no one is replenishing your own bucket, eventually you*

get to the point when you think 'hold on a minute'". This manager believed that senior managers needed to learn from teams' experiences, rather than teams feel that they will be too readily blamed if complaints come forward.

The managers believed that the current adversarial system of complaints did not necessarily help the workers, managers or organization to learn from complaints that were made, but added to the stress of social workers without adding to the development of practice. A system which would allow workers to discuss what they may have been able to do differently, so that the worker and the agency could learn from it, was not facilitated or encouraged by the current system which had the prime purpose of judging how much blame, if any, to apportion the staff member complained about.

One manager stated that *"any system around complaints needs to ensure that matters are dealt with, but that also during this process and afterwards the workers are made to feel valued in an area of work where this is becoming increasingly difficult"*. As a team they were *"trying now to sit down with the workers involved and say this has been received, what shall we do about it. It is about acknowledging that there are two sides to every story, and that social workers need to have an environment in which they can think about what's happened and put their side, and maybe say 'yes I did this - I know it was not good practice, but these were the circumstances', so it can be taken into account why they did what they had. I think if you can create that environment and be supportive to workers, then you can move on. If there is a big problem, I need to know about it, because I don't want it to happen again. But unless you give them the environment to be able put their hands up, or to feel they can say 'no I did not do that', they are not going to feel valued."*

Complaints against managers

One manager stated she had experienced a complaint where herself and her line manager had been investigated concerning a complaint against them by a worker. It was a Health and Safety matter in relation to a member of staff, and she stated that this had *"horrendous effects"* on both of them. Instead of being able to get together to discuss the problems and take it forward in some form of mediation session, they were invited to be interviewed and then *"grilled"* about who did what in the incident. She did not believe that this was the best way to investigate and try to deal with the difficult issues arising where a worker complains. Another manager also reported very similar reactions in relation to a complaint made against him by a member of staff.

Another manager stated that he had a complaint made against him, and he thought he must have felt the same as workers who had complaints made against them by a service user. The concern for this manager was how he supported his member of staff when he was the subject of the complaint. The member of staff believed the problem was the manager's fault, and would not have a meeting to discuss it jointly with others in the Department because they said they would fear how the manager might react in a meeting. He would have wished to have a meeting with independent people there to try to resolve the matter.

1. Managers experiences of support

Managers reported that the best support for them was to have line managers who were supportive and trusting of their work. Most reported that this was the case, though a small minority found that their managers were not, and this created significant stress for them.

One manager stressed the importance of supportive managers, and the problem that some of them did not appreciate the reality of the front-line pressures in child protection work. This manager also believed that the matter of violence against staff was not a high-priority for senior managers, compared with other performance targets they had to meet. (Targets for the reduction of violence against social work and social care staff have now been set by the Government following the recommendations of the National Task Force on Violence Against Social Care Staff (Department of Health, 2000b)).

One manager stated that she did not have a sense of how senior managers viewed issues of violence against staff. It would seem that improved levels of communication with front-line managers concerning this matter would help in how secure they felt in managing it.

Another stated that there were two conflicting messages emanating from the department at that time- one of protecting workers, and the other of providing a protection service for children- and that these can provide real dilemmas for workers and managers. Further discussion of such dilemmas for child protection workers are contained in section 3a of this report, '*Violence against child protection staff- the place of Role Conflict and ambiguity*'. One stated "When I would think we could actually withdraw the service, they (higher managers) might not, because there is too much of a risk to take in

that situation for senior managers to accept. I have heard someone describe this department as a real Department and a virtual Department in terms of the senior management; the virtual department is what they think it is, and the real department is something totally different."

Another of the managers believed that there was a blame culture in child-protection work. The pressure was "horrendous" and she could not imagine how one person could carry so much pressure at any one given moment in time. *"It is horrendous. Sometimes you think 'oh no not one more day'... I think at the end of the day, we live in a blame culture. We live around blame. Organizations such as local authorities are all about following procedure, and 'if you do I will back you to the hilt. If you do not perform a procedure then I do not want to know, you are on your own'. So if you're giving that sort of message, how can a Department support? It is down to the individual workers and individual managers to support the workers as best they know how. If the shit hits the fan, you know you've only got so much support if you haven't followed that procedure"*.

One stated that the department needed to develop better responses to Section 8 Case Reviews under *Working Together to Safeguard Children* (1999), which concern situations where there has been a death of a child known to protection agencies where abuse or neglect were known or suspected to be factors in the death. He said that this had led to huge problems for workers and managers that needed be dealt with holistically and not in isolation from other issues. *"Again it may link back to violence and intimidation and threats; there have been situations in serious cases of child deaths, where people have been intimidated out of the picture. The agencies that should have done something did not, or did not pick some things up. We must not be intimidated out. In my view if there was less of it, but more structured and clear paperwork generated, then it might be that we can do more out there than in here doing this (paperwork). It is always 'let us invent a bit of paper, let us invent a new set of procedures to make sure we never do it again', and it really doesn't help all the time. Often there are over-reactions to problems, and also a search for a scapegoat; and if it is you that has made the mistake, you will be the one whose head is on the block, the sacrificial lamb for the department. I have seen it happen, and it will keep on happening"*.

He stated that there was too much focus now on task and paperwork, *"so in looking after our staff, we are not, I think, as good as we used to be. The pace of the work is now quite startling, and the threshold for becoming involved with families is much higher, so it is all more stressful and difficult and unremitting"*. However at the same time he had to explore if the social worker may have contributed to the situation, for example by

being provocative. Such tensions in the role could also make it difficult to support workers who had complaints made against them, for example.

One stated she would not feel confident of support from her higher managers if things '*went wrong*', as would inevitably happen sometimes. She also stated that recognition from above concerning the difficult and stressful nature of the work, was vital. She stated that it was not possible to always eliminate risk to children even with the best and most careful of work, or to always follow all procedures, and that this was true for all child-protection work in all local authorities.

Another manager stated that it was very important for him that his immediate line manager was very supportive- he believed he was very lucky in this respect. He was however concerned at the level of expectations from the Department for him to have oversight of all cases and knowledge of the many issues involved on an everyday basis-*"it worries me that sometimes I might miss something or not do something that I should have done. You might be chairing four or five strategy meetings a day, all serious and major decisions, and if somebody asks me in a quiz the next day what the decision was on this one or that one I would probably fail abysmally because they all merge into one"*.

Another manager again stated the importance of supportive managers, and the problem that some of them did not recognize the reality of the pressures in present day child protection work. In one incident that this manager had experienced, she felt supported by her supervisees, not her manager. She described how a year later she saw one of the members of the family in the street and became very worried. She stated that in the incident she had suffered, *"my manager actually did not take the initiative and say, let's make an action plan. I had to come up with the action plan, but what I wanted was the manager to handle it too"*.

She said that the one thing that would make her work less stressful would be a more supportive line manager. Another stated that the most important element to help support her in her work in this area was to have good managers who listened, a good supervisor, and good peers.

One manager thought that the Department expected him *"just to get on with it"*, as social workers used to feel before they felt better supported in their work by managers at his level. He had thought about this in relation to the interview that he was undertaking with the researcher that day; that it was difficult to have performance indicators in this field to measure 'good enough' practice.

Another manager believed that more time was needed for him to spend with supervisees, so supervision was not just focussed on task centred issues, but also explored the workers' experiences of trying to effectively carry out their tasks. She said *"I was just thinking about this, I have never had this discussion with anybody except you (the researcher). Which is quite revealing really isn't it?"* This was in relation to her saying *"nobody has ever asked me what is the worst kind of aggression that you face in the Department"*, and that they do not share these sorts of issues amongst her level of management- *"there might be ways of managing things but I don't know about them because they had never dawned on me"*. Several managers stated that the research interview had been useful in order to have the opportunity to reflect and focus upon these matters, which they do not normally do.

Another manager stated that the best support for him was to share these sorts of matters with fellow managers. He felt they were the only ones who really understand the pressures and difficulties; higher managers and councillors had become *"totally divorced"* from what was going on at the *"coalface"*, and he did not think this was very different from any other local authority. He also stated that the agency *".. is not a listening county any more. We used to be there and we were quite a good listening county who particularly heard what staff said, would know what was going on, and could hear what was going on"*.

Another manager also stated that a supportive line manager was the most important element for her. She also stated that the more senior managers do not now have a grasp of the issues. She believed that as this was the case, it was difficult to see how they could show concern or understanding for the problems that she had experienced when she had been badly assaulted her self. She stated that as social workers progress up *"through the ranks"*, and they had been out of direct practice for some while, they had difficulties in understanding the very conflict-laden nature of child protection work as it had recently become.

m. Does the Diploma in Social Work prepare students for child protection work?

The great majority of those interviewed believed that the qualifying Diploma in Social Work did not prepare students for the pressures of the conflict- laden nature of child protection work. One stated that if all of his social workers came to him directly from Diploma in Social Work courses this would be an enormous problem, as there was a need for experienced workers to pass on knowledge and skills.

Another believed the Diploma in Social Work provided preparation for general social work tasks, but not for the impact of the reality of child protection work. He stated that workers often *"buckle"* under the initial pressure – *"you have got all that theory there in your head, but it is how you react under that pressure that allows you to be able to put those theories into practice. It is almost like the basic training, and then going into combat in the army"*.

One manager stated that the *"theoretical framework for social work is very outdated in the child protection area - and managers haven't got time to help newly qualified workers. We can put strategies into place, but there comes a point, after six months, when you get a worker and say 'you need to be able to get on with this and I need to be able to trust your judgement'. No, you do not teach reality up there (in the Diploma in Social Work course)."*

Another stated that the *"Diploma in Social Work is needed for the academic and theoretical input, but that experience in child protection work is also vital- the actual direct experience of working with people in this type of situation. The training my social workers had received seemed to make them able, skilled and knowledgeable in terms of conflict resolution and challenging behaviour so I think they have learned from that and they can then apply it. Certainly my observations of them in some very difficult meetings, they have been rejected, or they have come and have taken the initiative to say, well what area can we change where is the middle ground; and I think that has been good"*.

Another stated that what was important for students to learn was how to say unacceptable things, and say them effectively. This he thought was the key to good practice in this area. Another stated that it was not really possible to teach students the reality of the work or it would deter them from working in this area. He believed that many qualifying social workers still have a fantasy about social services work with children and families where child-protection is involved. He believed that many wanted to do therapeutic work, and build up relationships with children, although their work now was to assess risky situations and manage a package of services, which did not give the same satisfaction to some workers. Another stated the Diploma prepares students in some ways, but there are too few placements to give them real experience. This manager also stated that childcare training in the County Council was not sufficiently tailored to child-protection situations.

Another manager gave a very definite *"No"* in answer to the question concerning whether the Diploma in Social Work prepared students for the reality of child

protection work. He said that students should be prepared for conflict-laden situations as the norm, and that such things as role-play could help with this.

Another stated that the Diploma in Social Work did not prepare students "100 per cent" for the job, and a high proportion of newly qualified workers left relatively soon after joining the Department because of this. Another stated that social workers did not generally come into the work with the mindset that they would have to deal with conflict, aggression and resistance so regularly. They required a placement in this specific area that could include modelling from experienced workers on how to assess and deal with such situations.

n. Relationships with the police

As with the previous piece of research with social workers and managers on which this research report builds (Littlechild, 2000c), the managers almost universally stated that the police worked well with them in dealing with aggression and violence. The only hesitation concerning this was when the police were already dealing with very difficult and demanding situations elsewhere, when they might not be able to arrive as quickly as they all would like. None gave critical views.

A number made statements relating to how they no longer experienced the police as being judgmental about social workers or being 'anti-social worker'. One believed that the joint child-protection work undertaken with them had achieved a good deal in raising the police's awareness of the problems in social work, and for social workers, and on the whole she felt supported by the police. Another stated that using uniformed police was more problematic, as they did not know them well as they did the non-uniformed officers in the child-protection unit, in terms of understanding each other's roles and strategies. Another also stated that the relationship with the child protection unit police officers was very good, and that the relationships developed were vital. She stated that sometimes they chose to access police support through the child protection officers when they were experiencing threats and violence because they had better routes to obtaining effective responses from the uniformed officers this way.

This manager found the police very helpful, and she would actively work on inviting the local officers for coffee for informal discussions about their roles, as they also did

with the domestic violence unit officers. She said that in many ways these officers are now undertaking social work.

She said that it is important to forward plan with the police when they wanted them to attend, and to include them in on discussions if they anticipated aggression and violence in a particular situation.

Another manager stated they had discussions in their team meetings about the police's support - which was very good- but questioned whether it sometimes exacerbates the situation by having the police there. This manager stated it was important to have full discussions and preparation where possible for joint interventions, e.g. in very difficult emergency child removal situations, and to take into account the child's perspective to try to minimize the trauma for them as much as possible.

Another again stated that the police were as supportive as their resourcing would allow, that they negotiated well together. She recalled that one police officer had been very skilful in facilitating a social worker being able to leave a very threatening situation.

o. The effects of violence on the managers themselves

One manager stated that he knew of a number of workers, including several managers, who had moved posts after experiencing incidents of aggression and violence.

Another stated that she sometimes became angry that she could not act as she would do if a similar situation occurred in her personal life. She believed that this suppression of feelings must affect how managers and workers subsequently dealt with service users, and needed addressing in training and supervision.

Another stated that she had been physically assaulted in a child protection case conference by a mother, where she believed that she should have been able to feel safe with all the other professionals surrounding her, but *"Until I'd been hit no one was going to do anything"*.

One manager stated that she had been subject to attack by a service user in the home. She said that she had felt very angry that she would not be allowed to

(metaphorically) hit back. *"What got me very angry was that I believed I was expected to sit thinking 'OK well you are angry, would you like us to talk about it', when it's not how you feel personally as an individual, as a human being outside of a professional role. What you thought personally was that you were being attacked. Whether it was violently or verbally, you are being attacked. You are being threatened. Your personal space is being invaded by something nasty. What I felt there was I wanted to hit back out. I felt helpless in that situation, because I had to remember I had to wear the departmental hat, but on the other hand this was me out there and I wanted to hit back"*.

One manager stated that in dealing with aggressive situations, as he was often called on to do, he *"worked himself up"* to deal with the situation, which produced adrenaline and anxiety, and then sometimes the situation dissipated of its own accord. Several male managers stated that this was a problem, as they were expected to deal with these issues in the office. This was often done on limited information, requiring them to go to the duty room for example, and deal with situations they knew very little about. One stated that he had been physically assaulted himself, and had on a number of occasions received implied threats: *"I have had it myself where there has been implied threats- 'we know where you live'- or people asking where I live. So that worries me more because I think it is a direct threat to myself. I think the big worry is that if they threaten your family, there is the issue about that impact on your home life and social life and how you protect your children from that, or your own family; that is then stepping over a line, then I might resort to something myself unprofessionally, because I won't have it basically; job or no job- if they brought my family into it, that would probably be one of the situations if that happens, I would consider resigning. That would be a risk that I'm not willing to take. I'm not paid enough"*.

Two of the male managers specifically stated that they believed it was incumbent on them to intervene as the protector within situations within the office. They felt that they were usually asked to do this as large males, but this felt unsafe, as males often are more aggressive to other large males. One of these managers stated that because he was expected to be assertive and in control, he found it hard to share with others his anxiety and concern about intervening in such situations. Therefore he did not allow his staff to see those uncertainties. He also stated that his staff did not expect to have to give feedback to him about how well he had performed, or that they needed to take into account his concerns and the after effects on him - *"they just expect you to do it well."* He also stated that as he gets older, he finds it more difficult to fulfil this role, and he has become more fearful. He said he felt less brave when going to deal

with these unknown and unpredictable situations; he felt a heavy burden of responsibility, unlike 15 years previously.

He said that he was becoming increasingly worried whether he could continue to manage these situations successfully, and remembers the numbers of deaths of social workers, so sometimes slows up to try to avoid it, and hopes that someone else gets there before him. He said that he has to close down on his own feelings and the implications of them, because he was not expected to need any support. He said that he believed social workers must also feel the same about going into situations of known conflict and difficulties – *“they have handled it well in the past, but they must worry whether they will be able to successfully do it this time....and I wonder about social workers who have been through violent situations. How do they deal with clients? Does it mean the child is more vulnerable because they are not actually dealing with a situation that is likely to lead to conflict and maybe that becomes quite a dangerous situation - you may just accept it in order to avoid any challenge or conflict. Such challenges may make matters worse in certain ways, but at the same time not dealing with issues as they need to be.”*

One manager spoke of the *“drip, drip”* effects of constant abuse, avoidance and aggression from parents, as the families that were now worked with tend to be the ones who are less able to engage and participate in supportive work. It is the constant stress of trying to meet targets and gain positive outcomes with such families within these situations of conflict over time that diminish the managers’ and workers’ morale and commitment, and sometimes it was only one small event that can be the *“straw breaking the camel’s back”*.

She was also concerned at how such constant exposure to aggression and violence can lead to a diminution of sensitivity from- and hardening of attitudes by- social workers and managers, causing problems of increased risk of violence in itself.

One manager had experienced a problem on a home visit where the school had referred. The social worker believed she had a good relationship with the mother, though she had had to say difficult things to her in relation to the child protection plan and the interventions. The mother had not arrived at the school, and the school had sent the child home unwittingly. Whilst the mother was known, there was concern as she had been drinking, and her three children were on the child protection register. The manager believed that she needed to check that the children and the mother were *“OK”*. She stated that she had subsequently thought about these events a great deal, and she could not think of anything she would or could

have done differently on the information she had available. She stated there was a member of the teaching staff present when she arrived at the mother's home, but he left shortly afterwards. She had felt safe to go into the house, but the interview became very difficult, and she was physically attacked by the mother and badly injured by her.

She managed to get away only when one of the children pushed the mother over, when she managed to get up and run out. The police were called. She had to go to hospital, as she was badly hurt. The matter came to court eventually, but this took a very long time. The mother was sentenced to several months in prison. *"That sort of bought it up again, the day she went to court, because I thought I was going to have to give evidence, because she has had denied the charges. But on the day it must have been pointed out to her that they had taken a lot of photographs of my injuries and it wasn't really very sensible. So I didn't have to go to court... I felt very ambivalent (about the sentence) but that was really because I have got quite strong feelings about sentencing mothers with dependent children, and I didn't really feel any sense of revenge. I really didn't know if it was the way forward. I would have preferred her to get a probation order, so she could have got some work on anger management. But the reaction within the team was very different and people at work were overjoyed that she been sent to prison..(they) felt very supported in the work of social workers, that this clear message had been given out. So I try to look at it now in terms of the messages and the social workers, and that it can really make them feel it is not OK for people take a pop whenever they feel like it."*

" I had an extremely bad weekend after the sentence, thinking it wasn't my fault she had been sentenced, she didn't have to beat me up, but there were three children left behind".

The responses of this manager highlight some of the key features in dealing with violence towards staff. Social workers tend to have views and attributions concerning the reasons for difficulties presented to them by service users with whom they have a relationship. Her colleagues were pleased that a prison sentence had been given, but the worker herself was much more ambivalent about this, and had feelings of guilt, even though she knew there was nothing she could have done differently to avoid it, and that the responsibility for the violence lay with the service user. She was keen to see that the woman had a reaction from the criminal justice system to show that this was not acceptable behaviour, but she never wished the service user to receive a custodial sentence.

In discussing her feelings about the support she received afterwards, she stated that her line manager was very sympathetic, and that she was under no pressure concerning when she had to return to work. She said she had put pressure on herself to return because she felt that if she did not come back very quickly she might not return at all. Whilst she was encouraged to take more time away from work, there were no pressures on her to do so. However, when she returned there was a discussion in a team meeting that she had not felt ready to participate in. She believed that

1. Her needs should have been explored to a greater extent before being asked whether she was ready to participate in such a meeting
2. She should have been prepared properly for the issues raised in such a team meeting, including actions that had been taken with the woman, and how they planned to work with her in the future.

She had been concerned that her assessment might have been questioned; she learnt at this stage that the police had stopped the service user earlier that day for fighting with a man in the town, but no one in her agency could have known this at the time she visited. She stated that the core group meeting which was managing the child protection plan took a *"dim view"* of what had happened, and they spoke *"very firmly"* about the matter to the service user. *"However professional people try to be, it must be difficult when you know that one of your colleagues has been badly injured, but I think people who are working with her at the moment, have been extremely professional in keeping it on one side."*

This manager stated that on seeing the service user again at a later date, she had found it very frightening. She had been in a café and the service user came in, so the manager left her meal and went out. She said she was very afraid of meeting her again. If there was an office appointment, the social worker let her know so that she could stay away. Other effects were that she was very nervous about people shouting loudly at her and this was difficult because she was *"shouted at all the time"*. She was waiting for an operation as a result of the attack, *"which is a shame because it means that it keeps it alive really, and I would like to just draw a line under it...I thought that I had such a positive relationship with her and that she respected me, but that must have been completely wide of the mark. There have been times when I have felt extremely angry with her, and with the children present during the attack. I am angry that I have got to have an operation; this can be quite a big thing and I will be off work for some time."* She stated that she did not use Core Care because her line manager had been very supportive, as had her family.

From this situation, it would seem that it is important for victims to know that the service user has been treated fairly, and that there are repercussions for them and responses to their behaviour, but not necessarily punitive ones; and also that the work can continue in the best way possible for the parent service users and their children.

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Working with Aggressive and Violent Parents in Child Protection Social Work

Brian Littlechild

This article examines the findings from research into the effects of parent service user aggression and violence against child protection social workers. First, the types of violence that are most prevalent, and the effects on workers are discussed. Next, the problematic areas to be addressed in order to provide the most effective forms of support and supervision are set out. The links between risks to workers and risks to abused children within violent families are also examined.

This article examines research into the risks posed by aggression and violence against child protection social workers, and how these can best be managed. It is based on interviews with 20 managers in a large county social services department (Littlechild, 2002a) and the findings from previous research comprising questionnaires and interviews with child protection social workers in the same agency (Littlechild, 2000, 2002b). This latter piece of research illustrated the nature of the risks faced by child protection workers, and the effects upon staff of different forms of aggression and violence. It also examined social workers' views on the types of agency and managerial responses which professionals found helpful and unhelpful in:

- responding to their own difficulties when victimized
- responding to perpetrators
- protecting both themselves and the children they were working for.

Prior to this research, there had been little work that specifically examined the experiences of practicing social workers and managers in the area of child protection field services. Whilst Balloch, Pahl and McLean (1998) discovered that violence is a major cause of stress for social workers, including child protection workers, a review of the current literature and issues concerning violence against social workers by Brockmann (2002) demonstrates that in general little

Working with Aggressive and Violent Parents

published work focuses specifically on child protection. It would appear there is avoidance of this issue in practice, policy, and research.

Prevalence and Nature of Aggression and Violence

The perception of most managers was of a much higher level of threats and violence than 10 years previously. Most managers believed that violence and aggression is a feature of the work that is 'never ending', and that a certain level of resilience in social workers is now required for them to cope with this. They thought that the role of child protection as currently configured, with its predominately investigative role, itself produces risk of aggression and violence against child protection social workers. This is in accord with research which suggests that issues of power, authority and control, significant features of child protection social work, are central issues for assessment of risk in relation to violence to social work staff (Brown, Bute and Ford, 1986; Stanley and Goddard, 1997, 2002; Pahl, 1999), and how social workers are viewed by clients. All the managers stated that service users initially saw social workers as controlling and critical; however, in the great majority of situations workers achieved reasonable working relationships with them.

Whilst physical violence was comparatively rare, other forms of 'indirect violence' as one respondent referred to it, were common. In relation to physical violence, social worker respondents usually found managers sympathetic to the problems raised for them by such behaviour, and managers attempted to ensure protective back-up for them (Littlechild, 2000). However, they found procedures and support for the less obvious types of violence, such as threats and intimidation, were less clear and accessible. Social workers were also less likely to report these types of violence and threat.

There were differences in the types of violence displayed by service users depending upon gender. When children were removed from parents in emergency protection procedures, in child protection conferences, at court hearings, or when parents were told of recommendations for care orders in court reports, it was generally the mothers who reacted in a physically violent way. These were also the situations in which physical violence was most likely to occur. The reason for the gender imbalance was judged by managers to be due to

Brian Littlechild

the fact that in these situations, it was mothers who were physically present, as males are often much less involved in the process. Additionally, some managers stated that they intervened to a much greater extent with mothers raising children on their own, than in situations where lone fathers were raising children. In less obvious but very threatening situations, however, such as where there was sustained verbal abuse and threats, threats to the workers family, and/or the following of workers in the street or in their cars, males were the main perpetrators.

Fear and anxiety were regular features in respondents' reactions to violence and were particularly problematic in situations where there were developing and threatening violent scenarios when there is a build up of pressures, threats and abuse against the worker over time (Littlechild 2000).

These issues present significant problems for child protection workers, managers and agencies in a small but critical number of threatening and violent situations. Crucially, these types of situation that child protection social workers and their managers encounter have been shown to have an association with the most severe forms of child abuse, including deaths. A number of child abuse death inquiry reports have found that workers' fears of family members have been a contributory factor in those deaths (Department of Health, 1991). Reder, Duncan and Gray (1993) concluded that contributory factors to diminished protection for the child where deaths had occurred included the dynamics of the relationship between the worker and family members, where the latter experienced their often fragile self esteem undermined by the child protection process, and their control over the situation was challenged. Most recently, in 2002, Leanne Labonte and Dennis Henry were imprisoned for the manslaughter of their 2-year-old daughter. The abusing parents had 'paralysed by fear' the social workers and health visitors involved (Guardian, 2002).

Examples of Violence Against Workers and the Effects on them and the Protection of Children

One situation reported by a manager concerned, 'a serious threat to kill us from someone who had been seriously violent in the past and killed a child'. An injunction was in place to keep the person away

Working with Aggressive and Violent Parents

from the office, but the worker was concerned about being followed, and interference and threats involving her family life and personal space outside of work. In another situation there had been threats 'to shoot' a worker from someone who was known to be capable of such behaviour. One manager was seriously injured by a mother with children on the child protection register, and required a number of operations afterwards.

Managers gave a number of examples of social workers and managers leaving child protection work after severe threats and/or physical violence. One of these involved a situation where a worker's life was threatened. The worker had subsequently been on long-term sick leave, and then resigned. Another worker had been forced to change her car, and put alarms in her house.

Apart from serious physical violence, orchestrated, repeated, intimidating and personalised threats from parents onto the worker and possibly their family, were seen to have the most severe and long-term effects on workers. Such behaviour can destabilize workers' professional self-image and affect their capacity to carry out effective work.

One worker had felt too intimidated to tell her manager for a long period about one drug-abusing parent who made racist remarks that were linked to threatening, aggressive and violent behaviour. She had also been unable to challenge this parent's behaviour.

Stanley and Goddard (1997, 2002) suggest from their research into the effects of violence against child protection social workers in Australia that the Stockholm syndrome (Wardlaw, 1982) can apply to social workers in child protection settings. This theory explores the accommodation of aggression by the victim within the relationships between hostage and terrorist. Stanley and Goddard (1997) also argue that the same dynamics can apply to relationships in and surrounding abusing families. In addition, bullying, which is how some workers can experience the behaviour of such abusive and threatening parents, can also produce fear and disempowerment in adults in work situations (Randall, 1996).

Brian Littlechild

In accordance with Stanley and Goddard's findings, one manager believed that some workers can collude, maybe unwittingly, with the oppression from some of the abusive parents/carers they are working with. A number of managers stated that supervisors need to use supervision to uncover such effects on workers, within a process where the worker feels safe to report and explore this difficult territory. If this is not done the family can prevent challenges about their abusive parenting. This can mean that work to reduce the risk for children is more limited, as workers may be unable to divulge these issues to their agency or supervisor. When this happens, they are exhibiting the same reactions as other abused family members to severe intimidation and threat (e.g. Mudaly and Goddard, 2001). They are thus joining in the family dynamics rather than remaining outside, and are therefore unable to assess objectively, and work with, them (Reder et al., 1993).

One manager reflected the views of a number of the managers when she stated that the impact on workers of different types of aggression and violence on assessment and practice 'could be massive. I think a worker who is intimidated or lacking confidence is not going to come to the correct conclusions'.

The Avoidance of Conflict and Challenge

The majority of managers believed that a small number of service users employ aggression and violence as tactics or strategies to deflect from the issues of abuse and protection: 'they want us to withdraw, and that is why they are threatening us – it is to get us out', or they try to 'put workers off the scent'. One stated that he thought that a 'small minority do use certain tactics to divert the workers from exploring and confronting the real problems – i.e. the treatment of the children by the adults. The department has not seized the nettle – more could be done, but it also puts workers more at risk'.

Reder et al. (1993) note how parents can avoid social workers' and other professionals' interventions in a variety of ways. The research findings presented in this article confirm that aggression and violence displayed by parents should be seen in the same vein.

Working with Aggressive and Violent Parents

Several managers stated that when workers avoided being clear about their role and the perceived problems in the family, it could make it much more difficult for other workers later in the process, and for the child protection process itself. This matter they believed needed to be covered in training and in supervision. Problems occurred when workers were not:

1. clear about their remit
2. open and honest with managers and service users
3. able to state their role, remit and powers skilfully and firmly with service users.

There were also inter-agency risk factors arising from such avoidance by other professionals. One of the most problematic areas for workers and managers was where threatening men had to be challenged about their behaviour which had been experienced but not dealt with by other agencies prior to their involvement with social services. It was the experience of the managers that in the main that 'Social Services staff that have to say 'no, that will not do' '.

The need for appropriate use of authority in child protection work has been noted in a number of child abuse death inquiry reports and government publications (e.g. London Borough of Brent, 1985; Department of Health, 1988, 1991; Reder et al., 1993), and issues arising from the effects of the power and control inherent in the child protection role are examined by Stanley and Goddard (1997, 2002). A number of managers believed that power and control dynamics within situations that can affect workers and their assessments and interventions were not sufficiently taken into account when planning and reviewing the work.

Humphreys (1999) demonstrated that child protection social workers' approaches, and their agencies' policies and procedures, often minimized the effects and meaning of violence displayed by men against mothers in child protection situations, which results in this significant problem within families often being avoided. This issue of avoidance is also relevant when aggression and violence against child protection social workers from parent service users is a

Brian Littlechild

feature. In the research presented in this article, work with the service users concerning their part in the aggression was shown as poorly developed within the agency.

Visiting in pairs was seen to be one of the best practical preventive factors, and several managers believed two workers were necessary for effective assessment and intervention with aggressive or threatening service users. Co-working was seen by several managers to be important on several levels:

1. Modelling for new workers from experienced workers
2. Ensuring that difficult family dynamics do not overwhelm a single worker
3. Providing personal safety.

Supervision

The importance of skilled supervision which places particular emphasis on the need to focus on dealing with the stresses and anxieties arising for child protection workers is set out by a number of authors (e.g. Richards, Payne and Sheppard, 1990; Jones, Fletcher and Ibbetson 1991; Rushton and Nathan, 1996). Gibbs (2001) argues that supervision is a vital element in workers' ability to maintain themselves whilst dealing with these stresses and to sustain the focus of their work. However, a number of managers saw supervision as too task centred; they believed that there needed to be more time to explore the worker's experiences of trying to effectively carry out those tasks.

A number of workers were judged by managers to require careful supervision and monitoring in order to minimize the possible effects on them of threats and violent behaviour and potentially on their ability to protect the child(ren) involved. Whilst the nature of the work required managers to bear this in mind constantly, two groups of workers were seen as being particularly vulnerable; those who were inexperienced, and those who did not feel they have the right and/or the confidence to carry out the control elements that have to be utilized in protection work.

Working with Aggressive and Violent Parents

Supervision skills were seen to be important to support the worker, and also to assess over time if role conflict, role ambiguity and aggression were affecting the protection work. Supervision skills were also seen to be important in ensuring a worker is not becoming potentially dangerous by putting themselves and/or the child(ren) at risk by avoiding, consciously or otherwise, the effect of parent service user threat in their work. The potential dangerousness of workers who are severely stressed and unsupported is noted by Dale, Davies, Morrison and Waters (1986) and by Reder et al. (1993).

A market-oriented approach, where the 'customer is always right', problematises the experience of the worker who is being abused by such a 'consumer'. In a pseudo-market where it is assumed that consumers' needs will be met, within what essentially is a control function rather than a service function (Bell, 1999; Parton and O'Byrne, 2000), problems are created because service users, particularly parents, can feel that workers are duplicitous and dishonest, and this will affect how they relate to the worker. Practitioners are expected to provide a supportive function and work in partnership with parents. At the same time having to judge parenting skills, and in certain circumstances apply for children to be removed can lead to role ambiguity for the social worker and conflict between worker and parent (Littlechild, 2002a).

The Most Effective Ways of Dealing with Violence and Conflict

A number of the managers stated that one of the most effective ways of dealing with violent or aggressive behaviour is to give immediate feedback to service users that abusive, intimidatory or violent behaviour is not acceptable, and to set clear limits and boundaries for them.

One manager saw the need for three levels of response following violence or threats:

- 1 *Personal support for the worker*, emotionally and professionally
- 2 *Tactical*, for the particular situation with that service user
- 3 *Strategic*, which takes into account the policies, procedures and physical safety provisions of the Department.

Brian Littlechild

Some managers considered that a relationship of trust and confidence between the social worker and the manager is the most vital element of support for the worker. It is within such a relationship that the worker is able to say if they do not feel capable to challenge the service user or to carry out a piece of work effectively; an approach likely to be discouraged by 'managerialism' which eschews such process and emotion based considerations (Harlow, 2000). The supervisor then needs to respond by considering how protection work can best be carried out by the worker, including dealing with the issues of the violence against the worker and the potential effects on the child.

Managers thought that the most important attributes for workers in dealing with the ever-present prospect of violence was to have a high level of skill, confidence and assertiveness in engaging and maintaining relationships with service users. Most believed that workers needed better training and support to develop a secure and confident professional self-esteem in order to deliver effective interventions and assessments. The managers identified sophisticated skills which are required in both challenging service users' behaviour and attitudes, and in making them feel to be an important an integral part of the work. This can be achieved by giving positive feedback to service users if they have made efforts to change, both in their parenting and in behaviour to staff.

Several managers saw the need to update risk assessments over time, due to the potential problem of the build up of pressures on the workers within developing violent scenarios. All referred to the constant tensions and conflicts of balancing the safety of the worker, the service to the family, and the protection of the child, which was not always recognised by higher managers.

Clear ideas about risk assessment and risk management had been developed by respondents who had experienced or managed violence, and these experiences can be used by agencies in a structured manner in developing systems which take into account the risks to staff and children from violent families (Littlechild, 2002a, 2002b).

Working with Aggressive and Violent Parents

Conclusion

Agencies need to ensure that policies, training and induction processes include consideration of the strategies that workers and managers might utilise in situations of aggression and violence from parent service users. Agencies should give guidance to workers on how they can best respond to such threats and violence; provide information concerning agency policies and expectations of the worker and also spell out the support that will be available for workers caught up in such extremis.

Workers can be at risk if not supported and supervised by managers who understand the stresses arising from working with threatening and violent parent service users, and the appropriate response for the worker and the perpetrator. The effects of these stresses on workers, how they might affect their assessments and interventions in child protection work, and how they can be considered within risk assessments, are explored by Littlechild (2002a). In addition, strategies need to be put into place which challenge violent parents/carers, whilst protecting the workers from the extra risk they may trigger by being challenging. If such an approach is not taken, we may be compromising not only the safety, well being and retention of workers, but also the safety of children in the minority of families who threaten social workers in child protection work.

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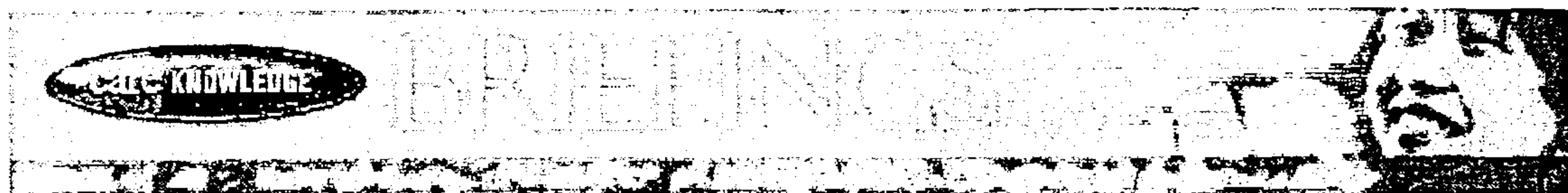
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Managing parental carer violence against child protection social workers

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Contents

- 1 Background: Violence against social work staff**
- 2 The effects of violence on child protection social workers' personal well being and practice**
- 3 Definition, reporting, and effective agency responses**
- 4 Findings from child abuse death inquiries**
- 5 Legislation, policy and regulatory body directives**
- 6 Supervision**
- 7 Good practice issues for violence against child protection social workers**
- 8 Training and induction of workers**
- 9 Strategic/management issues for violence against child protection social workers**
- 10 Concluding remarks**
- 11 References**

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Managing parental carer violence against child protection social workers

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1. Background: Violence against social work staff

Social workers are amongst the mostly highly victimized of all groups who are subjected to violence at work. Only police officers have a higher rate of physical assault; and social workers have the highest incidence of victimization of other types of violence and aggression ⁽¹⁾.

The effects of violence can lead to de-motivated and fearful workers who are less effective in their work. Violence from service users can negatively affect child protection work ^(2,3,4,5).

Large scale research on the stress experienced by the social services workforce found that issues of violence and verbal abuse were mentioned as key features of the situations which engendered the most severe stress in workers ⁽⁶⁾. The "*very real power*" of the role is noted, "*which can provoke service users and their relatives to abuse, but which also protects them from more serious physical attack.*" ^(6, p.91)

Issues of power and control are critical factors in the causes of violence against social work staff, and were key issues raised in a study of child abuse death inquiries⁽²⁾. They are also key features of the current child protection role as experienced by many parent service users in the UK.

This briefing examines the stresses placed on staff by violent parental carer behaviour, and the approaches which agencies and managers should take to protect their workers- and the children these workers are in turn protecting- from becoming vulnerable to the effects of parental carer aggression, violence and intimidation.

2. The effects of violence on child protection social workers' personal well being and practice

Fear, anxiety and anger are very common to workers' experiences and reactions to violence⁽⁷⁾. In child protection work this can be particularly pervasive and disempowering in situations where there are developing and threatening violent scenarios, those situations in which there is a build up of threats and intimidation over a period of time; workers find such scenarios particularly difficult to deal with and report to managers⁽⁸⁾.

There is evidence from child abuse death inquiries and research studies that workers at times avoid contact with aggressive and threatening abusive parental carers^(5,9) and that violence to staff can be an indicator of risk to the child(ren) involved⁽¹⁰⁾. This is a particular issue which needs to be addressed by agency managers in order to reduce risks for workers and abused children.

3. Definition, reporting, and effective agency responses

The Government's National Task Force on Violence Against Social Care Staff⁽¹¹⁾ sets out guidance for agencies on reducing risk of violence against staff, and targets for local authorities to reduce such violence. It also states that research into the management of violence and abuse against social care staff had been impeded by problems of inconsistent definition, and suggests the use of the definition as set out by the European Commission, DG-V (3): *'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'*. Whilst this definition encompasses the different areas of abusive and violent experiences which workers report, it does not encompass the issue of how the worker experiences that abuse, an important feature in understanding how abusive, threatening and violent behaviours can affect staff, their individual reactions to aggression and threats, and

their under-reporting of such behaviour^(12,13). The term violence is used throughout this briefing to denote situations of perceived threat and aggression as well as physical violence.

Research into social services staff experiences of physical violence found that in the 1980s as many as 1 in 20 workers were not reporting incidents⁽¹⁴⁾. This was because they feared that they would be viewed negatively- as weak and poor workers, as provocative- by colleagues and managers. Research in Surrey Social Services found that *"workers reported feelings of anger, frustration, inadequacy, blame and guilt after incidents in which they felt unsupported by management"*⁽¹⁵⁾.

American research found that workers often do not report incidents as they either do not interpret certain acts from service users as violence, or they see it as part of their role to absorb such behaviour⁽¹⁶⁾; issues also highlighted in the U.K.^(13,15,17)

There is evidence that black workers and female workers report racist and sexual harassment at a particularly low rate because, in addition to the general concerns of staff, they have concerns at not being believed and/or the perpetrator not being dealt with^(15,18).

If agencies do not have a culture of support in place for workers⁽¹⁹⁾ which tries to overcome these problems, such under reporting means that agencies do not know where, when, and in what situations staff (and potentially children) are at risk, and so cannot plan to make staff and children safer. Nor can they meet their legal duties and General Social Care Council directive duties set out later in this briefing in relation to risk assessment and risk management. This needs to be addressed by agencies and managers so that workers regard reporting aggression and violence as important in protecting not only themselves, but also as an important element in child protection assessments in order to ensure the proper protection of the child.

This can then lead to the instigation of child protection plans which can deal with issues of violence, abuse and/or threats; a failing in some areas⁽³⁾.

Agencies and managers need to encourage and facilitate reporting which allows organisational learning, and contributes to improved risk assessment and risk management procedures. Collation of reports on the causes and effects of aggression needs to take place, within feedback mechanisms to staff which set out the lessons learnt by the agency, and how incidents/Developing Violent Scenarios have been responded to. The importance of such feedback loops has been highlighted⁽¹⁵⁾, and should be part of the learning loop that is so important in organisational learning.

4. Findings from child abuse death inquiries

A Department of Health review of findings from child abuse inquiries⁽⁹⁾ found that one risk factor common to a number of them was that of violence and fear of parent service users that negatively affected the protection of the children concerned.

In 2002, Leanne Labonte was sentenced to 10 years imprisonment, and Dennis Henry sentenced to 12 years imprisonment, for the manslaughter of their 2-year-old daughter, Ainlee Walker. They had "paralysed by fear"⁽²⁰⁾ the social workers and health visitors involved. The report from the Newham Area Child Protection Committee⁽²¹⁾ called for priority to be given to training workers in the areas of direct work with dangerous families, and for there to be professional meetings without parents present in order to share information where parents are intimidating the professionals concerned.

Lord Laming's report into the death of Victoria Climbié⁽²²⁾ stated that

"I recognise that those who take on the work of protecting children at risk of deliberate harm face a tough and challenging task. Staff doing this work need a combination of professional skills and personal qualities, not least of which are persistence and courage. Adults who deliberately exploit the vulnerability of children can behave in devious and menacing ways. Staff often have to cope with the unpredictable behaviour of people in the parental role". (p.3).

He also stressed the greatest failures in Victoria's situation were the responsibility of managers and senior members in the various agencies.

5. Legislation, policy and regulatory body directives

There are various Acts of the UK Parliament relating to staff safety at work, including the Health and Safety Work Act 1974, European regulations concerning the reporting of incidents and agency staff safety procedures, and the Codes of Conduct and Practice for Social Care Works and Employing Agencies⁽²³⁾, which sets out employing agencies' and individual workers' responsibilities in relation to staff safety.

Section 2 of the Health and Safety at Work Act 1974 imposes a general duty on employers to provide their employees with a healthy and safe working environment, including safety from violence, as far as is reasonably practicable. However, the Act also requires individual employees not to put themselves in situations of risk.

Additional duties are placed on agencies by the Management of Health and Safety at Work Regulations 1992, requiring employers to undertake a systematic assessment of all risks arising from employees' work, and to record the findings. They also have a duty to monitor and review the risk assessment at regular intervals.

There also exists in common law an employer's general duty of care towards their employees, which includes taking reasonable care to ensure that their workers are not exposed to unnecessary risk of violence.

The 1997 Prevention of Harassment Act provides for civil and criminal legal remedies when someone has shown to carrying out conduct on at least two occasions – which amounts to harassment. It applies equally to those at work as well as to people in their private lives.

As from 2003, the Codes of Conduct and Practice for Social Care Workers states⁽²³⁾ that social workers must follow *'practice and procedures designed to keep (the social worker) and other people safe from violent and abusive behaviour at work'*, which has a direct bearing on the personal responsibilities of workers in this area. Other requirements which will have relevance to working with violent service users include taking necessary steps to prevent service users from doing actual or potential harm to themselves or other people (including the worker); challenging dangerous, abusive, discriminatory or exploitative behaviour, and using established processes and procedures to report such behaviour. Social workers are also required to inform their employer or the appropriate authority about any physical, mental, emotional or legal difficulties that might affect their ability to do their job competently and safely; and to inform their employer or the appropriate authority if they do not feel competent to carry out any aspect of their work, and to seek necessary supervision and training- which will include issues arising from violence from service users.

In addition, the requirements for agencies employing social workers (although the consequences of employers not meeting these obligations are not clear) state that such employers must regularly supervise and effectively manage staff to support good practice and professional development and to address any deficiencies in their performance, and make it clear to service users and carers that violence, threats or abuse to staff are not acceptable. Agencies are also advised to have clear policies and procedures for preventing violence and managing violent incidents. All of these issues are known to have been problematic areas for social workers and employing agencies, and are addressed in this briefing.

6. Supervision

In addition to the inherent conflicts now present in child protection work, as discussed in previous sections, is the important issue supervision. Workers' supervision may not focus on their perceived difficulties in engaging with the family, but on the management of the investigation, and particular problems concerning tasks (24). Currently, supervision in England tends to consist of discussions that enable supervisors/managers to monitor their supervisees' work and to ensure that performance indicators are being met. It tends not be used for examining and untangling the complex difficulties workers face that are inherent in such work, and the stresses which arise from them, and ignoring the often unconscious defence mechanisms utilised by some individuals to survive in the face of high levels of anxiety can become potentially dangerous to those individual workers and for the child⁽²⁵⁾.

Managers' supervision skills are important in

- Supporting the individual worker
- Assessing over time if role conflict, ambiguity and aggression are affecting the protection work
- Ensuring, over the period of the assessment/intervention, that the worker is not becoming potentially dangerous to themselves and/or the child(ren) at risk by avoiding consciously or unconsciously the effect of psychological or physical threat in their work with a family.

Of particular importance is the need for supervisors to know how to address situations where workers may be becoming potentially dangerous due to avoidance of issues resulting from dealing with an individual case, and/or where there is a build up of effects from constantly dealing with situations of conflict and aggression.

Supervisors also need to understand the effects of service user's personalising of anger and aggression onto individual social workers, and utilize strategies so that parents are worked with in ways do not allow parent service users to personalise the anger/controlling behaviour onto the worker.

Some workers will be judged by managers to require careful supervision and monitoring in order to minimize the possible effects on them of threats and violent behaviour and, potentially, on their ability to protect the children involved. The potential dangerousness of severely stressed and unsupported workers has been noted^(2,26).

This was also confirmed by Lord Laming⁽²²⁾ :

"Supervision is the cornerstone of good social work practice and should be seen to operate effectively at all levels of the organization. In Haringey, the provision of supervision was may have looked good on paper, but in practice it was woefully inadequate for many front-line staff. This must change." (p.14)

7. Good practice issues for violence against child protection social workers

The following good practice issues have been identified from recent research carried out by the author, which investigated a wide range of issues with 20 local authority managers⁽¹³⁾.

Visiting in pairs was seen to be one of the best practical preventive factors, and several managers believed two workers were necessary for effective assessment and intervention with aggressive or threatening service users. Co-working was seen by several managers to be important on several levels:

1. Modeling for new workers from experienced workers
2. Ensuring that difficult family dynamics do not overwhelm a single worker

3. Providing personal safety.

Managers stated that the most important attributes for workers in dealing with the ever-present prospect of violence was to have a high level of skill, confidence and assertiveness in engaging and maintaining relationships with service users. Most believed that workers needed better training and support to have a secure and confident professional self-esteem in order to deliver effective interventions and assessments. The managers stated that there are sophisticated skills required in both challenging service users' behaviour and attitudes, and in making service users feel important as part of the work, by giving positive feedback if they have made efforts to change, both in their parenting and in behaviour to staff.

A number of the managers in stated that one of the most effective ways of dealing with violent or aggressive behaviour is to set clear limits and boundaries for them by giving immediate feedback to service users on non-acceptability of intimidatory or violent behaviour. One manager saw the need for three levels of response following violence or threats:

- 1 *Personal support* for the worker emotionally and professionally
- 2 *Tactical*, for the particular situation with that service user
- 3 *Strategic*, which takes into account the policies, procedures and physical safety provisions of the Department.

Managers stated that a relationship of trust and confidence between the social worker and the manager, within which the worker is able to say they do not feel capable to challenge the service user or to carry out a piece of work effectively is essential to safe working procedures. The supervisor then needs to ensure that work can best be carried out which includes dealing with the issues of the violence against the worker and the potential effects on the child.

Several managers saw the need to update risk assessments over time, due to the potential problem of the build up of pressures on the workers within developing

violent scenarios. All referred to the constant tensions and conflicts of balancing the safety of the worker, the service to the family, and the protection of the child, which was not always recognised by higher managers.

The Center for Child Welfare at the University of Texas at Arlington and the Protective Services Training Institute, Center for Social Work Research at The University of Texas at Austin, provide a useful on-line 'Worker Safety Advisor (WSA) Performance Support System' (<http://www2.uta.edu/cusssn/wsa/default.htm>). The WSA presents child welfare workers with several computer screens on which they specify the situation they face. The module then searches a database of worker safety information and presents relevant information in an easy to read format. The WSA is not training software, but a performance support or advisory system. It assumes that the user has had training in worker safety but would like information about a specific situation.

8. Training and induction of workers

As one of the ways of dealing with the matters raised as problematic in this briefing, there is a need to train and induct workers on

- 1 how to deal with aggression and threats
- 2 what they can expect in support for them and their work from their first line managers/agency
- 3 what they are not expected to have to endure
- 4 What measures will be taken on their behalf if they are subject to such threats - not just for their benefit, but also potentially for the protection of the child(ren) for whom they are working.

The importance of training and support for staff in relation to male violence in particular has been noted⁽²⁷⁾. Such training, and associated local policies, would also make clear to workers what to expect from other agency staff in their working roles

in the build up to potentially violent situations, and after an incident, so that a culture of support is clearly set out.

Training should include

- 1 the development of good practice skills in working with service users who are angry and feeling threatened, and who may be using power/control tactics similar to those they use with children and partners
- 2 how to prepare and plan for the work in order to ensure workers are not left isolated and exposed in situations of risk
- 3 how to use supervision in relation to ongoing relationships, particularly where there may be a developing violent scenario with more subtle, threatening violence from service users.

New or less confident workers may also need to have the benefit of mentoring and modeling from experienced and effective workers. There also needs to be training on assertiveness, and ways of being assertive in the role of child protection work⁽¹⁰⁾⁽¹³⁾.

9. Strategic/management issues for violence against child protection social workers

Organisational strategies

There is a need for the agencies to learn from incidents and Developing Violent Scenarios over time; this has been a constant failing within agencies for many years in this area^(14,28). There need to be more feedback loops/learning organisational strategies in this area, and for feedback on learning and action taken to staff at regular intervals. Senior management need to take this matter seriously, and not to leave managers with the belief that it is largely up to themselves to deal with, consequently leaving a large gap in organisational learning and development processes and responsibilities⁽¹³⁾.

Any management strategies which cover the different factors which may affect the safety and well-being of staff, and of children, should take into account the following elements.

- 1 Some service users use threats and/or physical violence as a way of keeping other family members from telling others of the abuse, or workers at bay, and this factor needs to be included in risk assessments and treatment plans.
- 2 The supportive reactions of managers and employing agencies are vital in order to:
 - Increase reporting, and persuade all staff to take the matter seriously
 - Change workers' attitudes concerning some forms of violence not being serious enough to report, or that service users have justifications for being violent
 - Provide clear messages that acceptance of violence is not 'part of the job'
 - Dispel concerns that managers will not fully support the worker or take actions to deal with the behaviour from the service user.
- 3 Managers' need for support, training in appropriate supervision skills, and knowledge of the effects of dealing with situations of conflict and aggression. This is particularly important in the types of situations where such threats are not always allied to obvious incidents - some can be very invidious, preventing workers recognizing the risks to themselves, and lead to workers not discussing/reporting for this reason, or because of concern at how they will be seen by their manager if they do raise it.

4 Supervisors need to have an awareness of how to assess and deal with situations when workers are becoming potentially dangerous in their avoidance of confronting the abuse and agency function in relation to it.

Particular problems relate to:

- Personalising of threats onto workers and/or their family
- Where there are crossover points between the personal and professional effects arising from personalised threats, the manager needs to consider the needs of the whole person, as a worker and in their personal life
- Denial in the worker/ failure to recognize, or raise in supervision their avoidance, either conscious or unconscious
- The effects of Developing Violent Scenarios over time - that it is not just at initial referral/assessment stages that these matters need to be addressed.
- The effects on workers of constantly dealing with parents who are avoiding contact and/or being aggressive and threatening. The effects over time can mean that the worker becomes more vulnerable to such aggression from parents, and the child more at risk from the avoidance of that aggression by the social worker.

5 Agencies need to ensure that effective strategies are in place to support threatened workers and confront appropriately violent service users. There is little evidence from the research that agencies work to set limits and boundaries with service users where they have presented violence or intimidatory and threatening behaviour. This issue is also rarely addressed in the literature on violence against staff - if there should be a shift to more proactive work with men on confronting their violence, there would need to be increased support to ensure the safety of workers, as this would increase the risks for them⁽²⁹⁾.

6 Assessment/Treatment plans with service users need to include:

- Who does what? How? When? What are the aims of the intervention in relation to reducing the risk of aggression and violence to all concerned, including the child(ren) and non-abusing family members?
- When will this element of the risk assessment be reviewed? By whom? When? What is 'good enough' in terms of 'safe enough' for the worker, and the child? How are victims' fears systematically included/considered, to what purpose?
- How is change measured in the situation? By whom?
- How are issues of Power, Authority and Control included in the assessment – how are parents experiencing the intervention? How have they already reacted in relation to the current intervention, and any previous interventions?
- How much of a threat is there to the self-image of the parent-particularly the mother, and/or any power/control issues for the father? How are each of these people experiencing the intervention?

Questions agencies and staff may find helpful to address in policies, procedure and practice as a result of these findings are:

- How clear are limits and boundaries on different types of behaviour to workers and service users, and how are they spelt out and maintained over time?
- What range of responses should be available, operated by whom, in what ways, to deal with any developing violent scenario a service user may be

presenting against the worker? Who has the primary responsibility to ensure children's welfare and safety in response to such aggression and violence?

Features of an effective policy

What, then, should be the features of an effective policy which would meet needs of staff given the effects of violence set out in this report? The effects of good policies would be that:

- The worker feels confident in recognizing risk and asking for support, including where violence, threats or intimidation may affect the ability of the worker/agency to gain proper access to protect the child(ren)
- The worker feels confident of supportive responses if an incident occurs, or where there are signs of a build up towards violence
- There are reduced risks for workers of being left in a situation where they cannot gain immediate help
- There are clear and specific policies concerning the types of support that will be available in different parts of the agency's buildings, or outside on home visits
- There is proper and appropriate de-briefing available, possibly independently and in addition to first-line managers' de-briefing
- There is good clarity of role and duties for first line managers, including their role in supervision

- The worker feels safe with managers and colleagues to work through difficulties arising for her/him in the work arising from aggression and violence from service users
- Triggers for aggression and violence are recorded, so that consideration of these can be included in future work: the best predictor of violence is that it has happened before, and in similar circumstances
- The agency collates reports of violence against staff, prepares action plans to support staff and reduce risk based on these reports, and feeds back to staff on the outcomes of these processes
- The perpetrator is dealt with; not necessarily in a punitive way, but in ways that make clear limits and boundaries concerning acceptable behaviour, and the results of breaching these
- Problems in inter agency working are dealt with – for example, where *judges* and magistrates' decision making is ignoring the effects on the protection of children where parents are violent and aggressive, and with other agencies, such as education, where they have not dealt with issues of aggression presented by parents or where they avoid telling parents the reasons for intervention at referral stage- are addressed.

The purposes of the policy in this respect would be to:

- Move away from blaming the individual worker
- Minimize risk to staff and children
- Minimize isolation of staff, and
- Maximize supportive surveillance and confidence in back-up procedures.

10. Concluding remarks

Policies, training and induction in agencies should include consideration of strategies workers and managers might utilise in situations where aggression and violence from parent service users is a feature.

Workers can be at risk if not properly supported and supervised by managers within clear supportive policies developed within the employing agency. The effects of these stresses on workers arising from such violence against workers, and how they can be considered within risk assessments, has been explored⁽¹³⁾. Strategies need to be put into place which challenge violent parents/carers, whilst protecting the workers when they have to do this. If not, we are compromising not only the safety and well being of workers, but also the safety of children in the small, but potentially the most abusive and dangerous, number of families who threaten social workers in child protection work.

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Appendix 1: Ethical approvals

UNIVERSITY OF HERTFORDSHIRE

FACULTY OF HEALTH & HUMAN SCIENCES

Research Ethics Committee for Nursing, Midwifery, Social Work and
Counselling

Name of Student/Member of Staff: BRIAN LITTLECHILD

Title of Programme PHD BY PUBLISHED WORK
(STAFF RESEARCH/POSTGRADUATE)

Following your application to the Ethics Committee for Nursing, Midwifery, Social Work and Counselling on Tuesday 30 June, I confirm that although the Committee cannot grant retrospective approval, I am enclosing a letter which confirms that you followed the procedures to obtain ethics approval which satisfied University Regulations in existence at that time.

Geraldine Byrne
Chair of Ethics Committee
Adult Nursing (South), Room LF273
Tel. No: 01707 285943

14 July, 1998.

UNIVERSITY OF HERTFORDSHIRE

FACULTY OF HEALTH & HUMAN SCIENCES

Research Ethics Committee for Nursing, Midwifery, Social Work and
Counselling

Name of Student/Member of Staff: CHRISTINE JONES
BRIAN LITTLECHILD

Title of Programme Research into Violence to Hertfordshire
Children and Families' Social Workers
by Clients

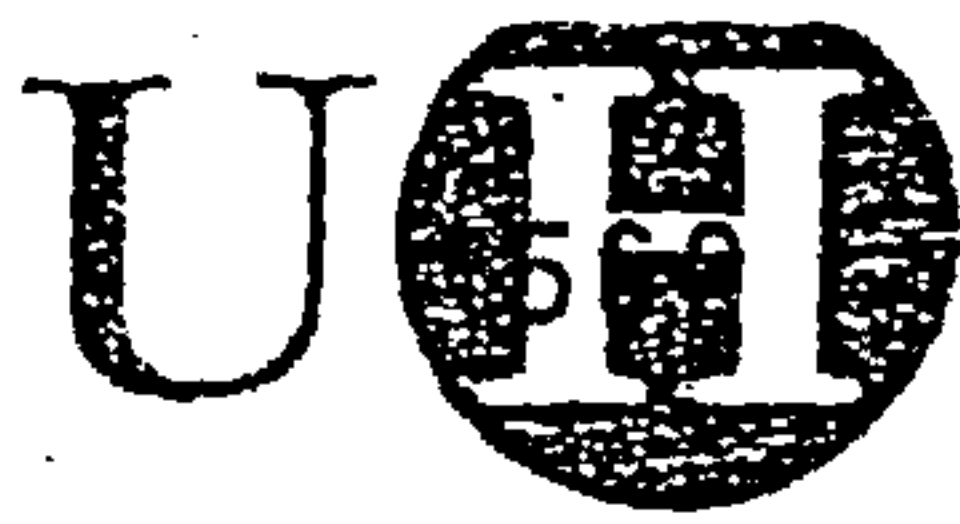
Further to my memo dated 9 July, 1997, I confirm that the amended application form has now been lodged with me, and the Committee is pleased to grant approval for you to proceed with your study without delay.

If any significant changes are made to the methodology, the Committee must be informed.

The Quality Monitoring form enclosed with my earlier memo must be completed and returned to Avis Cowley, (Tel. No: 01707 285996), Research Office, Faculty of Health & Human Sciences, Room: E21, Hatfield Campus, immediately the study is finished.

Geraldine Byrne
Chair of Ethics Committee
Adult Nursing (South), Room LF273
Tel. No: 01707 285943

17 July 1997



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Vice-Chancellor
Professor Neil K Buxton

30 June, 1998

TO WHOM IT MAY CONCERN

RE: ETHICAL APPROVAL FOR BRIAN LITTLECHILD

Brian has come before the Ethics Committee to establish that his previously conducted research has met the University's ethical requirements.

I can confirm that the procedures he followed to obtain ethical approval satisfy the Regulations in existence at that time.

Yours sincerely

Geraldine Byrne

Chair- Ethics Committee for Nursing, Midwifery, Social Work & Counselling

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