

Violence, threats and intimidation
in the lives of professionals
whose work involves child protection

A report on a research project funded by the Australian
Criminology Research Council

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Executive Summary

This executive summary consists of a project overview, a brief survey of the background to the project and a summary and discussion of the major findings of the study. The rationale for the study was the increasing international concern that professionals engaged in child protection were being subjected to increasing levels of violence, threats and intimidation. There has been no investigation of this issue across professional groups working in child protection in Australia and the purpose of this study was to turn a spotlight onto this issue.

Project overview

This study involved the investigation of the occurrence of violence, threats and intimidation in the lives of professionals while engaged in their duties to protect children from abuse and neglect. It examined the effects of violence on the health, work and well-being of these professionals. The study was conducted in response to international concerns that workers in human service occupations are increasingly being subjected to violence. While previous researchers have focussed on the assault of social workers and health professionals, violence in the lives of other professionals in their roles as protectors of children has been largely ignored. We were able to locate only one overseas study that investigated violence and intimidation in the lives of child protection workers, and no Australian studies that did this. The most recent Australian study of relevance focussed only on social workers. Issues other than physical assault have also largely been under-researched and this study sought to redress this gap in the research literature.

A 35-item questionnaire which allowed for both qualitative and quantitative responses was completed by 721 self-selected participants. After data cleaning we had a useable sample of 603 completed surveys. Most of the survey questions were based on a similar study conducted by the British Association for the Prevention of Child Abuse and Neglect. A series of seven questions from the Copenhagen Burnout Inventory was also included in the survey.

The study gathered data from respondents in states and territories across Australia. We recruited participants by approaching statutory bodies in various states, liaising with non-government organisations, approaching organisers of national and international conferences, approaching conference delegates, asking participants at in-service workshops to complete a questionnaire and by approaching persons within our personal networks and asking for their assistance in distributing the questionnaire to relevant parties. Some statutory authorities refused to give organisational permission for their staff to complete the survey. This however did not prevent staff from these organisations completing surveys if they attended conferences or made contact with the researchers.

Most of the respondents were female (84%) and 8% were members of child protection organisations (ISPCAN or NAPCAN). The modal age was “over 50 years” (23%), 68% were of Anglo-Celtic heritage, 21% European and 5% indigenous Australians. Professions included in the survey were social workers (36.3%), teachers (20%), police (8.5%), nurses (7.8%), psychologists (6%), counsellors (4%) medical professionals (3%), lawyers (.3%) and others (15%). Social workers who responded included those responsible for foster care placements and training.

Background

Reports and substantiations of child abuse are increasing both overseas and in Australia. In Australia nearly every state and territory has enacted mandatory reporting legislation. Despite this, the incidence of child abuse and neglect is thought to be under-reported. Previous research has shown that human service professionals are at high risk of abuse, the risk increasing with the level of face-to-face contact. It appears that persons working in the field of child protection appear to be increasingly subjected to violent, threatening or intimidating behaviour. Protecting children further

increases the risk of violence, threats and intimidation because the perpetrators of child abuse are often violent people who will use violence to try to retain control of their victims. Perpetrators of abuse can go to extraordinary lengths to terrorise and discredit those who advocate for abused children. Changes within society may be contributing to this increase in these behaviours, as more people become marginalised and disempowered and react in frustrated and aggressive ways toward those who represent authority, such as human service professionals working for a statutory body.

The actual experience of violence which professionals in child protection endure was first investigated during the 1970s and a rather large body of research evidence is now extant. The literature demonstrates that exposure to violence is not uncommon, although there are different patterns for females and males. Violence to workers is often extreme, and frightening for the affected worker. This exposure to violence makes it difficult for workers to undertake their assigned roles and affects how they view themselves, how they operate on a daily basis and their career choices. The literature reveals that in some cases violence is seen to be part of the job, and workers who cannot cope with exposure to violence are considered weak and not suitable for the work. These attitudes, however, do not assist workers to deal with the realities of their emotional reactions to their work, some of which are long-term and quite debilitating. The effects of emotional reactions can be mitigated when workers receive quality support from management, colleagues and their social network. This support can help to prevent professional burnout.

Professionals working in child protection also have to contend with the two-edged sword of child abuse. Society ostensibly wants to protect children, yet there is also strong opposition to this. The welfare of a child is seen as the domain of parents and there is a fierce determination to maintain this stance in society. There is a denial of the frequency of child abuse within society and increasing retaliation from interest groups who focus more on adult rights than children's rights. The pressure on workers in the child protection field is immense as a result. Involvement in child protection is without doubt stressful. There are resourcing and staffing issues, contradictory public sentiments, hostile perpetrators and their supporters and sometimes unsympathetic management. Stress leads to a range of negative outcomes for individuals and for organisations, one of which is

professional burnout. The constant face-to-face contact with clients is a major stressor according to researchers who have investigated professional burnout.

Major findings

Violence, threats and intimidation: A common experience

Our findings indicate the extremely stressful nature of working in situations that involve child protection, and it is not surprising therefore that nearly two-thirds of respondents found their work emotionally exhausting to either a high degree or a very high degree. Of concern was the perception by almost three-quarters of respondents that nothing in their training had prepared them for exposure to threats and violence in the workplace. This appears to be important given that the professionals most frequently reporting abuse in the sample as a whole were those who had been employed in the field for the shortest period of time.

Over 90% of respondents reported that they were subjected to intimidating experiences in the course of their child protection duties within the last five years. Nearly three quarters of respondents reported that they had experienced threats of violence, and over 40% reported ongoing harassment. Nearly a quarter of our respondents had been physically assaulted. Persons who had worked in child protection for less than 10 years were the ones most frequently reporting that they had experienced threats and violence of all kinds except for the receipt of offensive mail. Professionals who dealt with issues of child abuse were subjected to structural, institutional and individual forms of violence. Workplace bullying was a form of institutional violence that appeared to be a common experience for child protection workers. Although our survey did not explicitly ask for or focus on this issue, it was a strong theme in our findings.

The majority of respondents (69%) did not think that violence toward them had increased over time. Looking at this question from a profession-specific angle, nurses and teachers were the most likely to state that the level of violence had increased in recent times. Over half of the respondents who were nurses thought violence had increased, and nearly half of the teachers. It was surprising that only just over a quarter of the social workers thought that violence had increased. Those

respondents who had worked for less than 10 years in child protection were less likely to feel that violence had increased over time than those who had worked for more than 10 years in this field.

A small proportion (8%) of respondents were members of organisations whose public purpose was the prevention of child abuse and neglect (for example, NAPCAN – National Association for the Prevention of Child Abuse and Neglect or ISPCAN – International Society for the Prevention of Child Abuse and Neglect). Members of NAPCAN or ISPCAN were more likely to be older and to have worked in child protection longer. They were more likely than non-members to have received offensive mail outside the workplace and to have experienced adverse behaviours associated with their child protection duties relating to Family Court matters.

Seven professions reported that they had experienced threats to their lives while engaged in child protection work. Social workers were most vulnerable and teachers appeared to be least vulnerable. Actual threats to life were reported more often by social workers (52%), nurses (35%), and police (37%). We found that the majority of perpetrators of abusive behaviour towards child protection professionals were fathers and mothers. However, children and their siblings were also named as perpetrators by some respondents. At times, children may act to protect their abusers by becoming abusive towards those who are trying to protect them.

There were some statistically significant differences in the experiences of females and males. Although far fewer males than females participated in this study, male professionals were significantly more likely than females to have experienced physical assault, experienced threats to their professional reputations and been the subject of complaints to management. Females were more likely than males to experience abusive incidents involving matters in the Family Court, whereas males were more likely than females to experience abusive incidents in criminal jurisdictions. This study also showed that, possibly for the same reason, male workers are less likely than their female counterparts to receive support from management and colleagues when they become victims of violence.

Incidents of intimidating, threatening or violent behaviour occurred across a range of situations and child abuse cases. For instance, they occurred across the legal jurisdictions, when there were

suspicions of abuse and when there were actual cases of abuse. Cases in the Family Court were the ones most frequently associated with violence, threats and intimidation. Criminal court jurisdictions were less frequently the sites of abuse for workers, and this can perhaps be explained by the fact that very few cases of child abuse ever reach the prosecution stage (in comparison to substantiations).

Child protection workers are at high risk of all forms of threat and abuse but the risk increases when they (a) visit clients in their homes and (b) live in the communities in which they work. Many respondents provided details about events and behaviour that took place outside their work environment. Incidents could occur in shopping centres, on the way to and from work, in their own homes and neighbourhoods, and at the schools of their children. Some respondents had to contend with being stalked, others with property damage. Professionals had to cope with other malicious behaviours directed toward them as a consequence of attempting to protect a child. The strategies commonly used included false allegations made against workers or about workers. Over half (58%) of respondents (police, social workers, teachers and nurses) had been reported by clients to line managers and 8% to members of parliament in the previous 12 months. The complaints were upheld in only a very small proportion (4%) of cases. Complaints increased stress, caused resentment and wasted valuable time.

When workers are involved in child protection cases, they tend to expect that their professional integrity will be questioned and even denigrated by clients. Almost 60% of workers experienced attempts to damage their professional integrity. Respondents in this study indicated that their professional integrity was questioned by a range of persons: clients, peers, supervisors, other professionals and other agencies. Twenty-nine percent of respondents reported that their professional integrity had been compromised by managers. We also found that professionals who reported concerns relating to child abuse were sometimes unsupported, stigmatised and bullied by management or colleagues. The level of unprofessional and demeaning behaviour by managers, supervisors and others involved in child protection work is of concern.

Over a third of respondents reported that their judgement was questioned or integrity compromised when they reported a case of child abuse or recommended that a child should be removed from a

seriously abusive home; nearly a quarter were asked to engage in unethical conduct either by clients or line managers. At times children's safety was given a low priority. Children's needs are sometimes perceived as secondary to the appeasement of abusive and troublesome parents. Inter-professional denigration was also a common theme across the professions. A further threat to the professional integrity of workers was the threat or use of media or legal proceedings. Respondents reported that, at times, obligations relating to confidentiality were ignored by other professionals, thus jeopardising the safety of the reporter of child abuse and providing an opportunity for abuse of the professional by the perpetrator of abuse.

The effects of intimidation, threats and violence were reported as predominantly psychological. We distilled the qualitative responses into 14 categories and we found that the majority of respondents (74%) reported emotional and/or health effects as a result of experiencing abusive behaviours. Fear was by far the most pervasive response. Other effects included a sense of vulnerability, disillusionment with the profession, distrust, reduced motivation, loss of professional standing among peers, avoidance of tasks involving suspicions or actual child abuse and a sense of incompetence. Some workers described the onset of physical symptoms, other noted attitudinal change. Respondents reported that the effects impacted on their personal, social and professional lives.

In this study, colleagues were a form of available support for a large proportion of respondents (83%), while for others supervisors or managers (67%) were an available form of support. Only a small group of respondents (19%) had access to counselling. For many respondents support in the workplace was not available or at a very low level at the time they experienced threats, intimidation or violence. A smaller number of respondents, just over a third, reported moderate and high levels of support respectively. Just over 18% of respondents reported receiving good support from colleagues only.

While there was the above variation in management responses, comments from some respondents indicated that incidents of abuse were often not taken seriously by management, and that there was sometimes a tendency to (a) blame the worker for the incident, (b) bully the victim in response to the incident and (c) accept the level of violence as part of the job.

Our study also sought to investigate whether there was a relationship between experiences of threatening, intimidating and violent behaviour and work burnout. Workers often commented on the stressful nature of the work and the toll it exacted on their well-being. Over two thirds of respondents reported feeling burnt out by their work. Teachers reported more frequently than other professionals that they regularly felt emotionally and physically exhausted or “burnt out”. Office or workplace politics and the behaviour of line managers, supervisors and colleagues were most frequently cited as contributing to stress and burnout. The proportion of respondents feeling burnt out is over three times higher than that reported by a Danish study which investigated burnout amongst Danish human service professionals. In that study, a much smaller percentage (19.7%) of workers reported feeling burnt out. The reasons for this are not easily discerned from the current study, but it does warrant further thinking and research, particularly in the areas of working conditions, long-term retention of staff in child protection, levels of support available after incidents and training of professionals.

There was a suggestion in the qualitative data that some departmental workers in child protection services have insufficient knowledge to advise carers on the day-to-day management of severely emotionally disturbed and (sexually/physically) violent children. Carers are minimally trained and poorly paid. This resulted in foster carers being seen as inadequate for the task and moving children from placement to placement which can create further psychological damage and insecurity for already disturbed foster children.

Incidental and anecdotal reports from childcare personnel revealed that they had no experience of identifying and reporting cases of child abuse and neglect. The information was incidental to the conduct of this research project, rather than elicited via the questionnaire, nonetheless it provided some insight into the situation for childcare workers and has been included rather than discarded. Anecdotal responses suggested that a lack of training may be an issue, that parents may move their children to other centres when they sense that staff suspect abuse or neglect, and that there is a disincentive to report suspicions of abuse given that police rarely take action in cases of child sexual abuse involving pre-school children and managers in the private sector may discourage the reporting of suspicions of abuse by staff for business reasons.

In conclusion, it is quite clear that professionals working in child protection are encountering high levels of violence, threats and intimidation as they undertake their duties. Such victimisation of staff could result in the rights and needs of abused children being ignored due to loss of productivity, increased fear, loss of commitment and turnover of professionals in the field. The study has considerable significance for professional trainers and university educators in all professions involving children. There is a significant challenge to employers to improve management response to workers who encounter abuse and intimidation. This is important because of the costs to the community of ill-health and absenteeism relating to inadequate support in the work environment. It is a serious concern when threats, violence and the lack of support result in workers avoiding child protection issues. It is a serious concern that managers of statutory authorities deprived staff of the opportunity to respond to the survey. Such gatekeeping practices do not allow for a full and frank picture of current working conditions, work experiences and consequences to emerge.

Introduction

This report outlines a recent research project which investigated the occurrence, and impact on health, work and well-being, of violence, threats and intimidation in the lives of professionals engaged in the protection of children being abused or suspected of being victims of abuse. There is increasing concern internationally that professionals who are fulfilling their legal and professional obligations to child victims of abuse and neglect are being subjected to greater levels of violence and/or intimidation. Although the literature deals with the general issue of violence towards professionals (especially nurses and social workers), there is little that deals specifically with violence toward professionals in relation to their child protection duties, least of all police, teachers or counsellors. This study aimed to address this lack of information. Professionals from different employment sectors who had child protection obligations were surveyed to ascertain their levels of exposure to violence, intimidating behaviour and threats, and the concomitant levels of burnout they had experienced.

The research findings provide important data relating to the extent of abusive behaviour experienced by professionals who have responsibility for the protection of children. They provide information relating to the nature of abusive behaviour experienced, the contributing circumstances and how it affected workers' professional and personal lives. The findings have implications for the training of personnel working in child protection, staff turnover, management practices, and an understanding of the effects of exposure to work-related violence on persons working in child protection.

Background literature

According to the Australian Institute of Health and Welfare (AIHW 2002) reports of child abuse have increased significantly in Australia during the last six years. For the period 1995-1996 there were 91,734 notifications of child abuse nationwide, while for the period 2001-2002 there were 137,938. There has been a corresponding increase in substantiations of reports of child abuse. These rose from 24,732 in 1999-2000 to 30,473 in 2001-2002. During the period 1997 to 30 June 2002, there was a 25% increase in the number of Australian children on care and protection orders. An even greater increase (35%) was evident in the number of children in out-of-home care during 1996 to 30 June 2002. Reports of child abuse appear to be increasing in other countries also. For example, Hine (1999) highlights the fact that reports of suspected child abuse or neglect increased twenty-fold in the USA between 1963-1993, expanding from approximately 150,000 reported cases to 3 million reported cases. At a national child abuse conference held in Adelaide in 1997, Ms Vivien Hazel, head researcher with the Office for Family and Children suggested that only one in ten cases of child abuse in South Australia was actually reported (see also Layton 2003 p 39). One can assume that if this is the case in one state, there is likely to be a similar situation occurring in other states and countries (see Briggs and Hawkins 1997). If the issue is under-reported, the reality may be that the problem is even greater than indicated by official statistics.

This increasing incidence of reported child abuse and neglect is occurring during a time of upheaval in society (Layton 2003). There has been a shift in political ideologies, resulting in a move away from social supports. There is the growing gap between the haves and have-nots; Australia has witnessed declining resources directed to the health, education and welfare sectors. This expanding inequality in society means that a greater proportion of the population is living on the margins, striving for, but not able to achieve, middle class aspirations – also known as “the good life”. The unequal distribution of the goods that society has to offer results in alienation and deprivation for many. Parton and Small (1989, p 134) related the increase in violence towards social workers in the UK to the gradual erosion of socialist principles and the erosion of equality in major social services. They suggested a sizeable minority of the population became alienated and sometimes angry and rebellious because they were denied autonomy and participation in the normal activities of economic and social life.

In all this upheaval a strengthening of the more authoritarian and repressive elements of the state has occurred and this has had implications for professionals in human services. This can mean that government workers, as agents of the state, potentially become the targets of aggressive behaviour (Parton and Small 1989). Increased reporting and accountability is now required from those who access social support services. Professionals in child protection related services are seen to be at the centre of mounting tensions:

Not only is the potential for violence within marginalised communities heightened but the potential for violent conflict between members of those communities and state officials is increased. ... The reason why violence to social workers has become such an issue isn't because their clients are inherently more dangerous or that social workers are less able to cope but because the number of potentially violent situations they face has increased. This increase results directly from changes in the nature of the social work task and the restructuring of the welfare state. (Parton and Small 1989, pp 134-135)

Wykes (1994) appears to agree when he notes that changes in services may have increased the likelihood and severity of the effects of violence. With more people working in the community than ever before, more workers visiting clients in their homes, working in geographically isolated sites and after hours, there is more potential for difficult situations to occur in a context where less assistance is readily available. The reduction in the hospitalisation of psychiatric patients may be related to the increase in violence to human services personnel outside the hospital setting. More children are living in homes where a parent or caregiver with a mental illness is also residing. Some health professionals have gained more legal powers over clients' affairs such as the power to detain children in hospital and take them into care. This state of affairs has the potential to bring workers into conflict with clients (Wykes 1994).

The changing role of persons working with children is also evident in Australia with changes to legislation in recent years. Mandatory reporting legislation has been introduced in every state and territory in Australia except Western Australia (AIHW 2002).¹ The law therefore provides a basis for persons to intervene in what is often considered by society at large as parents' responsibility – the

¹ It should be noted that persons designated as mandated reporters under mandatory reporting legislation vary across the states and territories.

welfare of children. This intervention is likely to cause tension and professionals who have mandatory reporting obligations and child protection roles may find themselves in opposition to adults who have perpetrated abuse against children. It is not only those who are mandated reporters who may find themselves in this position, however; it is likely that any person working in the interests of maltreated or “at risk” children will at some point be opposing the wishes of a perpetrator of child abuse.

Another aspect to consider is the threat workers are seen to pose to existing family structure. Wilmot (1998) suggests that it is almost always either a parent or step-parent from whom a child needs to be protected (Layton 2003). Research in New Zealand's intermediate schools showed that mothers' boyfriends and partners (not children's fathers) were most frequently reported (Briggs and Hawkins 1993; Briggs and Hawkins 1996). Protecting children can therefore threaten the family structure and the financial security of the mother and children, and engender resistance from family members and their supporters. This may lead to aggressive behaviour such as threats, intimidation and violence from perpetrators of abuse. Working in child protection appears, therefore, to be more dangerous than providing some other welfare-related services (Horejsi and Garthwait 1994).

Theories and definitions

There are many theories that try to account for aggression. Two important sources are thought to be learning and frustration (Scott 1973 cited in Dale 1984). Of interest to this study is the notion of frustration. Frustration is thought to occur when the achievement of a goal is thwarted (Brown, Bute et al. 1986). In cases of child abuse, it is the perpetrator's goals that are thwarted when another person intervenes on behalf of a child. In addition, Freudian theory suggests aggression is also used as *displacement*, a process in which aggression is redirected towards a substitute person or object (cited in Sternberg 1995). This may mean that child protection workers are vulnerable when they become the nearest target figures (Brown, Bute et al. 1986).

Violence occurs within societies across every level. Van Soest and Bryant (1995) suggest it is the basis upon which many institutions and ideals rest. They define violence as “any act or situation in

which a person injures another, including both direct attacks on a person's physical or psychological integrity and destructive actions that do not involve a direct relationship between the victims and the perpetrators" (1995, p 550). This definition is well suited to this study, which investigated not only physical violence but also other actions aimed at professionals involved in the protection of children.

Van Soest and Bryant (1995) propose a conceptual model of violence based on three levels and three types of violence. Violence can occur at the individual, institutional or structural level. Of the three, individual violence is the most obvious, whereas institutional and structural violence are less visible (Van Soest and Bryant 1995). The latter two often involve hegemonic assumptions and practices which tend to make the violence obscure. Violence at the institutional level includes workplace cultures that encourage violence between employees (such as unbridled competition between salespeople or a culture of bullying). Violence at the structural level includes deeply held values and the way a society functions and deals with its members (for example, discrimination on the basis of sex or disability). Professionals who deal with issues of child abuse may be subject to all three levels of violence, although this study specifically focussed on violence at the individual level.

The three types of violence proposed by Van Soest and Bryant were omission, repression and alienation. Omission revolves around a failure to help; repression around the infringement of rights; and alienation around a deprivation of self-esteem and identity (Van Soest and Bryant 1995). The three types of violence intersect with the three levels of violence and thus can occur at the structural, institutional or individual levels (see Figure 1).

Violence can also be classified according to its origins; it can be either external to an organisation or internal. External violence is perpetrated by persons outside an organisation. Internal violence occurs between management and employees or between employees of an organisation. A specific example of external violence, which was of interest to this study, is client-initiated violence which is inflicted on professionals by service or care recipients (Mayhew and Chappell 2002). However, external violence directed at professionals may come not just from clients. It may arise from persons associated with the child being protected, but who are not clients of the professional. Internal violence, such as bullying behaviour at work, has been identified as a common source of

violence for workers (see Leymann and Gustafsson 1996; Einarsen 1999; Namie and Namie 2000; Quine 2001; Craig 2002; Quine 2002). It is often called psychological violence (Namie and Namie 2000), and is a less observable, more covert and subtle form of violence that is, nonetheless, damaging (Crawford 1999).

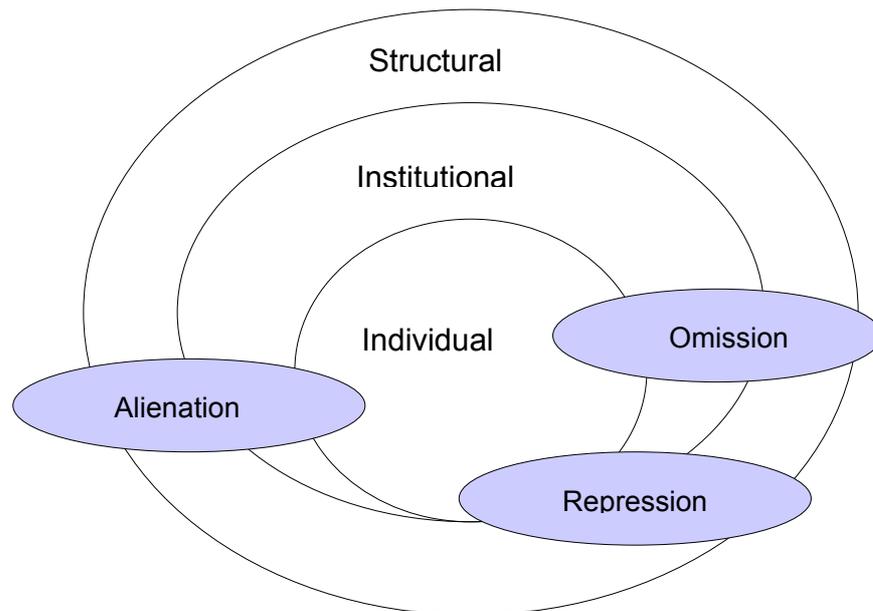


Figure 1: Levels and types of violence

While the current study was focussed around external violence, bullying appears to be common across helping professions and is therefore worthy of brief discussion. Persons who are subjected to bullying at work have been found to suffer from a range of psychological and physiological symptoms as a result. For example, Leymann and Gustafsson (1996) found that workers who had been bullied were prone to develop post-traumatic stress disorder and in some cases permanent personality change. Einarsen (1999) considers bullying at work to be a particularly crippling source of stress for workers which can lead to complaints such as insomnia, nervous symptoms and melancholy. Bullying at work involves ongoing aggressive-type behaviours that are perceived by the recipient to cause distress. The damage from bullying may not necessarily come from the acts themselves, which may include behaviours fairly common in everyday life (such as sarcasm) but the frequency of the acts, situational factors, an imbalance of power, or the recipient's perceptions

about the intent behind the acts – these may cause as much harm as the actual conduct (Einarsen 1999).

Bullying in the workplace appears to be increasing. In the UK, it has been identified as a major occupational stressor in health professions. In a survey of employees in the National Health Service, one in three workers reported being bullied in the previous year. In the US too, it appears to be a major issue for professionals. For example, young medical staff and students reported suffering high levels of maltreatment and bullying from patients and senior staff (Quine 2002). In Australia the trend is similar. The South Australian Employee Ombudsman dealt with more than 1400 complaints about workplace bullying in 2000-2001 (Craig 2002). The Australian Council of Trade Unions (ACTU) conducted a survey of 3000 white-collar workers in 2000. Findings from this survey indicated that 54% of respondents had experienced some type of threatening behaviour and in 85% of the cases it was the supervisor or employer who engaged in the bullying behaviour (Phillips 2001). Any increase in bullying behaviour will have associated increases in costs for organisations due to employee absenteeism, sick leave and other forms of leave taken as a result of bullying, loss of productivity and so forth. It has recently been estimated that workplace bullying currently costs Australian industry between \$6 billion and \$36 billion per year (Robinson 2001).

While workplace bullying is of concern, the current study aimed to investigate client-initiated and other external violence. This was focussed on violence at the individual level which was repressive in nature. That is, the infringement of rights of workers engaged in child protection resulting from threats, intimidation and violent behaviour.

Child abuse and public perceptions

Our society is reluctant to admit the extent of the problem of child abuse and denial is a common response to the issue (Briggs and Hawkins 1997). Partial denial or “discounting” may occur and is a normal response to phenomena that overwhelms us. Denial is an attempt to protect the self and gain some distance from an issue that is hard to deal with. This denial can cause adults to miss or ignore the signs of maltreatment in children and result in a failure to report child abuse. Denial is

therefore a possible factor in the under-reporting of child abuse and neglect. There is an element of self-interest in this behaviour, as Briggs and Hawkins highlight:

People deny the problem of child abuse because acceptance of the truth places an obligation upon members of the community to do something about it. (Briggs and Hawkins 1997, p 174).

International debate and recognition of the issue was triggered by a 1962 article by Kempe et al. titled "The battered child syndrome" (Briggs and Hawkins 1997; Hine 1999). Since then various legislation has been enacted to support those who report child abuse. This, however, has not prevented a substantial backlash against both reporters and advocates for abused children. Perpetrators go to extraordinary lengths to both terrorise and discredit child protection workers and those who advocate for abused children. This is not a new phenomenon however. Hine (1999) makes the point that professionals dealing with child protection have been subject to cycles of retaliation for centuries. She cites Freud's recanting of his "childhood seduction theory" as a case in point, noting that it was Freud's professional colleagues who, by humiliating him, pressured him to change his stand on the issue of father-daughter incest.

Retaliation has apparently increased in the last decade. In the USA, a growing number of legal actions has been initiated against those acting in children's interests in child abuse matters (Hine 1999). There are also a number of interest groups now established which act in opposition to those who attempt to protect children. The backlash has targeted mental and other health professionals, psychologists, journalists, police officers, academics, lawyers such as children's separate legal representatives, volunteers and judges (including the Australian Chief Justice of the Family Court who is a target of insults and threats on the internet). Additionally, the specialist expertise of a child psychiatrist was denigrated to such an extent by a Family Court judge that she moved to another state. The backlash has sometimes resulted in careers being cut short or destroyed, and children's lives and their mental health being put at risk because of the fear associated with carrying out child protection duties (Hine 1999). This highlights the tension involved for those working in child protection – society wants to protect children yet, at the same time, deny that children need protection.

A paper by Valentine (1994) explored the circumstances in which public fears and anxieties over child abuse become projected onto the social worker. Valentine used Kleinian psychoanalytical theory, particularly splitting as a defence mechanism, as a framework for exploring the anxiety that child abuse engenders in society. She argued that public ambivalence and hostility about child abuse is related to the unbearable and unmanageable experience of anxiety arising from the issue. She suggested child maltreatment is seen as belonging “out there” and bad, and that those who criticise how child abuse investigations are handled can then see themselves as good as a result of splitting the issue into good and bad. This splitting results in social workers being perceived as “bad objects” because of their association with child abuse. A bad object was defined as a subject or person that is feared, hated and perceived as malevolent. Valentine discusses how social workers introject these feelings, and thereby become a “bad object”.

How does this play itself out in the lives of professionals? Social workers experience enormous pressures as a regular aspect of their role. They are expected to rescue *all* children at risk of abuse and neglect. Social work is, therefore, invested with an importance given to few professions (Valentine 1994, p 78). Social workers are confronted with anxiety, anger and hostility from the media and public as well as clients in the child abuse field. Public hostility affects their morale and their commitment to child protection (Valentine 1994). It is reasonable to assume that other professionals are also confronted, some to a lesser extent perhaps, with the same issues as they engage in child protection duties.

Violence toward those working in helping and associated professions

Research has shown that the risk of violence increases with face-to-face involvement with clients. Occupations at greater risk of client-initiated violence in the UK and USA are police, security, correctional and fire services, teaching, welfare, health care and social security (Wilkinson, 1998 cited in Mayhew and Chappell 2002). In Australia occupations such as nursing, welfare, corrections, police and teaching appear to be at highest risk (Estreich 1999 cited in Quine 2001; Mayhew and Chappell 2002). However, the lack of research in some professions may mean this is an incomplete picture.

When professionals experience violence, it appears that women tend to experience more verbal and psychological abuse, while males tend to experience more overt threats and physical assaults (Jones, Fletcher et al. 1991; Chappell and Martino 2000 cited in Mayhew and Chappell 2002). Stanley and Goddard (2002) suggest that males are more vulnerable to abusive than females because of the false assumption that they are less likely to be intimidated than women. Such assumptions may compel male workers to conceal their abuse or their vulnerability to abuse and they may also lead to male victims not being adequately protected and supported by their employers (O'Hagan 1997).

The first reports of increasing violence towards the range of health and welfare professionals took place in the late 1970s, with work specifically related to violence experienced by social workers published by Prins (1975) and Webb (1976). A number of British research studies on violence to social workers were then conducted in the mid 1980s (see for example Brown, Bute et al. 1986; Rowett 1986), followed by work in other countries. There is now a vast body of research literature relating to social workers: stress, status, burnout, the abuse of social workers by clients, management and bureaucratic systems, their avoidance of uncomfortable situations and other issues relevant to the current study. While the problem of violence is not peculiar to social workers, they are featured most frequently in the professional literature.

In response to the untimely death of a social worker in England in 1978, Brown and colleagues (1986) studied violence to residential and field social workers in Wessex with the purpose of improving social workers' capacity to respond to threats of violence in ways that minimise risk. In their book, *Social workers at risk: The prevention and management of violence*, they sought to identify the size of the problem. They reported on the abuse experienced by 338 social workers working in residential, fieldwork and day settings. Of those social workers working in mental health day settings, 50% reported that they had experienced a violent incident in the previous three years, as had 45% of those working in residential care and 22% of fieldworkers. Some workers had experienced more than one incident during that time. The authors suggested that the percentages would have been higher but for the fact that more than a third of workers had been in their current job for less than twelve months.

Brown et al. (1986) questioned workers about the number and type of incidents experienced in the previous three years. This was not confined to those who worked with children but also included those who worked in adult training centres. Violence to fieldworkers took place in clients' homes (42%), an office (19%) or a motor vehicle (11%) while escorting a client to another residence. All three were situations where the social worker was unlikely to have a colleague present. Some workers received death threats and shotguns were produced when they collected children who were destined for the care of the state. The authors suggested the worker was apparently seen as the symbol of authority or the individual responsible for the removal of the child, as well as a convenient target for aggression when frustration over loss of control reached boiling point. They found that the aggressor was sometimes the mother's de facto partner. However, children were responsible for some incidents, mainly on their journey to and from alternative care (see also Stanley and Goddard 2002).

Residential workers accounted for 71 of the 338 respondents, 39 of whom worked with children. They were the workers most likely to have personal possessions destroyed. Residential social workers worked primarily with children and tended to be under the age of 25 years. The incidence of violence for that group was above average. For 75% of residential workers, their training omitted advice on the prevention or management of violence. They identified an expressed need for training amongst residential workers. The authors argued that the removal of children from their homes is associated with particular risks of violence. Residential workers identified the three most risky situations as: when giving advice, administering discipline, and intervening to protect a third party from a violent client (Brown, Bute et al. 1986).

A small study by British researcher Norris (1990 cited in Stanley and Goddard 2002) found that of 38 residential care staff and field social workers, 23 had been attacked and all had been threatened. Responses showed that there was an average of 2.6 attacks or attempted attacks and 2.6 threats of harm for each worker in the preceding year. Jones et al (1991) found that over a two-year period 56% of respondents in their study had experienced threats of violence. Thirty four percent of respondents declared that the fear of violence from clients made their job difficult.

Norris (1990 cited in Stanley and Goddard 2002) examined how these incidents of threats and violence affected social workers' practice. Some respondents reported that violence "de-skilled" them and adversely affected their capacity to intervene when intervention was necessary. Some reported retreating from the operational sector into administration. Others said that they became more vigilant and analysed their own operational style more carefully (for example, becoming less confrontational in manner). Others avoided visiting aggressive or dangerous clients, recorded all incidents of bullying and investigated clients' histories more thoroughly.

The above research on violence and helping professions has been of a general nature, unlike this study which focussed specifically on child protection duties and the violence, threats or intimidation associated with undertaking those duties. In Australia, from 1988, Goddard undertook studies of social workers' reactions to violence while carrying out child protection duties but there seems to have been only limited extension of this to other related professionals (Goddard and Carew 1988; Goddard and Tucci 1991; Stanley and Goddard 1993; Stanley and Goddard 2002). Social workers, nurses and family support workers were named as the professionals most vulnerable to violence when they visit the homes of potentially violent and hostile child abusers. However, it should be pointed out that Goddard's studies have not included police, paediatricians or teachers.

Violence to professionals in child protection

Comparatively little has been written in relation to violence and intimidation in the lives of social workers, health, police and education professionals while involved in child protection duties. Work by Horejsi and Garthwait (1994) investigating the incidence of threats and violence directed towards child protection workers in Montana revealed the potential size of the problem. Of 166 respondents, 97% reported that in the previous 12 months they had experienced clients screaming at them or cursing them, 26% of respondents had experienced this on at least a weekly basis. Another 33% had received death threats and 19% of respondents had either been assaulted or had narrowly avoided being assaulted by clients. The levels of harassment experienced by these workers caused 62% of them to consider seeking other employment. On the other hand, the frequency of threatening behaviour appeared to lead some workers to consider this to be "part of the job" (Horejsi and Garthwait 1994). According to 65% of workers, the removal of a child from the

family situation was the practice that held the greatest likelihood of danger. Cases involving physical abuse of a child were considered by 40% of the respondents to present the most danger to workers, while 20% considered cases of sexual abuse to be more potentially dangerous for workers.

The most recent Australian research of relevance is that of Stanley and Goddard (2002). They surveyed 50 child protection workers about their experiences of intimidation and violence in the preceding six months. Of the 50 participants, 23 had received at least one death threat; 9 had been assaulted; 4 had been assaulted with an object; and 7 had been subjected to an attempted assault. Threats were no less common: 3 had been threatened with a knife or sharp instrument; 5 had been threatened by persons with guns; 5 workers were threatened with sexual assault; 22 were threatened with assault; 13 were threatened with implements; and 32 had received intimidating phone calls. Other behaviours included complaints made to their supervisors, media or politicians (n=28); threats to families, friends or colleagues (n=18); and intimidating behaviour such as blocking exits and grabbing car keys (n=14).

In Stanley and Goddard's (2002) study, the assaults on social workers included punching, attempted strangulation, hitting with furniture such as chairs and coffee tables, and pulling hair. Death threats were reported as bomb threats or threats to shoot them or have them shot by other parties. Dogs were used to intimidate and some car passengers grabbed the wheel in an attempt to crash into other motor vehicles. Workers' cars were damaged and radios stolen. Threats included perpetrators stating that they knew which schools professionals' children attended, thereby indicating that their children were potential targets.

Causes and responses to violence

Reviewing some of the literature Parton and Small (1989) thought the following to be of importance concerning violence against social workers: (a) it is hidden, (b) it is perceived as a new phenomenon and (c) it is probable that workers find it difficult to protect themselves.

Supporting Parton and Small's conclusion, Bowie (1989 cited in Stanley and Goddard 2002) suggested it is not only a hidden but a denied problem. Bowie (1989 cited in Stanley and Goddard 2002) found that there has been a failure to recognise either the incidence or effects of violence to professionals in Australian human services. Parton and Small (1989) linked the levels of violence faced by social workers to the inadequacy of management. There was an apparent reluctance on the part of management to recognise that violence was a problem for their workers and that management failed to take violence into account in order to minimise risks to workers when making staffing and procedural decisions.

Bowie (1989 cited in Stanley and Goddard 2002) endeavoured to identify the causes of violence in human services, and identified fear, frustration, manipulation and intimidation as the major triggers of abuse toward professionals. Prins (1975) drew attention to factors likely to precipitate violent confrontations, the need for professional sensitivity to potential "dangerousness" and ways of responding that would diffuse situations and minimise risk. He concluded that danger arose from a combination of client characteristics and the social worker's practice. He suggested that detailed knowledge about clients' backgrounds and alertness to "signs of danger" provides information for preventative action in relation to potentially dangerous clients.

There is evidence from the literature that professionals have difficulty in predicting, avoiding or responding to situations that involve aggression (see for example, Brown, Bute et al. 1986). Research undertaken by Rowett (1986 cited in Parton and Small 1989) revealed that workers failed to identify and respond to behavioural cues which often precede violence. When professionals were threatened and abused, and when clients picked up potentially lethal weapons, workers did nothing. Two thirds did not even make a verbal response. They adopted the attitude that this should not be happening to them and if they ignored it the offender would go away.

Explanations for this extraordinary behaviour are offered by Wykes (1994) and Parton and Small (1989). Wykes (1994) suggests that professionals in caring professions are stressed and stress reduces perceptions and communication skills in threatening situations and, as a result, incidents are escalated. Parton and Small (1989, p 129) state that "workers feel shocked and helpless when faced with violent incidents which appear to threaten their professional identity". They suggested

that the inability to act for their own self-protection arose from confusion, on the part of social workers, related to issues of care and control. This is a perennial dilemma for the social work profession and an issue that hints at a core philosophical debate for the profession. Social workers are charged with caring for their clients' welfare, but also to some extent controlling the lives of their clients. Client-initiated violence can cause social workers to question the very assumptions they operate under; it has the potential to disrupt professional expectancies about how their services are received and the value clients place on the work the social workers are engaged in.

The importance of training

There is ample evidence that in cases of child abuse, adults in the lives of children may direct threats or violence towards those professionals attempting to protect the children. However, the education that social workers and other professionals receive and the books they read stress a uni-directional relationship between worker and client, "very little, if any, attention is paid to the impact of the client on the worker" (Goddard 1996, p 146). Early research (see for example, Birrell and Birrell 1968; Kempe and Kempe 1978 cited in Stanley and Goddard, 2002) noted a relationship between parental assault, child abuse and neglect, and criminal activity. In other words, the characteristics of parents who abuse their children increased the likelihood that they would use violence on adults who thwarted them. Professionals may find adjusting to the hostility of clients very difficult. The relationship, instead of being harmonious, "may be based on considerable antagonism rather than mutual cooperation" (Goddard 1996, p 146).

Child abuse cases and protection plans often involve case conferences which include health and education professionals as well as foster carers and social workers. Appropriate training is important for professionals if they are to deal with their changing role. For example, the education of social workers still largely focusses on the client who voluntarily approaches the social worker asking for help with a problem that she or he has fully recognised (Goddard and Carew 1988). The reality, however, is that the clients of workers involved in protective services are likely to be less than enthusiastic about receiving such services (Goddard 1996). It is unfortunate therefore, that those being trained in the helping professions such as doctors, nurses, teachers and others "are rarely adequately educated and prepared to deal with such families" (Goddard 1996, p 146).

As Goddard further notes, “these workers will have received little education on involuntary clients and it is unlikely that they will have been trained in dealing with hostility, anger and threats of violence” that often arise (Goddard 1996, p 147). The recent South Australian report investigating the problem of child abuse recommends an investigation into the level of training related to child protection provided in education programs in Australia (Layton 2003).

In 1984, Peter Dale of Britain’s National Society for the Prevention of Cruelty to Children (NSPCC) drew attention to the frequency with which professionals fail to report the most obvious child abuse because of the fear of losing the relationship they have established with the family. Teachers and social workers can be especially vulnerable to this phenomenon due to their close and regular contact with families. A professional may become “enmeshed” in the parents’ issues, losing sight of the need to be child-focussed. In abusive families, this often results in the professional becoming “sucked in by the overwhelming power” (Dale 1984, p 21) of the abusive adults. Dale pointed out, however, that there is no relationship if workers and parents cannot express concerns for the child. The worker’s behaviour is self-interested, aiming at “the avoidance of conflict and difference” (Dale 1984, p 21). Along similar lines, Goddard (1980) had earlier noted that some child protection workers had unfounded optimism when dealing with abusive parents. They over-identified with the abusers and accepted parents’ denials of abuse, losing sight of the priorities so vital to child protection work. This may relate to insufficient child-focussed content in university social work courses.

Valentine (1994) emphasised the importance of training and sufficient experience for the assessment of children, pointing out that the clients of child protection agencies often deal with new, young caseworkers who lack life experience, yet are working with family problems within weeks or months of graduation. The alternative is to have child abuse cases “unallocated”. Valentine points out that the lack of training may mean that assessments are made by workers who lack confidence in their own professional judgements. The lack of adequate training can leave social workers vulnerable to media vilification. This, in turn, can lead to professionals feeling de-skilled, devalued and unable to act with the appropriate authority. When workers are not adequately trained to assess and work with children who have emotionally disturbed behaviours,

they are at risk of giving bad advice (or no advice at all), thus inviting criticism from parents, carers and professionals in other agencies (Valentine 1994).

The importance of emotions in emotionally draining work

There is no doubt that work involving child protection is by definition emotionally demanding. Emotions surrounding work in child protection include fear and the confirmation of fear, anger, self-reproach and the reproach of others. When emotions are not recognised and handled well, work performance diminishes due to withdrawal, threats to quit, high absenteeism, sickness, rapid staff turnover, lack of motivation, avoidance of situations that produce negative emotions, counter-productive behaviours such as aggression, criticism of others and vulnerability to manipulation by clients. It is important to remember that “emotion is intrinsic to work behaviour – not a separate part of it” (Briner 1999, p 342). Traditionally, however, professionals in the child protection field have been expected to ignore emotion or play down its relevance. Recent research has shown that this is damaging to workers, agencies and clients.

Exposure to violence, threats and intimidation can add another layer to the emotionally demanding landscape of child protection work. The extent of an injury tends to be viewed in terms of physical damage and psychological effect is often overlooked, although there is widespread agreement that the emotional impact is the most damaging and it lasts the longest (Wykes and Whittington 1994). Research has shown that when persons had identical physical injuries from accidents and violent attack, their reactions were similar during the first week. When tested after three months, however, the assault victims showed more depression and anxiety than those injured accidentally (Wykes and Whittington 1994, p 106). Other effects of violence include post-traumatic stress syndrome (PTSD), major depression, panic attacks, fear and phobias, guilt and self-blame, helplessness, hyper-alertness, intrusive thoughts, headaches, fatigue, being overly anxious and a loss of concentration and memory lapse (Leymann and Gustafsson 1996). Reported behavioural changes include sleep problems, uncontrolled crying, restlessness, deterioration of personal relations and an increase in drug and alcohol use (Brown, Bute et al. 1986; Sutherland and Cooper 1988; Jones, Fletcher et al. 1991; Burke and Greenglass 1993; Valentine 1994; Wykes and Whittington 1994; Leymann and Gustafsson 1996; Davies 1998; Hine 1999).

Working in child protection could be considered a classic no-win situation. A child's story is often considered by adults to be unreliable, so efforts to protect children might be in vain; a child might not be removed to safety early enough. This could lead to further abuse and neglect of the child, or the delayed fostering of a child, which means the victim has become more affected by the abuse making fostering more difficult. It might also lead to an ongoing, tension-filled relationship with the child's parents (or primary caregivers). Children often do not want to be separated from their families or do not want to cause trouble, so they may resent a person who is working for their protection. Victims of sexual abuse have been known to retract allegations when they find themselves in foster care while the perpetrator remains unpunished in the family home. This situation also increases the anger and frustration felt by the child, as well as adding credence to the threat commonly used by child sex abusers that "the welfare (or police) will come and take you away if you tell" (Briggs and Hawkins in press). Child protection workers have a daunting task indeed – they either lose the battle to protect the child or they risk abuse if they succeed. Either way, they are likely to become emotionally drained.

The importance of management support

When people are under threat they need social support. Workers exposed to threats, violence and intimidation will need support from employing bodies. It has been suggested that the lack of support compounds the damage of stress while social support reduces it (Stanley and Goddard 2002). The support of peers, supervisors and families is crucial to recovery from a traumatic incident. Maslach (1982) considers support from supervisors to be an important buffer against the onset of professional burnout.

However, much depends on the quantity and type of support available. Respondents in a study by Jones and colleagues (Jones, Fletcher et al. 1991) completed psychological health measures and the results revealed that professionals who perceived low levels of support relative to the demands of the workplace were more likely to be depressed, anxious and dissatisfied with their jobs. Workers reported that the difficulty of their role was mitigated by support from colleagues (75% of respondents), while 52% of respondents felt that support from supervisors was a factor in

alleviating difficulty (Jones, Fletcher et al. 1991). Research has also shown that a non-supportive environment increases job turnover intentions, while a supportive work environment was negatively related to levels of burnout (Cropanzano, Howes et al. 1997).

Persons who have been a victim of threats, intimidation or violence will usually have to come to terms with subsequent feelings of guilt and inadequacy, regardless of how the incident occurred or whether there was any way they could have prevented it. Victims question their abilities and their resourcefulness. Managers, therefore, should be aware of the importance of genuine support, allowing victims to verbalise their fears in order to work through guilt and anxiety. Discussion about what happened should be used to help other staff to learn about handling or avoiding future incidents (Brown, Bute et al. 1986).

The perceived isolation and facelessness of management were identified as major problems by social workers in Stanley and Goddard's (2002) Victorian (Australia) study. This was typified by an unwillingness to listen, an obsession with bureaucracy, a sense of helplessness and the undermining of professional concepts resulting in the sense of being de-skilled. Workers gave examples of management intervention for reasons that were unrelated to the best interests of the child. While 70% of workers felt supported by their immediate superior, 72% said they would not be supported by regional directors or "head office" if they experienced an abusive incident. Some workers expressed the view that management did not acknowledge the size and extent of the problem of safety and stress. Some professionals also referred to a lack of support from other agencies, including police. Workers also expressed the view that the press and the public were overly critical of them and that the community did not understand the "constraints" that are imposed on them.

It is obvious from the above that social workers engaged in child protection do not get the support required to deal with the pressures of their role. This may be related to the lack of acknowledgement of the significance of the problem of threats, violence and intimidation in their working lives and/or the inadequacy of management and child protection training. The current study examined levels of support for a range of professionals involved in child protection and may therefore shed some light on the issue.

Implications of ongoing abuse of child protection professionals

Given the above, is there any doubt that intimidation, threats and violence will have an effect on the practice of persons who have roles related to child protection? Exposure to hostility as a result of working in child protection has been shown to result in physical problems, and in some instances, substance abuse (Valentine 1994). King (1991 cited in Valentine 1994) surveyed 1500 social workers and found that sick leave is a regular and controversial reality. Other research has reported that one in eight social workers is on sick leave at any given time and some workers were absent due to illness for more than 30 days in one year (Francis 1992 cited in Valentine 1994). Goddard and his colleagues (Goddard and Carew 1988; Stanley and Goddard 2002) have proposed that there is another effect – people may react in unconscious ways, much in the same way that hostages of terrorists react.

This paradoxical victim-terrorist relationship is known as “Stockholm Syndrome”. It was identified when young women who were taken hostage for six days in a bank robbery in Stockholm protected the robbers from police and refused to give evidence against them. In this case, one of the hostages later married her captor (Goddard and Carew 1988). The Stockholm syndrome showed that extreme stress can lead to unusual, unconscious and surprising reactions. Goddard suggests that in child abuse cases where a worker feels threatened there can be similar reactions, in that the worker identifies with the perpetrator or supporters of the perpetrator, thereby leaving children unprotected. Many instances have been recorded where professionals acted to protect themselves, rather than the children, from parents known to be violent (Stanley and Goddard 2002).

When a professional is explicitly or implicitly threatened with violence, that professional may unconsciously act in a role akin to that of a hostage while the child abuser acts as a terrorist (Goddard and Carew 1988). The victim-worker may develop characteristics of the Stockholm syndrome and use defences in response to the perceived need for self-preservation and stress relief. Thus, professionals who have been abused or threatened with abuse may avoid situations that could result in conflict. Alternatively, if contact is ongoing, they may identify with their aggressors, diminishing the importance of the abuse and supporting their viewpoints to the

detriment of children. A model of this process outlined by Stanley and Goddard (2002) is shown below.

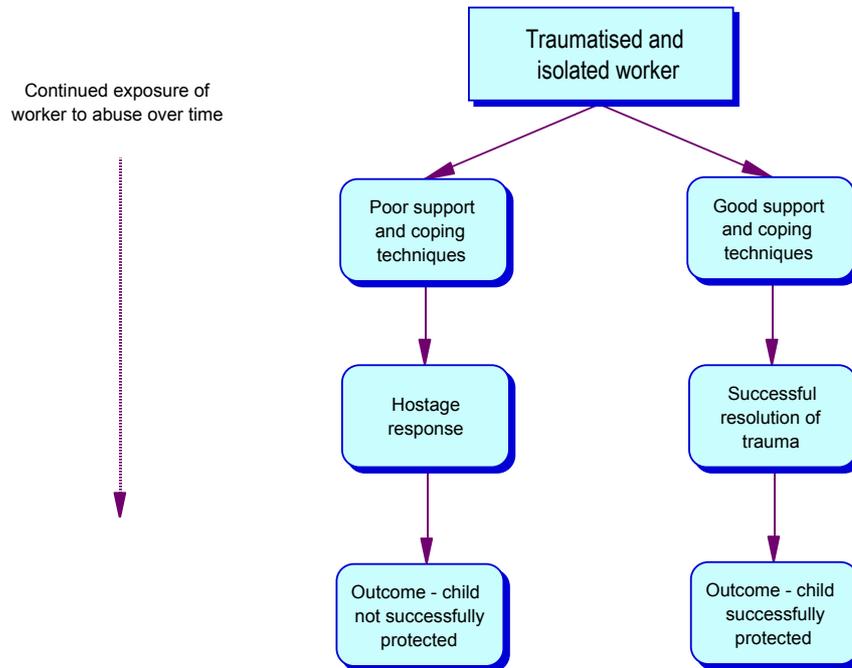


Figure 2: Process of response to traumatic event (Adapted from Stanley and Goddard, 2002, p 119)

Once a hostage relationship has been established it tends to be self-perpetuating. Compliance with the abuser reduces the risk of stress to the worker and increases the power and control of the child abuser over the professional who has the ultimate responsibility for the protection and safety of the child. In the interests of self-protection, the affected worker may minimise the extent of the violence thereby reducing risks to themselves but increasing risks to the children they should be protecting (Stanley and Goddard 2002).

Stanley and Goddard (1995) have also argued that in some instances the relationship between an abused child and a perpetrator is like that of a hostage and captor. They use this simile to explain the unusual behaviour that abused children can sometimes exhibit – behaviour such as adopting a protective stance towards an abuser. It may also explain a child adopting an antagonistic stance towards a person acting in a protective role.

Apart from the risk of violence and injury, there are particular stressors specific to people in caring roles in human services – as previously noted, the people who assault them may be the ones being cared for (Wykes 1994). Police, teachers, counsellors, health professionals and social workers are all expected to face their assailants and even to continue providing a service after they have been attacked. This, in turn, affects the victim's ability to cope with the after-effects and consequences of threats and assaults.

Work and stress

Engaging in hostage-like behaviour suggests that a professional is facing a work environment that is perceived as stressful. This may be influenced by factors besides exposure to violence, threats and intimidation. Davies (1998) suggests that social work is in crisis due to understaffing, lack of funding, obstructive administrative systems, vilification by the media, and conflicting demands. He outlines social work as dealing in “chaos, poverty, hatred, child abuse, violence, criminality, delinquency, depression, debilitation, incompetence, vulnerability, deprivation and mental ill-health” (Davies 1998, p 17). A certain degree of traumatisation can therefore be a realistic expectation. He comments that because social workers work in such a climate, they need to understand that unrealistic expectations of improving the lives of clients are unattainable. Even if they do reach this realisation, however, their own internal critic may bring undue pressure to bear, which will possibly result in harm to the individual. He concludes by stating: “anxiety is an intrinsic part of social work, which, when it is not recognised and understood, is likely to lead to stress” (Davies 1998, p 19).

Other authors suggest it is the nature of work that involves constant close contact with people that is a source of stress (Fleming 1998). Working closely with other people requires a lot of emotional engagement and responses. Goddard and Carew (1988) suggest much social work training emphasises the importance of the relationship between social worker and the client (usually an adult, and perhaps a parent who abuses a child). This relationship is seen as the foundation of social work practice – and should be characterised by friendliness, warmth and understanding. Expectations of building relationships with clients are therefore acquired during social work training. Presumably, if these expectations are not met, then stress may result. For example, professionals who cannot form a relationship with their clients may begin to doubt their own professional skills.

Goddard and Carew (1988) state that inadequate attention has been paid to the relationship between social workers and clients where the client abuses their child (or children) and is also violent towards others.

It appears that this is currently the case for teachers. Teachers are a professional group who, in all Australian states and territories except in Western Australia, are mandated reporters in cases where child abuse is suspected. In early childhood education training, a well-worn phrase is “the parents are the child’s first teachers”. This rhetoric is then built on by emphasising the importance of parental involvement in children’s education, and participation at a child’s school. A teacher may face a similar situation to the social worker, if a relationship with a child’s parent is not successfully formed. They may see this as impacting on the child’s educational progress. Once again, however, scant attention has been paid to the relationship between teachers and parents who abuse their child.

Job stress leads to increases in absenteeism, turnover and decreased performance. Responses to stress can also include feeling undermined, loss of appetite, depression, lethargy, loss of concentration, avoidance of tasks, substance abuse and absences from work (Wilmot 1998). Job stress therefore can be seen to have enormous costs and consequences for employers. A study investigating the effects of job tension on job turnover intent, value attainment and job satisfaction found that too little or too much tension has a negative impact on professionals (Zivnuska, Kiewitz et al. 2002). This is related to the Yerkes-Dodson law which states that there is an optimum level of arousal at which people perform at their best, but that at levels below or above that optimum level performance is reduced. The consequences of tension can be easily illustrated. Being the target of violence, threats or intimidation would possibly increase a person’s level of arousal. High levels of arousal often lead people to feel tense or fearful (Sternberg 1995, p 558). This sense of tension or fearfulness is likely to impact on a worker’s job performance, and thereby contribute to job stress. The sense of stress would then lead to further arousal, and a vicious cycle becomes established.

Of course, individuals will react to stress in different ways, and what one individual finds stressful, another may not. Much will depend on their personalities, life experiences and support networks. Different professional groups will encounter different stressors in their working day.

Sources of stress

Sources of stress at work have been identified by Sutherland and Cooper (1988) as falling into three categories: organisational demands, extra-organisational demands, and the characteristics of the individual. Within the category of organisational demands these authors identified five potential sources of stress. One of these is of particular relevance to this study – the relationships and interpersonal demands of the work environment. Zapf and colleagues (Zapf, Vogt et al. 1999) use the term emotion work to describe this source of stress. Emotion work is considered to involve (1) significant amounts of face-to-face or voice-to-voice interaction with clients; (2) emotions are displayed to influence others' attitudes and behaviour (for example, using a calm voice to defuse a situation); and (3) emotional displays follow certain rules, either implicit or explicit (for example, a nurse does not laugh at a patient's pain).

The display of emotions is a central feature of any interaction (Briner 1999). It is expected that those working with children who have been abused will display appropriate emotions (such as sympathy, empathy, care and concern) towards the child. This emotional display, however, has the potential to provoke adverse reactions from abusers. There is empirical evidence that dealing with the negative emotions of others is stressful (Stenross and Kleinman 1989 cited in Zapf, Vogt et al. 1999). The negative emotions which are thus directed at professionals attempting to protect children have the potential to contribute to a worker's level of stress and professional burnout.

The relationship and interpersonal demands of the work environment for those working in child protection can often be unrewarding in terms of professional achievement. Persons working for the protection of children have to negotiate interpersonal interactions that are filled with tension, doubt, fear, guilt, anger and a host of other emotions brought about not only by the abuse but by the discovery of the abuse. The abuse and neglect of children is an undeniably emotional matter, one which raises problematic issues around appropriate interpersonal relationships between abuser and abused (usually adult and child, although sometimes child and child). Engaging in child protection duties can therefore be seen to impose an emotional burden on workers.

Briner (1999) notes that events [or incidents] as a source of stress in workers have rarely been considered but recent work is beginning to pursue this line of thinking. Weiss and Cropanzano (1996) suggest little is known about the causes and consequences of affective experiences in work settings. They theorise about the role of work events as proximal causes of affective reactions at work as opposed to environmental features. They consider affective experiences to have both attitudinal and behavioural consequences, an idea that is supported by empirical data. For any event, however, a person's appraisal of the event and the situational history are likely to be pertinent factors in the affective impact an event has. In other words, it is not the person, nor the environment, but the constant processes of interaction over time that are important – “the *relationship* between the person and their context and how this unfolds over time “ (Briner 1999, p 337) rather than cause and effect. Jones et al. (1991) found that professionals with higher stress levels were more likely to have been victims of violence or threatening behaviour than professionals identified as having lower stress levels.

Teaching has been identified as a stressful occupation. Difficult students, decreasing resources, class size and rigid administration – all these factors have been identified as stressors leading to burnout. A study by Burke and Greenglass (1993) investigated factors related to burnout among educators. Of the predictor variables examined (individual demographic, situational variables, work stressors, role conflict and social support) only the variable “work stressors” was found to be strongly related to psychological burnout. This is consistent with the research literature which demonstrates that work stressors such as unmet expectations, poor quality of supervision, and lack of support in crises contribute to burnout.

The researchers involved in the current study hypothesised that those persons who had experienced higher levels of exposure to violence, threats and intimidation would experience higher levels of stress and as a result report more burnout.

Professional burnout

Burnout was first investigated in the helping professions by Maslach (1982). In the helping professions, personal relationships with clients are a core aspect of the work. Maslach argued that

personal relationships are very demanding and require a high amount of empathy and emotional involvement. Having to operate at this level of emotional intensity across the large number of relationships involved in a worker's caseload, can lead to professional burnout. Burnout consists of three aspects: emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach 1982). Burnout can lead to psychosomatic complaints, depression, long-term stress effects, absenteeism and job turnover (Maslach and Schaufeli 1993; Zapf, Vogt et al. 1999). "The most visible impact of burnout is the change in people's work performance" (Maslach 1982, p 77). In other works, people perform poorly. Burnout therefore is an issue that both organisations and professionals need to guard against.

Maslach (1982) contends that dealing with many people and their concerns day after day, while being expected to be warm, concerned and caring, puts people at risk of burnout because the strain is too great. Maslach suggests burnout is a syndrome, a response to the "chronic emotional strain of dealing extensively with other human beings" (1982, p 3). She considers it a type of job stress, but unique in that the stress results from social interaction. A Danish study investigating burnout among workers (n=1,917) in human services professions found that 19.7% of workers reported feeling burnt out by their work. The majority of these workers were women (83%), and there appeared to be no statistically significant differences between females and males on the work burnout scale (Borritz and Kristensen 2001).

At the core of burnout is emotional overload, which leads to emotional exhaustion – the initial aspect of burnout. Emotional exhaustion is defined as "feelings of being emotionally overextended and depleted of one's emotional resources" (Maslach 1993, pp 20-21). Emotional exhaustion leaves people feeling no longer able to give of themselves to others. As a result they may withdraw from involvement with other people to gain some emotional distance through detachment. This detachment can affect not just professional relationships but it can flow into family relationships also. Workers who are emotionally exhausted have less emotional energy for personal relationships and families, which can lead to less tolerance for daily hassles. Maslach adds that when this is combined with lack of rapport and support from colleagues or supervisors, excessive busywork and bureaucracy, too little is returned to the professional, and this escalates the

emotional overload. Longitudinal research provides empirical evidence that this appears to be the case (Maslach and Schaufeli 1993).

Some professionals find themselves becoming cynical – this is a second aspect of burnout called depersonalisation. Depersonalisation refers to “a negative, callous, or excessively detached response to other people, who are usually the recipients of one’s service or care” (Maslach 1993, p 21). People are viewed with contempt, low expectations and dislike. A general negative attitude to people becomes the prevailing operating mode for workers experiencing depersonalisation. From here, workers may begin to feel uncomfortable or guilty about their lack of care and empathy towards others, especially given that they are in a helping role. They may experience a sense of inadequacy, a lack of confidence in their abilities and reduced self-esteem. They can begin to experience the third aspect of burnout – a sense of reduced personal accomplishment (Maslach 1982). Reduced personal accomplishment refers to “a decline in one’s feelings of competence and successful achievement in one’s work” (Maslach 1993, p 21).

Feeling successful in one’s work involves a number of factors, one of which would be feeling in control of oneself and one’s emotions. The management of emotion is a crucial aspect of work in the human services and burnout is an indication that employees are no longer able to adequately manage their emotions when interacting with clients (Zapf, Vogt et al. 1999). During interactions with clients, the expression of appropriate emotions is often required. Workers, however, may not feel like exhibiting and may not be able to exhibit appropriate emotions. The literature on emotion work includes a discussion of emotional dissonance. Emotional dissonance occurs when people display emotions they do not genuinely feel in a particular situation. They may feel nothing or be suppressing their real emotions in order to display what is expected. One would expect that talking to a person who has abused a child and displaying positive emotions to that person would cause emotional dissonance for most professionals in the helping professions. Zapf et al. (Zapf, Vogt et al. 1999) found that emotional dissonance had a negative relationship with health. They considered it a key predictor of emotional exhaustion, which in turn is the core of burnout.

Maslach (1982) proposed that questions related to the cause of burnout could be phrased in either “who” terms or “what” terms. Asking who causes burnout leaves us with no alternative but to give a

“who” answer. While she has investigated whether the personal characteristics of an individual in a given situation can interact to produce burnout, she has tended to focus less on the individual psychology and more on the transactional psychology which occurs in helping professions. Examining the issue of susceptibility to burnout Maslach and her colleagues found that there were minor differences in women’s and men’s susceptibility. Women tended to be slightly more prone to depersonalisation. Pondering why this is the case, she has suggested it may be due to sex roles or perhaps to choice of occupations and the different patterns of tasks involved. She also found that African Americans did not experience as much burnout as Caucasian Americans. She suggests this may be due to cultural differences. African Americans are more familiar with a community wherein close, direct, one-on-one relationships that involve an intensity of feeling are common. Consequently they may be more experienced in handling emotionally charged encounters. She suggests further that they may also be able to draw on their own less privileged backgrounds and that this gives them some resilience in the face of others’ troubles. She found a clear relationship in her research between age and burnout. Burnout is greatest for younger persons and most likely when people are new to the job (within the first few years). Some people may leave the profession during this time and not be around to survive burnout. Those who stay and who do survive are less likely to report being burnt out (Maslach 1982).

Maslach (1982) suggests that, given the widespread nature of the phenomenon, asking “what” causes burnout is the most appropriate approach to investigation. Asking a “what” question allows a more exploratory approach to the cause of burnout because answers can be found in situations, interactions, processes and transactions. While Maslach approaches burnout from a transactional psychology perspective, others propose alternative perspectives. Pines (1993) for example, takes an existential approach.

According to Pines (1993) burnout occurs because people have a need to view their lives as meaningful. She suggests many people entering the helping professions do so in order to make a difference – to society or in the lives of other people. They are highly motivated and consider their chosen work to be a vehicle for being useful and making meaning in life. They expect high achievements from their efforts and when this expectation is not met, they become disillusioned and suffer burnout. Pines (1993, p 34) states that an underlying assumption in her approach is that

only individuals who are highly motivated can burnout. She suggests a “failure in the existential quest for meaning is the root cause of burnout” and is the reason why people with lofty goals and expectations are highly vulnerable. Work, particularly work with people, may simply not be able to deliver the required returns. Pines states that burnout occurs when people feel they have failed in their work; it is the end result of a gradual process whereby the professional becomes disillusioned “in the quest to derive a sense of existential significance from work” (Pines 1993, p 40). She considers that the crucial factor in determining whether highly motivated individuals burnout is their perception of the work environment. Supportive work environments mitigate the pressures of working intensely with people. Based on her premise that it is the failure in the existential quest that initiates burnout, supportive workplaces presumably are perceived to provide feedback (implicit or explicit) that indicates that the work is having the desired effect and consequently has meaning and significance.

Buunk and Schaufeli (1993) suggest that, because burnout occurs in a social context, social exchange theory is relevant. They argue that expectations of equity and reciprocity play an important role in social relationships. Imbalances between the perceived investment and return in a relationship can be detrimental to that relationship, and to the professional who is making an investment in order to make an impact in a client’s life. This has clear links with Pines’ contention that workers need to feel they are useful and significant. A perceived lack of reciprocity implies that the work one is doing is not having the effect expected and is therefore lacking in significance.

If one is threatened, intimidated or subjected to violence it is possible one may question the significance, meaning and value of one’s work. In the current study we aimed to investigate whether the exposure to violence, threats and intimidation as a result of child protection activities were related to burnout.

There is rising concern about the increase in exposure to these behaviours for helping professions internationally, and it has been found that the *frequency* of intense, charged face-to-face interactions has been associated with higher levels of emotional exhaustion (Maslach 1982). Many of the publications referred to in this review of the literature have tended to concentrate on the effects of violence on social workers. In recent times, there has been a suggestion that other

professions are also at risk of stress as a result of trauma (for example, teachers, nurses, counsellors). This led the researchers to include the range of professions directly involved with child protection cases in the current study, providing breadth where other researchers (such as Stanley and Goddard 2002) offered depth.

Method

Persons working in the child protection field were surveyed using a 35-item questionnaire which allowed for both quantitative and qualitative responses. The majority of the survey questions were based on those used in a study of members' experiences conducted by the British Association for the Prevention of Child Abuse and Neglect (BAPCAN). Additional questions were added to contextualise the survey for an Australian audience and to investigate professional burnout. A network sampling approach was used to recruit participants for the survey. The researchers made contact with persons and organisations within their professional networks, and in some instances professionals in the sector offered to distribute the survey through their networks.

The survey contained a body of questions related to the incidence, type and frequency of the behaviours of interest: questions related to the levels of stress experienced; questions related to the effects of the behaviours of interest; and demographic questions. Questions were framed to gather information relating to threats of violence, actual physical assault, ongoing harassment and complaints to line managers. Details were also sought relating to threats to professionals' life, professional reputation, family or property. We gathered information relating to the circumstances surrounding the behaviours of interest, for example, whether a case in the criminal court, Youth Court or Family Court was involved. Participants were asked to indicate the level of support they received from their work site. The research instrument also included a small battery of questions related to work burnout from the Copenhagen Burnout Inventory to investigate the relationship between experience of violence, threats and intimidation and levels of work burnout. This instrument has a reported reliability of 0.87 (Borritz and Kristensen 2001).

The researchers attempted to involve members of professions whose roles involve the protection of children. Surveys were distributed nationally, although unevenly, with the largest proportion being distributed in South Australia. This was achieved by distributing questionnaires at the Australasian Conference on Child Abuse Neglect in Melbourne (2001), the inaugural conference: Children of Parents with Mental Illness in Melbourne (2002) and the International Creche and Kindergarten Conference at Surfers Paradise (2002). Questionnaires were also distributed to the child protection units in hospitals and to childcare centres in those regions and in South Australia. In addition, teachers and workers in foster care were recruited at workshops and seminars provided by the senior researcher. Interstate police officers and DOCS staff (NSW) were encouraged to participate by their management, and social services in the Northern Territory also assisted in recruiting input from indigenous and other workers providing services for indigenous children and their families.

The researchers initially sought the co-operation of statutory authorities across a number of Australian states. We had both positive and negative responses to our requests for conducting the research with employees of statutory authorities. One state police headquarters and one statutory child protection service (in the same state) acted as gatekeepers and refused to give employees the option of contributing to this study. The police service responded in writing, stating that violence and intimidation were not a problem for their employees. Fortunately, another state police headquarters agreed to distribute questionnaires and encourage their officers to participate. The statutory child protection service refused to co-operate on the basis that findings “could have implications for occupational health and safety”.² This did not prevent their workers from completing questionnaires at conferences, however. By comparison another statutory child protection service (in another state) agreed to participate on the condition that they could send a covering letter with the survey. The researchers agreed to this condition.

Respondents returned completed surveys anonymously to the researchers in reply paid envelopes. In addition to the 3300 surveys distributed by the researchers, personnel at some organisations

² The names of government departments have been removed from the text and they are referred to throughout the text as “statutory child protection service”.

voluntarily copied the survey and distributed it through their networks. Consequently we are unable to say for certain how many survey forms were distributed across the nation.

A total of 721 surveys were returned. Of these around 10% of respondents indicated they had not experienced the behaviours of interest in the course of their work. These respondents were therefore unable to answer over 50% of the survey questions and they were excluded from the final data analysis (n=74). This group included all except two childcare professionals working in South Australia, Victoria and Queensland. We also excluded respondents who identified themselves as foster carers (n=45) because the focus for this project was *professionals* in the field of child protection. This left a useable data set of 603 surveys. The quantitative data was analysed using SPSS; the qualitative data was analysed by developing categories for responses and examining emerging themes.

Results

Demographic information

Of the respondents 504 (84%) were female and 98 (16%) were male. One person did not indicate their sex. Eight percent of respondents in the sample indicated they were members of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) or the National Association for the Prevention of Child Abuse and Neglect (NAPCAN). The modal age was the “greater than 50 years” age range. Table 1 indicates the frequencies and percentages of the age ranges for respondents.

Table 1: Frequencies and percentages for age of respondents

Age group	Frequency	%
18-25 years	39	6.5%
26-30 years	90	14.9%
31-35 years	78	12.9%
36-40 years	75	12.4%
41-45 years	94	15.6%
46-50 years	89	14.8%
> 50 years	138	22.9%
Total	603	100%

In this sample, the majority of respondents identified their ethnic heritage as Anglo-Celtic (67.8%), followed by European (21.2%). Table 2 provides details of frequencies and percentages for ethnic heritage. Some respondents' (n=37) ethnic heritage responses were ambiguous and their responses are not included in the frequencies and percentages in Table 2.

Respondents were drawn from a range of professional groups. The largest professional group of respondents were social workers. Other professional groups represented within the sample included nurses, teachers, general practitioners, law enforcement officers, counsellors and paediatricians. Table 3 provides frequencies and percentages for professions. The category “other” included small clusters of persons working as administrative personnel in schools, as childcare workers, as managers of services, as community workers and the like. Respondents indicated they were employed by statutory bodies (35.4%), in hospitals (14.6%), in schools (21.7%), in private

practice (1.7%), and various other sectors (23.8%) such as non-government organisations. Some respondents did not indicate which employment sector they were engaged in.

Table 2: Frequencies and percentages for ethnic heritage

Ethnic heritage	Frequency	%
Anglo-Celtic	384	67.8%
European	120	21.2%
Indigenous Australian	27	4.8%
Other	11	1.9%
Asian	9	1.6%
North American	9	1.6%
South American	4	0.7%
African	2	0.4%
Total	566	100%

Table 3: Frequencies and percentages for profession

Profession	Frequency	%
Social worker	214	36.3%
Teacher	118	20.0%
Police officer	50	8.5%
Nurse	46	7.8%
Psychologist	35	5.9%
Counsellor	21	3.6%
Paediatrician	10	1.7%
Psychiatrist	4	0.7%
General practitioner	2	0.3%
Lawyer	2	0.3%
Other	87	14.8%
Total	589	100%

Experiences of adverse events

The majority of respondents (90.9%) had been subjected to intimidating experiences in the course of their child protection duties. Many had experienced threats of violence (71.5%), and ongoing harassment (40.7%). A smaller group of respondents (23.8%) had experienced actual physical assault. For many respondents (62.8%) incidents occurred both when they were with others and when they were alone. Some respondents experienced incidents only when they were alone (14.7%) or only when they were with others (22.5%). A small percentage of respondents (6.3%) had changed employers as a result of abusive behaviours. A larger proportion of respondents (21.9%) had taken sick leave as a result of incidents of threats, intimidation or violence.

Over half of the respondents (57%) said threats, intimidation and violence occurred during an investigation into suspicions or allegations of physical abuse of a child, 55% during an investigation into suspicions or allegations of psychological or emotional abuse of a child, 48% during an investigation into suspicions or allegations of sexual abuse of a child, while 47% of respondents reported a case of child neglect was involved. When asked whether they had experienced these behaviours in particular legal circumstances, 29% of respondents indicated they had occurred when they were involved with a case in the Family Court, 16% involved a case in the Criminal Court, and 14% involved a case in the Youth Court. Respondents also indicated that threatening, violent or intimidating behaviours were initiated by other agencies (18%) and by peers or colleagues (21%).

Sex was a statistically significant predictor of some adverse events. A chi square analysis was conducted to explore comparative frequencies of adverse events for males and females (detailed in Table 4). Males were statistically more likely than females to have experienced complaints to managers ($\chi^2=12.13$, $df=1$, $p=.000$) and males were more likely than females to have experienced physical assault ($\chi^2=13.197$, $df=1$, $p=.000$).

Harassment/violence was more likely to be related to Family Court matters for females than for males ($\chi^2=5.477$, $df=1$, $p=.019$). However, harassment/violence was more likely to be related to Criminal Court matters for males than for females ($\chi^2=4.514$, $df=1$, $p=.034$).

Table 4: Differences for adverse event experienced by sex of respondent

Adverse Event	Male % (N)	Female % (N)
Complaints	74.2% (n=72)	55.2% (n=277)
Physical assault	38.5% (n=37)	21.2% (n=106)
Related to Family Court matter	19.0% (n=19)	31.0% (n=153)
Related to Criminal Court matter	23.0% (n=22)	14.0% (n=69)

Factors associated with NAPCAN or ISPCAN membership

A chi square analysis was conducted to investigate whether or not there were differences between the experiences of those respondents who were members of NAPCAN or ISPCAN and those who

were non-members. Members of NAPCAN or ISPCAN were more likely to be older ($\chi^2=17.507$, $df=6$, $p=.008$) and to have worked in the child protection field for longer ($\chi^2=12.544$, $df=4$, $p=.04$). Members were more likely to have received violent/intimidating/threatening behaviour from a male caregiver (not the father) (38%, $n=17$) than non-members (24%, $n=121$) ($\chi^2=4.406$, $df=1$, $p=.036$). They were also more likely to have received offensive mail outside the workplace (16%, $n=7$) than non-members (6%, $n=28$) ($\chi^2=7.034$, $df=1$, $p=.008$). Members were also more likely to have had harassment/violence directed at them in their professional capacity involving the Family Court (46%, $n=20$) than non-members (29%, $n=167$) ($\chi^2=5.965$, $df=1$, $p=.015$). Further, members were more likely to have received support from colleagues (43%, $n=9$) than non-members (20%, $n=76$) ($\chi^2=6.47$, $df=1$, $p=.011$) and members were more likely to have received other support (21%, $n=9$) than non-members (7%, $n=36$) ($\chi^2=9.928$, $df=1$, $p=.002$).

Factors related to length of time worked in child protection

Respondents had differing amounts of experience in child protection work. A small group of respondents (5.3%) had worked in the child protection field for less than a year, 31.7% had worked in child protection for 1-5 years, 17.5% had worked in child protection for 6-10 years and 45% had worked in child protection for more than 10 years.

Data were recoded to investigate whether those who had worked in child protection for five years or less were likely to have experienced threats, intimidation and violence more than those who had worked in child protection for greater than five years. There were statistically significant differences between the two groups. Contrary to expectations chi square analyses revealed that respondents who had worked in child protection for more than five years were more likely to have had complaints made to managers ($X^2=6.59$, $df=1$, $p=.010$), to have experienced physical assault ($X^2=5.064$, $df=1$, $p=.024$), to have experienced ongoing harassment ($X^2=11.64$, $df=1$, $p=.001$) and to have experienced a threat to their professional reputation ($X^2=9.507$, $df=1$, $p=.001$).

Data were also recoded into those who had worked in child protection for up to 10 years and those who had worked in child protection for more than 10 years. A chi square analysis was run to

determine if there were differences between the two groups. People who had worked for less than 10 years in child protection were more likely to have received a threat to life (n=129, 40.4%) than those who had worked for more than 10 years in child protection (n=84, 31.1%) ($\chi^2=5.51$, df=1, $p=.019$).

Professionals who had worked for less than 10 years were more likely to have received an 'other' type of threat (n=43, 13.7%) than those who had worked for more than 10 years in child protection (n=20, 7.6%) ($\chi^2=5.386$, df=1, $p=.020$). These included threats of a sexual nature, threats to staff they were working with, threats to work environment and employing organisation, pets and friends, threats to a child being protected, "bizarre" letters and phone calls and having a curse directed at them personally. Conversely, those who had worked for less than 10 years were less likely to have received offensive mail (n=24, 3.9%) than those who had worked for more than 10 years in child protection (n=24, 9.3%) ($\chi^2=7.051$, df=1, $p=.008$).

Those who had worked for less than 10 years in child protection were less likely to feel that violence had increased over time (n=82, 25.9%) than those who had worked for more than 10 years in child protection (n=96, 36.2%) ($\chi^2=7.163$, df=1, $p=.007$). Those who had worked for less than 10 years in child protection (n=17, 5.4%) were less likely to have used "other" forms of support than those who had worked for more than 10 years (n=27, 10.4%), ($\chi^2=5.127$, df=1, $p=.024$).

Factors related to profession

There were statistically significant differences in the frequency with which members of the various professions experienced a threat to life, with social workers reporting the highest occurrence (51.9%) and teachers the lowest (16.2%) ($\chi^2=50.49$, df=10, $p=.000$). Table 5 reports the frequencies and percentages for those who had experienced threats on their life for various professional groups.

Respondents were asked to indicate whether or not they thought violence had increased over time. The majority (69.3%) did not think violence had increased, but around one third (30.7%) thought

that it had. The responses were examined across professions using chi square analysis. This indicated there were statistically significant differences between professions regarding opinion as to whether violence had increased over time ($\chi^2=45.419$, $df=10$, $p=.000$). Table 6 gives details of the frequencies and percentages of the perceptions of increased violence for various professions. A greater percentage of teachers, nurses and those who listed their profession as “other” thought that violence towards them had increased over time than did social workers.

Table 5: Frequencies and percentages for experience of threat to life

Profession	Frequency	%
Social worker	110	51.9%
Teacher	19	16.2%
Police officer	18	36.7%
Nurse	16	34.8%
Psychologist	13	37.1%
Counsellor	6	28.6%

Table 6: Frequencies and percentages for violence has increased

Profession	Frequency	%
Social worker	57	27.1%
Teacher	54	47.8%
Nurse	24	53.3%
Psychologist	7	20.0%
Counsellor	5	25.0%
Police officer	5	10.4%
Other	22	26.5%

Experience of specific forms of threat

Respondents were asked whether or not they had experienced a range of threats, such as threat to life, or to professional reputation. Overall, a majority of respondents (59.9%) had experienced threats to their professional reputation, 36% of the respondents had experienced a threat to their life, 23% had experienced a threat to property and 12.8% a threat directed at their family members. A chi square analysis was conducted to determine if there were sex differences in the forms of threat experienced. Analyses revealed that males (71%) were more likely than females (58%) to have experienced a threat to their professional reputation ($\chi^2=6.275$, $df=1$, $p=.012$). There were no other statistically significant sex differences related to forms of threat experienced.

A small number of respondents (11%) made comments related to the category of “other threat”. Analysis of the qualitative data revealed that threats took the form of threatened and actual legal action (such as apprehended violence orders (AVOs), defamation), media attention, physical harm, questioning of professional integrity, loss of employment, passive aggression (refusal to co-operate), public ridicule, property damage, harm inflicted on pets, bullying and victimisation from supervisors.

Threats of civil action if we don't write reports as they wish. (1)

Legal action for defamation/libel. (84)

[Threats in relation] to loss of my employment. (679)

Involving media nationwide and police accusing me of corruption i.e. supporting paedophiles, causing child deaths. (16)

Non co-operation in day-to-day running. (218)

Pet rabbit killed at my home. (88)

Ongoing bullying and victimisation from [statutory child protection service] supervisor until I resigned. (18)

Relationship of perpetrator to child

When asked what was the relationship of the perpetrator of the violence, intimidating or threatening behaviour to the child being protected responses included father (73%), mother (66%), other male caregiver (25%), other female caregiver (12%) and other (27%). Responses listed as “other” included strangers acting for abuse perpetrators, the child herself or himself, foster carers, supervisors from statutory departments, siblings of the child being protected, boyfriends, family friends, grandparents, other relatives of the child (such as aunt or uncle), child protection agencies and other professionals (such as lawyers, co-workers). The comments below indicate the range of persons who engaged in violent, intimidating or threatening behaviour toward respondents.

Managers of the other child protection services, are the most frequent abusers, especially when we are evaluating their services. (1)

Adolescents in the care of the service account for the majority of incidents. (110)

Anger from community services when we can't meet all their needs. (116)

Supervisor and manager of the social worker/case worker of the child and family. (679)

Other services involved in providing child protection. (2)

Child assaulted me. Intimidation toward me from Line Manager. (480)

We find they are abused by children, their parents and all too often [statutory body] workers. (662)

Experience of adverse events outside workplace

Threatening and intimidating behaviour occurred not only in the respondents' workplace but also in shopping centres; on the way to and from work; at railway stations; in respondents' homes and their neighbourhoods through smear campaigns; and making enquiries about a worker in their own neighbourhood. Table 7 reports frequencies and percentages for various forms of abusive behaviour experienced outside the work environment.

Table 7: Frequencies and percentages for abusive behaviours experienced outside workplace

Profession	Frequency	%
Abusive phone calls/faxes	120	20.9%
Threatening phone calls/faxes	89	16%
Offensive mail	36	6.3%
Stalking	31	5.4%
Property damage	21	3.7%
Other behaviour	37	6.5%

Qualitative responses to the "other" category revealed that some respondents were the focus of unwanted media attention, or comments made in public forums.

Threats have been carried out of the office, in the street, at client's property. (281)

I was verbally threatened in a shop by a client. (5)

Yes, physically assaulted with supervisor while removing 6 children at the client's home, and this client also attempted to assault me at their children's school. (58)

Stalking – observed by perpetrator at post office and then followed through shopping centre. Instead of collecting my car I left area in a taxi – went to police station to make a report. (128)

Verbal abuse and threats at shops during lunch break, and on railway station when going home. (275)

It usually happened at the home of the victim/offender. (682)

Offensive comments made in Parliament, over the radio and at meetings. (217)

Social workers reported having to deal with threatened and actual legal action, and the risk of violence when visiting the home of victims or perpetrators of abuse. They reported being vulnerable to stalking behaviours.

Tried to follow me home (silent phone number and address is listed as [statutory child protection service]) and continual death threats whenever he saw me in the street and attempted to take out AVO against me and got others to threaten to kill me and threatened my job. (279)

Our work place is in other people's homes. I had a client appeal for an AVO against me. I was required to respond in the Local Court. (288)

Similar to stalking – taking car rego/number plates and threatening to follow me home and “track me down”. (123)

Level of support available

Respondents were asked to indicate what level of support (very low, moderate or high) was available to them in their workplaces at the time they experienced threats, intimidation or violence. Nearly a quarter of the 560 respondents who answered this question reported very low levels of support available (24.5%), while over a third of respondents reported moderate levels of support (37.7%) and high levels of support (37.9%) each.

Respondents were also provided with the opportunity to comment on the level of support they received in their workplace. A large number of respondents chose to do so (n=220). These responses were examined and seven categories were evident. Table 8 provides details on the frequency and percentages of responses for each of the categories. A small number of responses covered more than one category, and the percentage scores are therefore not cumulative.

Table 8: Frequencies and percentages of response by category for level of support

Category	Frequency	%
1. Lack of support/limited support	109	49.6%
2. Extra support available if required or requested	13	5.9%
3. Good support from management	53	24.1%
4. Depends on manager	7	3.2%
5. Good support from colleagues or team	40	18.2%
6. Depends on behaviour/occasion/context/organisation	11	5.0%
7. Support systems instituted after incident	5	2.3%

Lack of or limited support

Of those who commented, nearly half (49.6%) mentioned a lack of support or limited support available to them at their workplace at the time of the threatening, intimidating or violent behaviour. Of those that responded 50 were social workers, 22 were teachers, 10 were psychologists, 4 were nurses and 4 were counsellors. Respondents reported on poor attitudes from management in relation to the incidents of concern, a lack of understanding on the part of management about the nature of the work involved, the incidence of talk but no action, minimisation of incidents, gendered responses to workers' concerns, bullying responses to incidents, a culture of acceptance of violence and the lack of immediacy in the support. A number of respondents mentioned that they felt unsupported because the violence, threats and intimidation were considered to be "part of the job". The comments below are indicative of the comments made on this issue.

Management outside the unit is very unsupportive, they have little understanding of the increasing stress and violence. (116)

Weak school principal – concerned about his own safety. Didn't want cases to be reported. (142)

Low support from manager. Manager said if I couldn't tolerate the threat I should get another job. (182)

The culture of the workplace prescribes to "deal with it on your own and "get on with the job" as all staff deal with threatening behaviour. As direct line workers it's expected to happen. "It's part of the job" I've been told. (337)

We're expected to handle threats and intimidation because we're "professionals". Threats are also given minimal attention because they are so common. (356)

Psychiatrist and Registrar "blaming" nursing staff for any problems. (504)

Being a counsellor, leadership and work mates think that it's expected in my role to be attacked. (429)

More attention is for the overall "good of the service" than for working with staff members for the overall 'good of staff member'. (202)

Not supported by Director when parent threatened media intervention. (364)

Superficial support – good on talk but as far as actually discussing situation – not good. (111)

Low from higher up. Because threatening behaviour is regularly occurring – They see it as part of the job. (149)

I was told by my boss "It was just a little knife" after I reported an incident where the mother of a client pulled out a knife and waved it in front of me. (167)

Sought help from the next level and was told to sort it out myself. (407)

The abuser was dismissed by the team leader as only a parent trying to express anger. (470)

Violence is minimised and at times you can feel that your fears are not being validated by others. (493)

Statutory Child Protection Service: everyone is too busy to provide support and debriefing due to high case loads. Management minimise the impact. (169)

Debriefing is available, but this occurs about a week later. Not soon enough. (5)

Availability of Department support was not immediately available and the level of referral was a prolonged effort. (255)

Moderate support only given that I work in the country of NSW and no supervisor is available on some occasions. (279)

We rely on [statutory child protection service] for support but on the whole when incidents of this nature occur we get very little "direct" support. (393)

No counselling or debriefing was offered at all. I sought external supervision to deal with my trauma. (544)

I was assaulted by a client and made a [workers' compensation] claim. Thereafter my supervisor and manager appeared unwilling to work with my medical certificate and I was subjected to ongoing bullying, harassment and unfair treatment until the manager refused my employment. (679)

I work in a remote Aboriginal community. Absolutely no support: intimidation was carried out by the principal of the school and my employer [private school umbrella organisation]. (218)

Senior managers stated that I and my colleagues were being hysterical females.

One teacher made reference to the relatively new nature of the issue:

There is no outlet or place to recuperate/debrief after these incidents and as it is a "relatively" new phenomenon there is no expectation that you can debrief or find a quiet place to work through the emotions. (540)

Appropriate support

Nearly a quarter (24.1%) of the 220 respondents who made comments in relation to levels of support considered that management had provided appropriate support at the time of the incident. Of these 21 were social workers, 10 were teachers, 5 were psychologists, 4 were nurses and 3 were police. Support involved personal support from managers, group support from work team practices, provision of services such as counselling, security measures and escorts, and

comprehensive debriefings. The comments below demonstrate the support respondents received following incidents of threats, intimidation or violence.

Supervisor and manager encourage the belief that workers should not tolerate abusive language or threats of violence. (485)

I was working night duty and the Unit Manager came into work at 9.30 hours to see me before my shift started. (224)

Discussions with principal were highly supportive. (354)

...when screaming was heard – the unit manager telephoned me to offer help and afterwards was supportive. On another occasion a police officer remained present during a very threatening interview. (119)

Manager and colleagues debriefed with me/us. Made sure we would be safe next time. Talked about it, documented everything. (301)

The Manager was available to offer debriefing immediately then a professional was brought in to debrief the team. (70)

Appropriate documentation was filled out and high level of support both in and out of work hours was provided. (20)

I had access to debriefing services immediately following the event. Report the issue to police and seek support from management on the issue and personal safety and client safety. (25)

Debriefing, supervisors available; offered safe transport home. (444)

Supported to maintain personal safety i.e. no details of personal life given to clients by counselling admin – supported to contact police when it was a serious threat – clear policy re staff security. (172)

I received a car for travel, work silenced my own car's number plate, provided debriefing and made the offer of a home security system. (126)

Supportive colleagues

Colleagues were a valuable source of support for some respondents (18.2%), although this was not always able to alleviate the effects or concerns of the victim. Respondents who mentioned good support from colleagues were social workers (n=21) and teachers (n=8).

Very supportive colleagues (but not the statutory child protection service employer). (718)

The immediate staff I work with are very supportive. (116)

The team is supportive, the management not so. They have no understanding of what we do. (424)

Under-resourced agencies mean staff often supportive but infrastructure not there to keep safe. (134)

The team is extremely supportive. There is somebody always able to speak with. (487)

All staff are supportive when aware that another worker has had such experiences. (99)

The other staff members support each other but we are all scared. (315)

Peers gave moral support but it's not enough. (407)

Support dependent on context

Further aspects of the level of support that professionals did or did not experience were identified by respondents. Some (5.0%) suggested that the level of support was contingent on the behaviours displayed or the context in which the behaviours occurred or the organisation they were working for. Others (3.2%) suggested that it was dependent on the line manager they had at the time. Obviously these respondents had not had only negative or positive experiences in relation to support, but a mixture of both. Some respondents (5.9%) indicated that support was not immediately forthcoming, but was available if requested. For a small number of respondents (2.3%), the incidents were the catalyst for change at the workplace, with support systems being put in place after the event.

Support dependent on behaviour, occasion, context or organisation:

Depends on staff availability. (37)

Low to moderate on occasions. Other occasions it was high. Depended on available support. (265)

Previous work– was not allowed to make incident report regarding threats – only actual assault. Current workplace issued staff safety plan including everyone protecting me! Very supportive. (123)

The level of support has depended on where I was working e.g. in isolated rural town support provided by phone. Level of support probably dependent upon a) my experience b) type of threat. (43)

Very poor response/delayed response to intimidating behaviour and threats of violence. Good support following physical assault – perhaps as a result of guilt – as threats, intimidating behaviour and assault from same client. (528)

At the hospital support is very low. In the community-based Single Parent Agency, support is very high. (118)

Support dependent on line manager:

Originally the CEO tried to placate parents by assuring them that nursing staff would be spoken to – not very supportive of staff. New CEO – much more security and awareness of problems facing staff. (503)

(Very low) Except the last one. This support is heavily dependant on your line manager. (285)

Had an excellent supervisor for some of it and hence lots of support. Other times zilch support. (3)

Varied depending on manager supervisor at the time. (467)

Support available upon request:

If I needed more support I just have to indicate I needed it. (121)

Support is available providing worker is able to identify and articulate the need for an increased level of support at the time of the incident/s taking place. (250)

(Very low) However, it improved once I sought out support. (297)

Support structures in place, but your responsibility to access them. (54)

Support systems instituted after incident:

This area was addressed after the events. (695)

It has since improved by what we learnt with this case... Initial support was very low. (299)

It took 6 months for increased security. Staff are no longer left alone in the building. (252)

Because I work independently as a mobile unit I don't have an office space as such. I have to use my phone to inform my line manager who at times is unavailable. I then have to find another colleague by phone to talk/debrief to. Professional debriefing has now been put in place as a result. (450)

Fellow employee was bullying volunteer staff and criticising fellow staff members. Support was more evident after "critical incident" occurred. (312)

Forms of support available

We asked respondents to indicate what forms of support were available at the time of the threats, intimidation and/or violence. We provided respondents with four categories of response. A majority of respondents reported that support was available in the form of talking with colleagues (83%)

and/or with supervisors (67%) following an incident. A smaller proportion of respondents (19%) reported support in the form of professional counselling being available. Eight percent of respondents had other forms of support available such as police, lawyers and legal options, private therapy, discussions with life partner, time off in lieu, office practices designed to protect the worker and training. A chi square analysis was conducted to examine sex differences and it was found that females were more likely to have had counselling support available (21%, n=101) than were males (11%, n=11), ($\chi^2=4.644$, df=1, p=.031).

There was an opportunity for respondents to provide further commentary, and a small number did so (n=20). These comments related to types of support and sources of support. Types of support included legal action, counselling and debriefing, established security procedures, involvement of police and training.

Manager insisted I take out an AVO against the offender. (280)

Report to police and AVO (re stalking) to keep offender away from the work place. (292)

Police involvement, temporary intervention orders, permanent order, legal representation. (299)

Professional counselling optional and available to individuals. (154)

Policies, security equipment, i.e. alarm bells, access to police if required. (172)

...training for staff to manage dangerous behaviour by clients. (123)

Sources of support related primarily to colleagues or supervisors. Some respondents found colleagues to be more supportive than management, others reported that there were practices in place that provided support from management.

Colleagues are more supportive than management as the experience is common to them too. Our managers do not do "front line" work and therefore are not at risk. (356)

We always support each other as no protocol exists for debriefing of a critical incident. (544)

Better in community-based agencies than in prison system. Colleagues somewhat supportive in prison, but not supervisors. (228)

Counselling, debriefing and supervision as well as very good, clear support/security procedures. (46)

Safety plan, security guards to walk me to my car... (123)

Other effects of violence, threats and intimidation in the lives of professionals

When respondents were given the opportunity to identify other effects in their lives of the violent, threatening or intimidating behaviour they had experienced, more than half did so (n=364). Upon examination the responses were found to fall into 14 categories. Table 9 provides details of these categories. Many participants' responses covered more than one category, and the percentages are therefore not cumulative. Not surprisingly, a large percentage (75.4%) of respondents' made comments related to the emotional and/or health effects as a result of experiencing abusive behaviours. Respondents also made numerous comments related to professional issues (20.9%) and an increased sense of being vulnerable leading to being more aware and worried about personal safety (17.4%). There were some respondents whose lives had been disrupted in other ways also: needing to change employment, move residence or township, remove children from school and needing to be listed as silent on the electoral roll.

Table 9: Frequencies and percentages of response by category for other effects

Category	Frequency	%
1. Emotional and health effects (such as fear, anxiety, stress, stress leave, anger, withdrawal, inability to relax, lethargy, hopelessness, depression, need for medication, sleeplessness, bad dreams, change in eating patterns, physical exhaustion, bodily pain, panic attacks)	268	73.6%
2. Professional issues (such as questioning of career choice, loss of professional standing and face, negative attitudes to work, reduced motivation, reduced productivity, avoidance of tasks, desire to leave work, feeling professional incompetence)	75	20.6%
3. Heightened sense of vulnerability	65	17.9%
4. Effects on social life	17	4.7%
5. Relationship effects	20	5.5%
6. Property damage	5	1.4%
7. Self-doubt	13	3.6%
8. Substance abuse	5	1.4%
9. Life upheavals (such as changing to silent phone number and silent electoral roll listing, needing to move house or town, changing children's schools, exercising close supervision of own children, changing employment, effects on family)	44	12.1%
10. Lower self-esteem, loss of confidence	22	6.0%
11. Attitude change (less tolerance, distrustful of people, less empathy)	27	7.4%
12. Economic effects	7	1.9%
13. Rural issues	9	2.5%
14. Nil or few; just accept it	10	2.8%

The most common effect of the behaviours of interest were emotional and health effects. Of the 268 participants that listed emotional and health effects in response to this question 104 (38.9%) were social workers, 60 (22.3%) were teachers, 21 (7.8%) were psychologists, 18 (6.7%) were nurses, 7 (2.6%) were police officers, 5 (1.9%) were counsellors, 4 (1.5%) were paediatricians, 4 (1.5%) worked in the early childhood sector, 4 (1.5%) were either associated with or worked at a school, 4 (1.5%) were “child protection workers”, and 3 (1.1%) were medical officers. Those remaining did not group into a particular profession or did not list a profession.

Feeling fearful

Participants’ responses indicated that by far the most prevalent effect was a sense of fear. Comment after comment revealed that people were more fearful after being abused and that this was not a momentary response but one that persisted in the life of the person who experienced the violent, threatening or intimidating behaviour. People reported being fearful for their own safety, and also for the safety of their family members. The fear also extended to the execution of professional duties and to daily activities such as shopping. Some participants reported worrying about future professional duties that might spark another incident, while others mentioned that they were fearful when out in public places, such as when shopping with their family members.

Heightened anxiety; depression. Generalised fear (in other situations). Over-exaggerated fear of death and dying. Feeling a loss of control. (288)

Fearful of receiving mail, especially packages. Senders used false names and addresses but I recognised the writing. Fearful of listening to threatening voicemail messages. Fearful of stalking extending to home-life. (16)

It affects every day living – you become slightly paranoid. Is that car following me?

You think, “Is that person walking towards me armed?” (62)

Continuing fearfulness in my family when I work back late (which happens a lot). (594)

Fearful at home. Grandmother – a brothel “Madam” with a history of criminal violence, threatened my family and stalked my home evenings and weekends for several weeks. This resulted in anxiety/nervousness. No police protection available because “she hasn’t actually done anything YET.” (142)

Paranoid feelings on the train trip home, thinking I was being followed after a threat. Fear of my home address being found out. Frightened of being home alone at night after a threat. (336)

Feeling unsafe at school. Having to hide at school while child was being picked up. Going home (driving 45 minutes) in stressed and/or agitated state. (211)

I draw blinds at night (live on a large property without neighbours. This wasn't necessary before). Have felt panicked, now lock my car after I leave it (not necessary before). (213)

Terrified of opening mail; terrified of answering the phone. Paranoid about my children's safety. (30)

Fear, worry, sleeplessness due to concern that threats may be followed through. (43)

Dare not take car to work because of violence and threats. (229)

Increased stress. Concern for personal safety outside work hours due to clients finding out where I lived/threatening notes left etc. (25)

Feeling unsafe especially in public places. (337)

Feeling anxious in relation to dealing with the intimidating individuals on an ongoing basis. Feeling concern about safety in the workplace, especially when working alone at reception. (441)

Fear of lack of anonymity when making a notification. (196)

Fear and anxiety about going shopping and potentially "bumping" into violent clients when I have my children with me. (249)

I have heightened anxiety about giving evidence in child protection matters in court. (260)

Scared of walking out of the centre on my own after dark. (557)

This behaviour makes going to work unpleasant. For a period afterwards there is an acute awareness when at work that you may be confronted by the person harassing you when in public places again many people suddenly resemble this person. There is a feeling like a cloud over you. (503)

Having to lock car doors after a visit to the family because of feeling unsafe. Having to position yourself near an exit point because of feeling unsafe in a house. (51)

I now carry a firearm in my car. My family also has a firearm in the home. (284)

Other emotional responses

Other feelings that arose as a result of the behaviours experienced were anger and frustration.

A number of respondents reported bouts of tearfulness and loss of motivation and energy. Some participants had a heightened sensitivity to loud voices in social settings or violence on TV. There were also long-term health effects such as depression, vomiting, sleeplessness, anxiety, high blood pressure and so forth.

The affect is cumulative. I have experienced ongoing verbal abuse from the same client for 2 1/2 year. I have also experienced specific threats of violence towards me, intimidating behaviour and numerous complaints and finally a physical assault from the same client... I have developed early signs of PTSD as a result of assault and feel extremely anxious

about work resulting in regular dreams about work which are characterised by frustration/anxiety. I suffer from depression. (528)

Frustration anger, let down. (289)

Feeling ill and anxious. Feelings of anger particularly when calls made to home. (558)

Shaking; Vomiting for weeks — lost weight. Loss of sleep — needed pills. (30)

Assaulted at work and needing work care and time off, effected [sic] sleep, mood and personal life due to violence. Medication for pain after assault. (93)

Health/general well being. Stress, high blood pressure, emotional stress. (44)

Cessation of menstrual cycle. High blood pressure. (456)

Have developed high blood pressure and ulcers since starting this work. (292)

Stress-related illness e.g. Bells' palsy. (253)

Physical/emotional exhaustion, migraine. (95)

Emotional numbness (e.g. detachment from activities going on around self). (250)

Have had a nervous breakdown – now rely heavily on anti-depressants and other medications. Feeling sick – headaches, dizziness, panic attacks, upset stomachs, unable to face the day. Nervous, jumpy, feeling of impending doom. Loss of self-confidence and confidence in job. Severe disruption to home life. Unable to cope with stress – just go to pieces. (474)

Pre-occupation after hours, poor sleep, eating disturbance, depression and medication (short term) = general stress. (75)

Lack of concentration, elevated heartbeat, avoidance, teary and highly agitated at times. (249)

Emotionally fragile. Labile – easily moved to tears or emotionally distant. (219)

Dreaming/nightmares; insomnia. Stress physical symptoms; loss of concentration. Difficulties functioning on a daily basis. Depression, increased anxiety. Constant thoughts about the threats being carried out. (337)

Sleeping/eating patterns change; energy level very low. Humour disappears. Small talk disappears. (202)

Difficulty sleeping. The taking of anti-depressants (for anxiety) not depression. (489)

Have experienced depression for the past two years. Am taking anti-depressive medication as a direct result of the incident. (314)

Depression; unable to do physical work without aggravating pain. Permanent bodily injury. Ongoing pain. Ongoing startle reactions; loss of friends; fatigue; sleep a lot more; blank mind; had a dislocated jaw 7 times. Afraid to use my home address so have purchased a post office box number; use a silent telephone number; had my name and address removed from the electoral roll. Unable to trust; hypervigilant; post-traumatic stress disorder. (679)

Withdrawal from family and friends. (55)

Short periods of withdrawal and isolation. Crying, anger, whole emotional gamut. (37)

Caused “flashbacks”, poor sleep, distress at being unable to change situations at all, lack of confidence in own abilities/skills, difficulty “turning off” work situation. (504)

Obsessive thought regarding case; inability to sleep; apathy. Poor concentration and attention. Loss of memory – forgetting where put things. (549)

Lethargy – tiredness; high levels of anxiety; tearfulness; worry; rashes; butterflies in the stomach as I approach work. (382)

The most difficult aspect by far is the court process. This has been extremely damaging to me emotionally. The treatment of, in particular, other professionals especially in the legal arena has been the most traumatic for me. (Resulting from 3½ week contested matter). (23)

Intimidating/questioning/judgmental behaviour by a former boss resulted in very high stress for staff with a number of resignations and high rate of sick leave. I took sick leave for 2 weeks at the peak of this time prior to an investigation of the boss and her resignation. (114)

I took unplanned long service leave because I felt insecure and unable to cope with many forms of intimidation by both the child and the mother. (501)

Very stressful thing and created ill feeling towards management committee and a feeling of insecurity in relation to my employment. (534)

Makes me very cautious and almost hypersensitive to violence. Stop watching programs on TV that contain violence. (160)

Professional life affected

The impact of the violence, threats and intimidating behaviour was also noticed in respondents' professional lives. Seventy five respondents reported effects on their professional life, and of these 33 were social workers, 17 were teachers, 5 were psychologists, 5 were nurses and the remaining respondents (n=15) were of various occupations which did not cluster. Respondents mentioned loss of productivity, loss of professional standing, loss of enjoyment of work, reluctance or avoidance of tasks, aspersions cast on professional behaviour, desiring to change employer or employment and the prospect of legal action being taken against them.

Am no longer willing to evaluate family-related services where finding might be perceived as relating to the funding of the evaluation. Quite clearly, if we write reports that are critical of any aspect of the service, managers may resort to civil action. (1)

Defamation suit by parent for making a diagnosis of MSBP. Parent was intimidating and one of the reasons why I took 2 months long service leave to consider if I should take early retirement. (144)

Student attitudes, threats to teachers about suing them. (380)

The concern of supervisors was what I was doing to cause the behaviour. (136)

A female staff member punched me in the face. Because I was a male, the Department, it was assumed that I must have done something to provoke her. I hadn't! (429)

Much reduced motivation. Reduced morale of all staff as a result (12)

Affects job satisfaction. (447)

Don't enjoy coming to work anymore. (252)

Make work unpleasant. Embarrassing in front of colleagues. (109)

Not wanting to go to work. Not wanting to perform necessary duties. (437)

Becoming afraid of meeting new clients, afraid of writing strong reports about children being abused, i.e. not doing my job in "the best interests of the child". (123)

Loss of confidence generally. Loss of interest I working at the "front line" – preferring to work 'behind the scenes' more. (275)

Feeling stressed at work, less capacity to work effectively at the time. (76)

...inability to prioritise tasks. (87)

Inability to concentrate on tasks, problem solve, prioritise and complete tasks. (250)

Hesitation at undertaking further investigative work. (285)

...abandoning work. (290)

Supervisor unsupportive, critical, on my back – didn't want problems. (577)

The lack of initial support made me wish that I was working in a different team. Also created some anxiety as to my reputation as a psychologist. (157)

Feeling incompetent professionally. (101)

Still wondering who has heard different versions and how my reputation looks to people who have influence over my job. (407)

[Impacts] negatively on relationship with other professions (i.e. nursing/dvs etc.) who sometimes feel role/actions are unnecessary (173)

The effect that it has had on my co-workers. This has ranged from anger (i.e. did I cause the incident to happen?) to denial (i.e. it really didn't happen "you're just overreacting".) (695)

(Sexual) perpetrator wrote to my professional association who called me on a Sunday night to tell me. I may be investigated i.e. my practice — he was alleging I was harming the young person by misinterpreting his actions. (34)

I am heartily sick of dealing with abuse-inflicted harm that should not occur. I have recognised I need a change in my field of practice. I am seeking "happier" work. (106)

Hating my job. (506)

Burnout; career changes; compromise professional distance. (649)

Questioning career choice... Anger towards other professionals. (246)

Intimidation (bullying) from other professionals because I am a social worker and not a psychologist. My expertise (over many years) is belittled, derided and dismissed by psychologists who are often younger and less experienced but imagine that theirs is the only profession entitled to give an opinion. (294)

Doubt about working here. (283)

Heightened sense of vulnerability

For a number of participants there was a heightened sense of vulnerability as a result of being threatened, intimidated or a victim of violence. Sixty five participants' comments indicated that they felt more vulnerable, of these 32 were social workers, 11 were teachers, 6 were psychologists, 5 were police officers and the 11 remaining once again came from a variety of occupational backgrounds. Respondents reported a general feeling of being unsafe at home and in public places, implementing increased security measures at home and work, and being hyper-vigilant about people and surroundings.

On one occasion there were threats to track me down and I was fearful for my children and we had a plan for supervision of all play outside and for answering the door and what to do if a stranger was seen around the home. (119)

Feelings of over-vigilance regarding personal property and its location in the work district. (20)

Have become aware of the need for more personal security – less trusting of the public, avoidant [sic] of places likely to encounter known aggressors/clients. (125)

Ongoing and at times irrational concern for the safety of my partners and children. (246)

Fear of physical harm away from a safe environment – unpredictable. Anxiety: “Where did I go wrong – what did I say??” Anxiety toward safety of personal family members. (255)

Generally more wary of violence in life, and feeling more vulnerable. Generally feeling people, especially clients are unpredictable. (275)

Become very hyper-vigilant. Protective of my family. More protective of property. More vigilant with phone calls, from unknown people; I never do business over the phone. (282)

Feeling unsafe especially in public places. (337)

Feelings of unease and insecurity. (468)

Overly aware and conscious of surrounds. High startle response. Constant assessment of new people and verbal, non-verbal, and physical cues of their level of aggressiveness. Constantly aware of dynamics occurring between people (e.g. shopping centre) in order to avoid potential violence. Hypersensitivity and awareness. (169)

Hyper-vigilance all day every day – it is the only way to stay safe. By being able to read who is a serious threat and who is just lashing out. (640)

Excessively protective of family life almost to paranoia. (22)

Increased security at home. Undertook anti-surveillance measures. Increased awareness in self-defence. (622)

Life upheavals

A number of participants (n=44) experienced significant upheaval in their lifestyle as a result of the behaviours of interest. Of these 25 were social workers, 5 were teachers, and the remaining 14 were from a variety of occupations. Respondents reported a range of consequences: moving house or school, imposing restrictions on their activities and the activities of their families, changing employment and increasing security measures.

I was forced to move my children to another school because of the hostility from staff given that I reported the problem to [the] Education Department. (30)

Also intimidation and bullying by [statutory child protection service] supervisors led to my relocation – twice. (472)

Had to move to another school. (407)

I have a silent number and take other security measures. (100)

Silent home phone number; silent listing on electoral roll. (451 and 137)

Moved out of child protection to the community health centre. (357)

Restrictions on my children's activities – for their protection (e.g. no arriving home before us. grandparents picking them up from school). Avoidance of certain public places where perpetrator known to shop/visit, e.g. shopping centre. Manner in which phone is answered at home – parents not children – to intercept calls. Name removed from phone book. (556)

Reluctance to take my children shopping for fear they would be identified as my family by clients. (70)

Fear of walking around town alone or with female friends – verbal abuse and was chased. (177)

I became concerned/anxious when in a public place in case I ran into the client outside my work environment as I was working in a smaller country town. (259)

... unable to do physical work without aggravating pain. Permanent bodily injury. Ongoing pain. (679)

Attitude change

Participants also reported experiencing attitude change as a result of the threatening, intimidating or violent behaviour (n=27). Of those reporting changes in attitude, 10 were social workers, 4 were teachers, 3 were police officers, with the remaining respondents being spread across various employment situations. For these respondents there was a sense of a change in perceptions, of becoming more negative and being less tolerant for some participants – for example, to other people or to particular types of behaviour – also a sense of distrust of the system, having less empathy and less trust in people in general.

I no longer trust the bureaucracy or those in charge. If I needed the police for help I feel I couldn't call them or expect assistance. My faith in humanity, child protection laws etc. has gone. (213)

Difficulty trusting supervisors. (228)

Have become ... less trusting of the public (125)

It can sometimes lead to a negative view of the world. (8)

Higher intolerance of domineering conduct. (246)

...low tolerance of others. (101)

Affects perception of work and life generally. (466)

Lack of trust; cynicism and pessimism. Lack of empathy/caring; stress; disinterest, weariness. (607)

Not wanting to help people ever again. (49)

Sense of self affected

There were 22 respondents who mentioned a loss of self-worth, lowered or loss of self-esteem or loss of confidence as an effect of the behaviours of interest. Of these there were two clusters of profession: 9 were teachers and 8 were social workers. Some respondents also experienced feelings of self-doubt as a result of the incidents. The comments were succinct but clear.

Lowered self-esteem. (36)

Undermining self-confidence (553)

Self-confidence has suffered dramatically. (361)

Loss of own self-worth. (588)

Experiencing a sense of self-questioning/blame that I could have diffused/avoided situation had I approached things differently. (250)

It creates doubt in my ability to perform any task to the best of my ability. Self-esteem “sinks”. Question yourself about the approach you had taken and why this would have occurred. (546)

Lack of confidence. Questioning own abilities and professionalism. (56)

...doubt of own ability. (136)

Anxiety about ability to do job well. (182)

Feelings of inadequacy. (288)

Personal life affected

Respondents also found that the effects reverberated to personal relationships. Twenty respondents mentioned relationship effects. Of these the professional clusters were social workers (n=12), teachers (n=3) and psychologists (n=2). The relationships affected were those with co-workers, management, friends, family and partners.

The effect that it has had on my co-workers. This has ranged from anger (i.e. did I cause the incident to happen?) to denial (i.e. it really didn't happen “you're just overreacting”). (695)

Becoming emotionally withdrawn — It has a significant impact on your emotional availability to your partner and children. (8)

I was completely exhausted all the time from constant harassment. I used to go to the office on weekends to work uninterrupted, so my clients would not suffer. Hence my children suffered instead. (17)

It can be emotionally draining, leaving little energy to deal with friends/family. (56)

It affects personal relationships. (138)

Effects on home life/marriage. (666)

It affects the marriage situation... it became “difficult” due to my withdrawal, introversion, because of stress. (593)

Social life affected

Effects extended to respondents' social life. Eighteen respondents reported that their social life had been affected in a detrimental manner. Most of these respondents were social workers (n=13). The effects ranged from being dis-inclined to socialise and loss of friends, to withdrawal and fear.

I am very restricted in public and have to leave social events if a perpetrator is around. (100)

Withdrawal from family and friends. (55)

Can be emotionally draining, leaving little energy to deal with friends/family. (56)

Avoidance of social functions for fear of encounters with clients as I reside in a small isolated community in rural remote NSW. (70)

Not willing to go out at night, not willing to go to pubs/clubs for fear of seeing clients – impacted dramatically on my personal life and emotional state. (123)

Not inclined to socialise any more – stay at home with family. (124)

At times, very tired and unable to mix socially. (179)

Feeling of isolation and not wanting to socialise. (248)

Complaints against professionals working in child abuse

Respondents were asked to indicate whether they had been subjected to complaints to their employer or professional body by parents or family members of a child who had been abused. A majority of respondents reported that complaints had been made to management about them (57.9%). In the last year, 28% of respondents had experienced being the subject of an informal complaint and 18% reported being the subject of a formal complaint. Another 8% had been the subject of complaints made to members of parliament in the last year and a small percentage of respondents had been subject to complaints to professional bodies (5%). We also asked respondents to indicate the result of the complaint. The qualitative responses were examined and nine categories emerged which are detailed in Table 10. A total of 265 respondents commented.

Table 10: Frequencies and percentages of response by category for complaints

Category	Frequency	%
1. Complaint not substantiated, dropped or nil effect/result	82	30.9%
2. Ongoing, not yet resolved	4	1.5%
3. Complaint upheld	1	0.4%
4. Organisational response and resolution (e.g. handled by supervisor discussing with complainant)	87	32.8%
5. Respondent describes circumstances instead of identifying result	59	22.3%
6. Negative result for respondent	4	1.5%
7. Resolved by self	7	2.6%
8. Do not know result of complaint	13	4.9%
9. Unrelated response	5	1.9%

A large number of complaints were reported as being unsubstantiated upon investigation or were considered by the respondent to have had no effect. In these cases the complaint was considered vexatious, it was dismissed as having no basis, it was dropped by the complainant or the complaint was considered to have had no effect by the respondent (n=82).

Respondents who indicated that complaints had been unsubstantiated included social workers (n=38), teachers (n=9), police officers (n=9), and nurses (n=6). The remaining respondents (n=20) either did not indicate their profession, or were very small numbers per profession (such as a single response for a forensic physician). The comments below provide an indication of the tone of the responses for complaints which were unsubstantiated or had little effect on professionals.

Nil result. Exonerated. (35)

Nothing really, I worked in another unit for one night to keep me out of the unit where the parent was. (224)

No further action taken. Complainant seen as "vexatious". (7)

No outcome as complaints were proven to be unfounded. (355)

Validation of my handling of the matter and complainant exposed as a person who distorted the truth. (8)

One formal investigation into possible areas for misconduct – found to be baseless. (57)

Manager responded to the client's complaints, heard them and disregarded them as unfounded. (98)

Not acted upon as client's issues clouded accuracy of complaint. (172)

Complaint found to be incorrect. Nil actions were undertaken aside from a response to complaint. (173)

No result affecting me – no complaints substantiated. (260)

Ministerial complaint – I was exonerated and supported.

Informal complaints – fairly constant – have not been found to be negligent or in error to date. (292)

One was from a father pursuing Family Court action and his complaints were malicious – no action required. Second resulted from miscommunication/expectations of roles – issue resolved through further discussion. (296)

Meeting was held between myself, my supervisor, the person who made the complaint and their support people. Issue discussed openly – person dropped the complaint. (444)

I was informed of complaint. No action was taken against me because complaint was unfounded. No action taken against parents. (467)

Found to have no basis for complaint. One was deemed to be malicious, the other found to be untrue in every respect including attributions of my professional actions. (488)

Exonerated or nil grounds for complaint – complainant generally had psychiatric illness or subject/suspect to allegations of child abuse and under investigation. (602)

The complaint was one of a series of vexatious ones including entire work group. (677)

Complaint withdrawn (689)

A small number of complaints were reported as not yet resolved (n=4), and some had resolved the complaint by themselves through ongoing work with clients or further discussion with the complainant (n=4). In other cases, the complaints were handled or resolved by organisational measures (spoken to by supervisor, supervisor takes over case, supervisor talks to complainant, ministerial investigations) (n=87). These respondents included social workers (n=51), teachers (n=9), police officers (n=6), nurses (n=4), and psychologists (n=4). The remaining respondents (n=13) could not be grouped as an obvious professional group. Only one respondent indicated that a complaint had been upheld. When respondents indicated an organisational response, it was not always clear whether or not the complaint was resolved, either for or against them. This may mean that the number of complaints which were unsubstantiated are under-reported, and that the number of complaints which were upheld may also be under-reported. This ambiguity is evident in the examples below.

Dealt with appropriately by employer and myself. (125)

Letter addressing the complaint written by nursing unit manager (554)

Officials requested replies in writing within short period of time. (613)

Discussion with line manager re complaint, and history of case, opportunity for me to discuss point of view and response to complaint. (43)

Complaint was noted and line manager informed me of this and that they advised client I would respond. (55)

Organisational response to complainant – explaining procedures etc. (127)

Discussion with Manager. (269)

Even when outcomes favoured the child protection worker, complaints caused resentment, stress and wasted time.

...I felt betrayed by my professional association who only heard the offender's side — complaints were dismissed just prior to me having to take out an AVO. (34)

No disciplinary action; no change to case plans. Process of responding to complaints is stressful for worker and very time consuming given heavy case-loads. (113)

Investigated. No action taken. However, it was difficult for me. (138)

Was able to respond with no problem but very exhausting to have to spend more time resolving issues again that had been or can only be in court and are not really in your power. (438)

The Medical Board felt obliged to do an investigation as a man who physically abused his step-daughter complained about the diagnosis. This was stressful. (115)

Our unit is subject to at least two or three complaints per year. I do not recall any disciplinary action though one of our staff did have to go before the courts as a result of legal action taken by parents. The outcome was in the staff member's favour but very draining and time consuming. (161)

For some respondents (n=13), the result of the complaint was not known. These respondents reported that they did not know the result, or that there was no follow-up. This situation is probably unsatisfactory, given that professionalism and integrity are often under a cloud when a complaint is made. However, it is clear from the earlier discussion that in many cases the complaint had been dealt with and a resolution achieved.

There was a small group of respondents (n=4) who experienced a negative result of the complaint. This included a perceived lack of support from managers and colleagues, being forced to “back down”, suffering ill-health and having the complaint used against them by a supervisor. The responses below provide an indication of the types of negative result respondents reported.

Not supported by nurse manager, not spoken to by psychiatrist, ostracised by some nurses [and] spoken about derogatorily by some parents and staff. (504)

I was forced to back down even though my concerns were later proven correct and I'd had to write a letter of apology to the complainant. (206)

Supervisor tried to use the complaints to discredit my professional reputation/discredit my work. Supervisor stored a written complaint in a folder under my name in her filing cabinet for future use or reference – which is a breach of the *Public Sector Management Act*. (679)

One group of respondents (n=59) did not identify the result of the complaint against them, but instead provided a description of the circumstances related to the complaint. Another, much smaller group of respondents (n=5) provided a response which did not seem to relate to the question or related to complaints they had made as opposed to complaints made against them.

Professional integrity Compromised

We asked respondents whether they had experienced attempts to compromise their professional integrity while engaged in child protection duties. Almost one third of respondents (29%) reported that they had experienced this in the last year, while 25% had experienced it between 2-5 years ago. We provided respondents with the opportunity to make further comment about this issue and 157 did so. These responses were examined and a series of 7 categories emerged (see Table 11).

Table 11: Frequencies and percentages of response by category for professional integrity compromised

Category	Frequency	%
1. Judgement questioned or integrity compromised	53	33.8%
2. Confidentiality ignored or breached	3	1.9%
3. Unprofessional unethical conduct or requests placing worker in invidious situation	35	22.3%
4. Legal action initiated or threatened	4	2.6%
5. Threats directed at worker or sense of threat felt by worker	30	19.1%
6. Self-doubt	2	1.3%
7. Comment not related to professional integrity	53	33.8%

Respondents reported that they considered their integrity had been compromised or their judgement questioned by peers, supervisors, clients and other professionals and agencies. They also responded by once again mentioning threatening behaviour directed towards them by perpetrators, agencies, supervisors and peers. Some respondents experienced unprofessional or unethical conduct from supervisors, peers, other professionals or perpetrators of child abuse, or found themselves placed in an invidious position as a result of such conduct. A small number were

subjected to the initiation of legal proceedings being initiated and a small number commented about confidentiality being breached in particular child abuse cases. A large number of respondents provided comments not related to professional integrity, but relating to other aspects of their experience, which are reported throughout this section.

The following comments indicate the typical situation for professionals who felt their integrity was compromised or their judgement was questioned. This included alleging that the worker was telling lies, or telling lies about the worker, interfering with workplace relations, such as “dobbing” to supervisors, having other professionals question the credibility of the worker involved in the child protection case. Simply initiating a report on child abuse can result in a complaint being made to an employer or professional body (see respondent 2 below). Those educators who are concerned about teaching children protective behaviours can also be subjected to questions about their professional judgement (see respondent 135 below).

I was accused (in writing) of allowing a baby to fall onto the floor during a father’s access visit. (356)

Pedantic, ridiculous, false and pathetic complaints about my professional behaviour and caring manner. (637)

Natural parents and family members questioning your ability to assess “risk of harm” – due to my age or accent. Alleging that I am lying or making up things. (301)

Have had aggressive parents wanting to contact media as they felt that my involvement was not required. In this case abuse was substantiated. (32)

Client informing me that the Minister was going to come to the office and fire people because she is aware that we are not doing our jobs. Being told that I am incompetent and unprofessional constantly. (56)

Yes, by denigrating my capacity to others such as senior management at centre office. (70)

The most frustrating aspect of being a Social Worker in child protection is being dismissed by legal systems as providing less relevant/credible information than other professions, e.g. judges look at the signature and profession of a report, if by a SW it is less credible. (86)

Comments made, often threatening, about professional expertise and personal and professional integrity. (127)

... discrediting my professional ability and qualifications. (325)

Also people attempt to compromise your professional integrity by being sexually suggestive or through direct threat. (279)

A parent in one case was attempting to get me to collude with her and then calling me a liar in front of other family and my peers – She was supported by management. (292)

Criticised for being very matter-of-fact and direct with “intra-familial” child sex offenders (fathers or step-fathers) – criticised by peers. (228)

Complaint to employer by parents when child at risk issues identified and reported. (2)

Callers and writers of abuse said that they would damage my credibility unless I conformed with their wishes. In the case of changing evidence, this would have meant perjury. (253)

Not just for myself but other teachers too, but parents make complaints about the most minor issues and refuse to believe their child has done anything wrong. (474)

Yes, doubting my fears and having peers question or debunk the fears or discount them. (532)

The only difficult situations have been when other Health Professionals complain about child protection programmes opening a 'can of worms' in that help agencies couldn't handle them. There were also vigorous complaints from some police that our prevention programme was too explicit and would destroy children's innocence etc. etc. (135)

The male parent tried to compromise my professional integrity as he thought what I knew could put him back into prison. (523)

Offenders always compromise your professional integrity, that is why they generally think they are doing the correct thing until you tell them otherwise. Compromise comes with this job. (707)

Not only were respondents' integrity and judgement called into question by others, they were also put to the test when other persons engaged in unethical or improper conduct. Respondents found themselves placed in predicaments which were of serious concern, predicaments which revealed that many adults were prepared to ignore the rights of children in child abuse situations even to the point of ignoring mandatory reporting legislation requirements. Other reports reveal that workers can ignore each others' rights, with some respondents providing information highlighting very bizarre and unethical behaviour on the part of colleagues or supervisors.

The psychiatrist tries to bully staff into agreeing with her. She requests that the Registrar adds extra comments to official documents (and same done) to attempt to place herself and others in compromising positions. (504)

Requesting from care givers suspected of neglect or abuse that you do not document findings and do not report findings to authorities. (515)

Asked to not follow policy. (275)

I was deterred by a supervisor not to make a notification/report of a “child at risk” approx. 1 year ago. I ignored my supervisor and made the report to [statutory child protection service]. (544)

Pressure for own agency due to pressures from funding body around recommendations for children. (467)

As already stated the effect upon my co-workers. One co-worker refuses to talk to me which compromises team work approach to work ethics/relationship. (695)

[Statutory child protection service] Supervisor used to harass and intimidate me in front of other team member in team meetings. If I spoke she would either sing or say “We are not going to listen to that?”. Other team members would freeze and be very uncomfortable while this was happening. The supervisor would stand behind me singing “I’m on top of the mountain” while I was on duty taking child abuse notifications. She would sit next to me at every meeting and insist I had lunch with her. (17)

...hierarchical top-down supervision (in [court jurisdiction]) which demanded I professionally accept unacceptable situations or move on. (649)

This boss tried to downgrade the degree of seriousness or urgency of cases in an effort to have a higher turnover rate of cases in the team. (114)

Pressures to change conclusions/assessments/reports – males using “grooming” process and domestic violence techniques – for example, charm – “I just want to talk to you”. (325)

The principal demanded group cohesion to prevent reporting because it would “reflect badly on the school in the eyes of the Department”. (142)

A teacher reported a parish priest for sexual abuse and I experienced resistance from church authorities. (364)

Requested by my line manager not to make a mandated report – advised to consult with the alleged perpetrator! (388)

On several occasions clients tried to bribe or persuade me to take a different course of action – either by threats or offers of material gains. (281)

Slanderous “letter to the Editor”. (100)

The issue of threats directed at workers arose once again in relation to the question of compromised professional integrity. Over a third of the 157 respondents mentioned they were subjected to threats in relation to a child abuse situation. These threats were directed at themselves, at their property, at their family or their workplace, usually by persons who had a vested interest in preventing an investigation or further investigation into a child abuse case. Other workers reported that the threats sometimes emanated from the children themselves or from other professionals. Clients often use or threaten to use media to discredit workers. Occasionally

workers reported that they felt threatened, even though no overt threat had been made. One worker reported that children were threatened by parents (see respondent 626 below).

Patient and partner threatened myself and staff with loss of jobs and jail sentences. (180)

Although no direct threat was made to my children, in one case of working with a father who was widely rumoured to be a "hit man", I felt a significant threat to my family. Sometimes the violent (often dealt with in the criminal justice system) history is intimidating in itself without threats needing to be made. (8)

Threats to kill me and my family; to bomb the building and myself and their children inside; to wreck my life... To kill us and the police with us. To tell the world how bad I am so I never work again. (55)

When working in your own community it's very easy for clients to identify your children. Sometimes they go to school with your child. My older children have been threatened but didn't take threats seriously! (134)

Verbal threats in person and over phone, references to guns, "You'll be sorry" "someone will end up in hospital" etc. (111)

Have had aggressive parents wanting to contact media as they felt that my involvement was not required. In this case abuse was substantiated. (32)

I was named on a national television current affairs program as a doctor who too easily diagnosed MBPS. (144)

Client used the 60 Minutes programme to put pressure on the Dept. This involved them sending a young girl into the office to make allegations of sexual abuse/physical abuse. (560)

Violent or threatening behaviour has sometimes been experienced from children and/or young people. (156)

I was threatened in the court setting by a lawyer. I received threatening correspondence. (313)

...veiled threats (d) direct threats to me (e) family threats and stalking. (325)

Threatened to be hit/killed if parent couldn't stay with child and "if [I] kept talking shit". (118)

Parent telling their children that the policy will take them away and that the police are not here to help. (Unfortunately some children believe them!) (626)

There were a small number of respondents who felt their professional integrity was compromised as a result of confidentiality being breached. This did not appear to be a common occurrence for our participants, but was worrying for those for whom it did occur. Two respondents reported incidents as follows:

I now find that my alter ego as a teacher has been compromised locally, as the DOCS workers and their peers in welfare ALL knew and commented to me about the CONFIDENTIAL info I was assured was protected. Cold shoulder treatment issued. (369)

When I contacted the other early education centre which the child in question attended, they immediately contacted the mother to let her know of my suspicion of abuse – betrayal by early childhood professionals of my concern for the child. (533)

A further small group of respondents reported being threatened with or subject to legal proceedings.

Threats to sue if anything was to happen to the child. (173)

Intervened to stop child A assaulting child B. Child A's parent attempted to pursue assault charges against me. Completely unfounded as I didn't touch child A (except to block punch he threw at me). (593)

Another service user attempted to have staff including myself charged with kidnapping. (558)

Unwanted media attention

Respondents were asked if they had experienced unwanted media attention in the last year. This seemed to be a relatively uncommon problem. When it did happen however, unwanted media attention occurred in various forums including newspapers (8%), radio (7%), television (5%), internet (3%) and magazines (1%). One of the more unusual was unwanted media attention in a newsletter published by a fathers' support group. Some respondents reported that threats for media attention tended to be directed more at the organisational level than at a personal level, although others found that the threat of personal media coverage was a stressor.

The Department as a whole has been subjected to media attention. (298)

Nil, not on a personal level, but yes on an organisational level. (336)

Not personally directed at me. However, directed at my profession/Departmental workers. (57)

Channel 9, NSW withdrew interest in the "story" however, the threat of TV coverage was difficult to manage while protecting the child. (356)

Respondents were asked to make further comments about any other issues associated with threats, violence and intimidation they had experienced. Many participants (n=111) took the

opportunity to discuss a range of issues. The responses were examined and 17 categories emerged. Table 12 gives information on the frequency of the various responses by category. Some participants' responses covered more than one category, and the percentage scores are therefore not cumulative. The most frequently mentioned responses involved four categories: media coverage (12.6%); level of support (24.3%); systemic issues (23.4%) and emotional effects (25.2%). The other categories of responses were clearly much smaller and much less common amongst respondents.

Table 12: Frequencies and percentages of response by category for unwanted media attention

Category	Frequency	%
1. Legal aspects	4	3.6%
2. Source of abuse	3	2.7%
3. Rural issues	1	0.9%
4. Level of skill	4	3.6%
5. Media coverage	14	12.6%
6. Level of support	27	24.3%
7. Nature of work	5	4.5%
8. Systemic issues	26	23.4%
9. Increase in violence	5	4.5%
10. Tolerance of violence	8	7.2%
11. Emotional effects (stress/ burnout/frustration)	28	25.2%
12. Training	7	6.3%
13. Heightened sense of vulnerability/hypervigilance	2	1.8%
14. Workplace threats and security	2	1.8%
15. Lack of confidentiality when reporting	2	1.8%
16. Economic effects	2	1.8%
17. Community attitudes	7	6.3%

The comments relating to media coverage indicated that media coverage was considered to be lacking in integrity, sensationalist, lacking in factual content and distorting of the truth. Media coverage was also used as a threat against some professionals. Of the 14 respondents who commented on the media, 5 of these listed their profession as social worker; the remainder were an assortment of professions without an obvious clustering. The comments below are indicative of the comments made on this issue.

Media reports that were untrue in relation to the removal of a client. (5)

Had threats from clients (non-custodial male parent) to go to a newspaper, current affairs ... (25)

Frustration at lack of media care with acceptance of the statements made even by senior people on the side of child protection. (78)

Most frustrating issue with media was my sense of powerlessness to accurately take media to task. Matter was in relation to an adolescent's death and media discussed my piece of work without fully understanding the intervention... I was not directly contacted. I consulted a lawyer re suing but did not have the financial security to take a major television station to court. (172)

The media's reporting of child protection fails to use its wide reaching capacity to educate the community about child protection. It is often a sensationalist approach that invokes fear and misinforms people. (346)

Not only was media coverage considered to fall considerably below expectations, the level of support for professionals in child protection is an area that many mention as an aspect of their work that leads to discontent. Of the 27 respondents in this response category, 12 were social workers and 3 were teachers. The remaining responses did not represent a clustering from any single profession. The comments in this category included a variety of issues such as decreasing levels of support; lack of support at an organisational level; lack of protection in workplaces; lack of support from line managers including active interference with reporting child abuse; abuse between professionals from different sectors; a sense of being overworked, underpaid and undervalued by society; and police inability to do anything in a legal capacity unless one has been injured. The comments selected below highlight some of these issues.

Whilst these events occur as a part of work and most over 6 months ago, in the last 6 months, levels of support in these incidences for myself and in observing others has seemingly significantly decreased. (20)

No real protection in workplaces. (34)

I believe something should have been done to stop this harassment. The school was not pro-active enough – comforting words, no actions and nothing changed. I have the right to feel safe at school – but didn't. (211)

Professionals working in this area do not get the support or recognition they deserve from management or at government levels. (55)

[Statutory child protection service] has a poor record of acknowledging the accumulative impact of exposure to violence and intimidation by clients and other agencies. A colleague, having experienced in 18 year service being held hostage and threatened and assaulted on numerous occasions was further abused by a lack of support re restrictions on caseload, time off, sick leave etc. (246)

As a Crisis Response Worker I have a perception that there is very little understanding of the emotional drain this work produces and very little support offered or available. (263)

When people (family clients) complain or become abusive, because it is expected to occur within the job, nobody takes it seriously when I feel that my professionalism is being unjustly challenged by families. It's a hard job, there is little job satisfaction, we are overworked, underpaid, and there is no proper debriefing in place. (337)

I work in a NGO that provides a street outreach service to homeless people. In the 2½ years I have been working there, workers have had no managerial support in relation to violence and threats of violence...NGOs seem less able to acknowledge that violence occurs and even less inclined to do anything positive about it. (544)

Male school principal – uneducated in relation to child abuse, endeavoured to stop staff from reporting cases – including sexual abuse by a temporary teacher involving 12 boys in a separate building. (142)

If you talk to any teacher for long enough a story like this comes out – harassment/intimidation from a deputy or principal. (407)

Police dismissed threats, written and telephone recorded because the women hadn't hurt me physically. Police not interested in noxious substances sent through the post. (16)

While some professionals had access to counselling, it was suggested that counsellors who were unaware of the day-to-day trials and tribulations of child protection work were unable to provide appropriate counselling.

No de-briefing available by anybody who actually knows what our job entails and so knows how difficult it actually is. So therefore when you try to debrief you have to stop because no-one believes that you could be continuously and repeatedly be physically assaulted and threatened, by children in your care. (504)

Professional counselling available through work is inappropriate. Counsellors are not skilled/experienced enough to work with professionals regarding these issues. (55)

A small number of professionals mentioned a good level of support in their workplace (n=8) and stated that this made quite a difference to how they handled the stressor relating to their work. The first comment below, from a young and relatively inexperienced social worker, clearly indicates a sense of increased well-being due to the current levels of support being provided.

I currently work in a supportive environment where tea breaks, shoulders to cry on, ears to debrief, and days off are readily available. I have experienced a positive change in my personal life and professional life (I believe) due to this change in workplace. In my previous workplace I worked 2 hours overtime every day, was only allowed half hour lunch, begrudged any time off, and tea breaks were to be taken out of your timesheet and worse

– we had to pay for our own coffee and biscuits! It is having the extra supports that I think helped in my ability to handle violence/threats/intimidation in my workplace which can seem like an everyday occurrence. Added to this comes extra training, management that actually takes action when you experience this form of workplace violence and informed workmates who don't blame you for your clients' behaviour! ... Social workers (especially in child abuse field) experience abuse everyday: As we are not "the experts" like doctors and psychs our clients feel more able to take our professional thoughts/practices/reports on a personal basis. They, in turn, attack us on a personal level. It will take a young/new social worker like myself many years and a lot of support/training to develop the skills (thick skin) not to carry all these personal attacks around with me – both at work and at home. But, as I can see, I am more able to do this when I feel valued and supported at work (such as when work provides coffee and biscuits, days off etc.). (123)

As a counsellor I have lots of support, guidance and debriefing and training – none of this is given to nurses. The contrast is scary. (118)

In my current job I feel a great deal more supported in relation to my personal safety and therefore am able to handle situations better. (64)

[Employer has an] excellent welfare section – everything was addressed. (622)

Working in the child protection field can be seen to take its toll on the well-being of workers. Over 25% of the 111 respondents (n=28) alluded to the emotional effects of their work. Of these 10 were social workers, 4 were psychologists, 5 were teachers with the remainder being a variety of occupations, none of which grouped obviously. Comments generally related to the stressful nature of the work involved; the stress induced due to internal politics, bullying and victimisation; the levels of frustration experienced; and the notion of professional burnout. Clearly the behaviour of colleagues, supervisors and line managers is adding to the impact of workplace-related violence for a proportion of professionals. The comments below give the tone of remarks made.

While working in child protection is very stressful, the final straw is the stress within the workplace – internal politics adds greatly to the stress of the work. Outside influences come and go, however, internal issues tend to stay alive, often festering on an already overworked/overstressed staff member. (202)

The cumulative effect of high stress/low morale work is under-appreciated. Child protection work is toxic and requires respite, rotation through other positions and personal and systemic supports to maintain child protection workers at their peak capacity. (15)

The high turnover of staff due to burnout. No incentives given for workers to stay on – so mostly new, inexperienced workers doing the "toughest, most stressful" front line work, therefore no retention of experienced staff. (58)

In relation to early questions about exhaustion and frustration, for me that is more as a result of workload/plethora of detailed information and tasks to be performed/lengthy

computer recording along with the ongoing reality of dealing with clients who can be difficult/angry (though this mostly is not necessarily directed at me personally but at the department). (66)

It's a hard job. There is little job satisfaction. We are overworked, underpaid, and there is no proper debriefing in place. With high staff turnover, we are not trained to really know how to manage threatening behaviour. (337)

Constantly dealing with clients who are angry or do not wish to be involved with the service is taxing, even when they do not make overt threats or display violent behaviour. (82)

Sometimes I experience a similar response to perceived rather than actual threat e.g. when working with people who have a history of severe violence this can be just as difficult and I often experience the same problems (e.g. sleeplessness, hypervigilance etc.) as when I have actually been threatened. (171)

A major source of stress for me has been giving evidence in the Youth or Family Court when the legal representatives of parents attempt to make me seem incompetent and/or negligent. Lawyers in this situation are often quite bullying and intimidating and can make comments that are insulting and demeaning. However, it is impossible to withdraw from the situation, complain or answer back. (84)

Frustration that when a mandatory report is directed to a professional body, they are unable to unwilling to act. (391)

Nothing prepares you for harassment, threats and intimidation. It is amazing how vulnerable you feel when your children and home are involved. It is also not just the case of one event at a time. Normally these incidents occur whilst you are still trying to deal with other child protection issues. It is the cumulative effect of being involved with so much child abuse that makes the threats/harassment so much worse. (556)

Related to the above issue are the problems with the system which created a sense of frustration for professionals. There were 26 respondents who highlighted systemic issues in their responses and of these 8 were social workers, 5 were psychologists and 5 were teachers. These systemic issues involved management practices, systems abuse, lack of resourcing, lack of inter-agency collaboration and professional courtesy; a work culture that involves bullying and intimidation. The comments provided below are typical of those made by respondents.

The frustration and emotional impact are more often from departmental systems and poor management. (288)

What about threats, intimidation, harassment from management/CEO – big issue in our agency. (335)

What for me was frightening and threatening was the abuse directed at me from Supervisor who was not coping with their position. This was an experience shared by other colleagues. The most frightening experience for me was the harassment/threats of

violence from management towards staff who voiced their concerns about the level of corruption occurring within the organisation's team of managers. (442)

The only time I have ever been abused was by my [statutory department] Supervisor. After I left the Department this supervisor was transferred out of the field for a few months, but was returned to her position. She is still bullying and victimising workers. Other workers have also resigned as a result of this. Unfortunately she is not the only Supervisor who is a perpetrator of abuse of workers in [statutory department]. Until [statutory department] openly addresses the issue of abusive management practices, they will not retain competent workers and their clients, who are the most powerless and vulnerable of our community, will continue to suffer as a result. (17)

Abusive behaviour extends to work colleagues with verbal/emotional abuse at a more covert level through work interactions such as undermining professional standing, isolation and ostracising behaviours. (2)

I would like to comment on the fact that the intimidation from another agency was more difficult to deal with and more emotionally stressful compared to intimidation/abuse experienced from a child/s carer/parent. It would seem systems abuse is becoming more common, and that various agencies with philosophies of child protection etc. have developed "bullying" strategies which are inherent in the system. (124)

Attack by other professionals is often harder to deal with than the attacks of family members which are more understandable. (127)

The abuse this year came from staff and managers of other agencies that wanted to suppress information relating to the abuse of young people – children in their care. (253)

Child protection practice is notoriously under-resourced and this difficult work is made more difficult by not having enough staff. Other agencies become critical of failures to respond. (149)

It's the same old story of not having enough resources. We are a home visiting service, which tends to increase the risk of violence. Resources mean we cannot have two staff at each home visit, which there should be to increase worker safety. Many good workers are lost due to the stress caused by confronting violent situations on a regular basis, which really is a waste of resources due to retraining new staff etc. There definitely seems to be a "time limit" to this type of work. (291)

There are very limited resources available to provide counselling for children who have experienced abuse and neglect. The [statutory child protection service] does not recognise domestic violence as a form of child abuse. Government agencies are reluctant to share/feel they are prohibited from sharing information in the best interest of the child. Lack of interagency collaboration is impeding on outcomes for children and families. (397)

The pressure of being a responsible carer of children's welfare is becoming larger. The frustration comes from FACS being hopelessly under-resourced and follow up being difficult for them as the "bar" of needing investigation is raised. (532)

The issues of job stress are only partly to do with threatening behaviour. I see that as a far less significant problem than the issues of (1) understaffing and excessive and fluctuating workload. (2) frustrations dealing with a system which reflects the low priority and value

our society places on children and early development. (3) The horrendous behaviour of lawyers in court. They can be very rude, intimidating and unprofessional. (119)

Some respondents gave case examples of the types of behaviour they or their colleagues had experienced. Some of these were of a very frightening nature. The example below indicates that persons working in the child protection field are indeed “in the front line”.

[Statutory child protection service] has a poor record of acknowledging the accumulative impact of exposure to violence and intimidation by clients and other agencies. A colleague, having experienced in 18 years of service being held hostage and threatened and assaulted on numerous occasions was further abused by a lack of support re restrictions on caseload, time off, sick leave etc. (246)

It began when I witnessed the school cleaner chase and catch one of a group who continually damaged his car. Men arrived and punched the cleaner. I stayed initially to protect the child and then to protect the cleaner. After that my Principal twisted things to suit herself and targeted me for accusations of child neglect. One was a report to police for which I provided a statement (as a witness – child vs other, local parent). The next was a fabrication – the original boy’s brother! She kept at that. Threatened me with legal department investigation and harassed me with many memos. (407)

Police dismissed threats, written and telephone recorded because the women hadn’t hurt me physically. Police not interested in noxious substances sent through the post. The women clearly had mental health problems but their bizarre behaviour was not taken seriously. One was wanted by police for failing to attend court but police did not pursue her. The intimidation only stopped after they complained about me to the Australian Federal Police. They were not satisfied with the AFP response and transferred their hostility and accusations to them. One of the women had sacked 8 legal reps in the Family Court AND complained to the professional body that they were all corrupt. (16)

I have experienced danger through clients fighting. Had to remove large planks of wood from clients, knives, and calm, talk them down when fighting and screaming, yelling. I’ve found it stressful to be extremely careful not to say the wrong thing in violent situations so as not to trigger anything more violent. If I’m working with a victim ... and they confide how unsafe they feel with the perpetrator, I do have to be careful not to say too much against the perpetrator because often in the cycle of domestic violence they stay together and the women could say to the perpetrator that “I said this”, then in their anger they could turn on me. Some people (clients) I work with convey a feeling that they are walking on a “time bomb” ready to explode at any time. (505)

The nature of the work involved in undertaking child protection duties attracted some comment from a small group of respondents also (n=5). These responses alluded to the dangerousness, complexities and difficulty of the work and the lack of support due to outsiders not knowing about the difficulty involved. This was seen to lead to staff stress, turnover, and issues around

recruitment and retention of people in the field. Other issues were the perceived inadequacies of the statutory departments responsible for intervention in child abuse cases and the lack of training for people involved in fostering abused children.

No de-briefing available by anybody who actually knows what our job entails and so knows how difficult it actually is. So therefore when you try to debrief you have to stop because no-one believes that you could be continuously and repeatedly being physically assaulted, threatened, by children in your care. (504)

[Statutory child protection service] child protection field involves many acts of threats intimidation and violence on a daily basis (not always violence). (265)

Related to the nature of work is the category "Tolerance of violence". There were eight respondents who commented on the tolerance of violence in the child protection field. Generally, respondents were concerned about the violence but thought that it was generally accepted as "part of the job".

At worse, violence is considered as "part of the job" – something you have to deal with. It is sometimes seen as a rite of passage in certain areas of child protection. (15)

It is too difficult to count the number of times I have been the victim of threats or harassment. It happens too often and is accepted as part of the job. (55)

The attitude often displayed by management has been that we all know the job is stressful and clients are difficult – so just get on with it. (292)

Issues of violence – individuals and employers become desensitised to the risks, becomes "part of the job" and instances can be minimised. (627)

Some respondents further commented on violence and suggested that violence directed towards them was increasing. Again it was a small number of respondents (n=5) who made comments in relation to increasing levels of violence, but this was in addition to a question on the survey that asked whether or not they thought violence had increased (to which 30.7% responded in the affirmative). The aggression reported stemmed from other professionals and adults in general. The comments were sometimes a commentary on contemporary times rather than related specifically to child protection.

Nurses are highly "at risk" to threats and actual violence in the workplace – this has significantly increased over the years. (695)

Aggressive and abuse clients are becoming more prevalent in recent times than before. (107)

Whilst the intimidation has not been directly related to protecting children from abuse etc. – the aggressive behaviour of adults towards professionals i.e. teachers is noticeably on the increase. (331)

Violence is an unnecessary, unwanted burden which is becoming an increasing mode of communication or “normal” behaviour among many parents whose children are in hospital – especially if they have caused the injury – either deliberately or accidentally. (118)

More people become aware of their rights and challenge institutions. There seems to be an increasing aggressiveness towards people in government and public servants position. (281)

Preparation for adverse events

Given that violence is seen to be both tolerated and increasing, and that there is a substantial body of literature related to violence in the helping professions, it is of note that most respondents (71.2%) reported that nothing in their training had prepared them for exposure to hostility, threats or aggression in their professional role. Added to this some respondents (n=8) commented on the need for training in relation to dealing with violence, threats and intimidation in their professional role.

Nothing except experience can prepare you for the gruelling realities of child protection work. However, the lack of preparatory training, a systems-based preventative and supportive counselling and debriefing culture is a huge concern. (15)

It is vitally important that training be made available to workers in the helping professionals. Training that identifies triggers and an awareness on how to diffuse a volatile situation as well as strategies to disengage. (50)

I have recently completed a social work degree at university and none of the course prepared students for clients exhibiting these kinds of behaviour. I believe [universities] should provide some basic training in this area so that employers aren't getting a Worker who is completely unprepared.

Employers do not provide enough regular training in such areas and I think it is necessary. (99)

All people working in the child protection/forensic area need training in these issues. Agencies need protocols, and ongoing PD sessions. (194)

Given the above comments, it was therefore of interest when a few respondents (n=4) indicated that their level of skill enabled them to deal with the behaviours of concern in appropriate ways, ways that ensured their own safety was not compromised and that the people they were working with did not feel alienated.

Despite working in the most emotionally volatile field – child abuse and removal of children from their birth families, I have rarely had threats directed at myself.

I have always worked in a manner that encourages my clients to express their anger and frustration appropriately – via complaints and I think this has helped. I have successfully worked with families who have served time for assault on social workers. (74)

Personally, I have found that my own response to people influences the immediate and ongoing relationship in many cases. One's ability to listen, adapt to cultural and personal differences and to change tactics for the sake of the child/children in one's case load helps to maintain a relatively stress-free work load. (179)

...I feel reasonably competent in calming a situation face-to-face. I have never had to raise an alarm and have usually felt no more than anxiety. (119)

In the category of legal aspects, respondents suggested that mandatory notification legislation should be enacted nationwide. They also mentioned the stressful nature of giving evidence in court due to the behaviour of members of the legal profession and the lack of weight given to child protection issues.

A major source of stress for me has been giving evidence in the Youth or Family Court when the legal representatives of parents attempt to make me seem incompetent and/or negligent. Lawyers in this situation are often quite bullying and intimidating and can make comments which are insulting and demeaning. However, it is impossible to withdraw from the situation, complain or answer back. (84)

Courts often do not take child protection issues sufficiently into account and parental frustration is understandable. (260)

Australia requires mandated notification of child abuse – providing anonymous free call telephone numbers – which I have used regularly in last 4 years. I find this particularly useful living in a small country town. (97)

One of the survey questions related to the source of abusive behaviour being directed towards the child protection worker; however a small number of respondents clearly felt the need to provide further comment on this when provided with an opportunity. Those who did (n=3) were a nurse, a

teacher and an academic and each had a comment about abuse from a different source. These responses indicate that the underlying issue is something other than child protection.

I work on an in-patient unit for adolescents. 95% of the aggression comes from the adolescent and not outsiders. (109)

I have had several incidents of students using accusations to divert attention from their behaviours and imminent consequences. I have witnessed similar incidents against colleagues at same site. Have had students leap at me, then claim I attacked them. These incidents were during a 4 yr period at a specific site. Not experienced elsewhere. (593)

We no longer apply for funding to conduct evaluations of child protection related services given the abuse that has been directed at researchers, the directors' attempts to influence evaluation findings, intimidate staff, resort to emotional blackmail and threats. Although child and family services need to be evaluated, we don't need the trauma that now accompanies such research. The people who threaten us include directors with high academic qualifications who should know better. (16)

Another issue which emerged from the qualitative responses to an invitation to provide further comments was a category we labelled "community attitudes". Respondents who commented on community attitudes (n=8) appeared to believe that society did not take child protection seriously, did not take children's well-being seriously and did not value children.

... nobody outside the Child Protection system takes children's well-being seriously. (288)

It's not just the actual abuse and dealing with that, which is hard enough, it's the effect it has on the daily lives of children, on every part of everything we do. Society doesn't want to know; it could not cope. Violence, drugs, prostitution, physical abuse, sexual abuse, NEGLECT, inappropriate parenting, poor diet, transience, loneliness – lack of supervision, lack of loving relationships – it all impacts on all of us but no one does anything to change it so we just go on surviving one day at a time, one after another, hoping it might get better, hoping no one will die, knowing the cycle is being continued because that's just how it is. (388)

We do not really value children and their care in the current climate, abuse of them continues as funds are cut to support agencies. (532)

...frustrations dealing with a system which reflects the low priority and value our society places on children and early development. (119)

Two police educators, however, gave a different view. They believed that there had been a shift in community attitudes and this shift was positive. They reported that it appeared that people were

more aware of child abuse issues and there is more support for effective child protection programs in their state.

Negative reactions were severe some 10 years ago, when a child abuse prevention programme was being introduced but [they] have diminished over time. Important to realise that the vast majority of people support effective child protection. (136)

It seems largely as though objections to our child protection programme that were voiced so strongly 10 years ago have died down. This may indicate that we have moved into a time when more people are aware of abuse and the need to reduce it. There is wide acceptance of our protection programme in schools and community. (135)

Professional burnout

Included in the survey were seven questions relating to work burnout adopted from the Copenhagen Burnout Inventory (CBI) (Borritz and Kristensen 2001). Each question had five response categories. Responses to these questions indicated that professionals are experiencing a degree of burnout. A majority of respondents (62.4%) found their work highly emotionally exhausting, 30.6% of respondents felt highly burnt out because of their work and 33.5% found work frustrating. Table 13 provides details of frequencies and responses for emotional exhaustion, burnout and frustration.

Table 13: Frequencies and percentages for emotional exhaustion, burnout and frustration

Rating	Finds work emotionally exhausting		Burnt out because of work		Finds work frustrating	
	Frequency	%	Frequency	%	Frequency	%
To a very high degree	148	24.9%	59	10.1%	72	12.1%
To a high degree	223	37.5%	120	20.5%	127	21.4%
Somewhat	176	29.6%	230	39.3%	250	42.1%
To a low degree	37	6.2%	104	17.8%	100	16.8%
To a very low degree	11	1.8%	72	12.3%	45	7.6%
Total	595	100.0%	585	100.0%	594	100%

A majority of respondents (55.2%) often or always felt worn out at the end of the working day. The thought of another day at work caused 47.1% of respondents to feel exhausted some of the time, and 20.3% of respondents to feel this way often or always. Just over half of the respondents (50.7%) reported feeling that sometimes, often or always, every working hour was tiring. Over half of the respondents reported that they never, seldom or only sometimes had enough energy for

interacting with family and friends. Table 14 provides details of the frequencies and percentages for these variables.

Table 14: Frequencies and percentages for feels worn out at the end of the working day

Rating	Feels worn out at end of working day		Feels exhausted at thought another work day		Feels every working hour is tiring		Has enough energy for family and friends during leisure time	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Always	85	14.2%	22	3.7%	13	2.2%	66	11.2%
Often	245	41.0%	99	16.6%	71	12.0%	215	36.5%
Sometimes	236	39.5%	281	47.1%	216	36.5%	229	38.9%
Seldom	28	4.7%	156	26.2%	218	36.8%	75	12.7%
Never	4	0.7%	38	6.4%	74	12.5%	4	0.7%
Total	598	100.0%	596	100.0%	592	100.0%	589	100%

Chi square analyses were conducted to examine differences in burnout levels among the professions. There was a consistent pattern of teachers being more stressed and burnt out by work than the other professions. Teachers found their work more emotionally exhausting than did other professions ($\chi^2=11.173$, $df=4$, $p=.025$). They reported feeling more burnt out than other professions ($\chi^2=18.854$, $df=4$, $p=.001$). They also reported being more worn out at the end of the working day than did other professions ($\chi^2=22.205$, $df=4$, $p=.000$) and they more often felt that every working hour was tiring ($\chi^2=9.98$, $df=4$, $p=.041$). Finally, they reported having enough energy for family and friends during leisure time less frequently than did other professions ($\chi^2=15.875$, $df=4$, $p=.003$).

The Copenhagen Burnout Inventory allows the calculation of an overall or total Work Burnout score. This is achieved by giving each of the five response categories a score in increments of 25. For example, an answer of *always* scored 100, an answer of *often* scored 75, an answer of *sometimes* scored 50, an answer of *seldom* scored 25 and an answer of *never* scored 0. We found that 68.8% of respondents were experiencing burnout ($M=55.3$, $SD=14.5$).

There were no statistically significant differences for burnout scores for females and males. There were differences in burnout scores according to the employment sector. Respondents who worked in the school sector scored higher on the aggregate burnout scale than did those working in private practice. This was statistically significant (Kruskal-Wallis, $p=0.2$). There were no statistically significant differences between those who had worked in child protection for shorter periods of time and those who had worked in child protection for longer periods of time.

Summary and discussion

International research has shown that the risk of violence to human service professionals increases with the amount of face-to-face involvement with clients. Very few of these studies, however, have focussed on the professional's role in child protection.³ The current study sought to bridge this gap in the literature by examining threats, intimidation and violence experienced by professionals carrying out child protection duties. Our findings indicate the extremely stressful nature of working in situations that involve child protection, and it is not surprising therefore that nearly two-thirds of respondents found their work emotionally exhausting to either a high degree or a very high degree. Emotional exhaustion is one of the key characteristics of professional burnout, and with such a high proportion of these professionals reporting that they are finding work exhausting, some attention to worker mental health is called for.

The current findings suggest that when these already vulnerable human service professionals are directly involved in the protection of children, the risks of violence increase. Over 90% of respondents reported that they were subjected to intimidating experiences in the course of their child protection duties within the last five years. Nearly three quarters of respondents reported that they had experienced threats of violence, and over 40% reported ongoing harassment. Nearly a quarter of our respondents had been physically assaulted. Our findings mirror to some extent those of Horejsi and Garthwait (1994) who found that nearly 100% of participants in their study had experienced abusive behaviour directed towards them. Of concern was the perception by almost three-quarters of respondents that nothing in their training had prepared them for exposure to threats and violence in the workplace.

It is not possible to make an accurate comparison of studies investigating violence toward workers in child protection because of the different timeframes involved. One might reasonably expect to

³ It was the researchers' stated intention to compare the Australian findings with those of the British Association for the Prevention of Child Abuse and Neglect (BAPCAN) but these have not yet been published. BAPCAN surveyed its multi-professional membership in 2000 and the questionnaire used in the current study was specifically developed from the BAPCAN model for the purpose of comparison. It is hoped that this will be possible at a later date.

find that those studies involving longer periods of time would have the highest incidents of abused and threatened staff. That was not the case even though some researchers restricted data to a 12 month period while others used 3 or 5 year limits. The Montana cohort (Horejsi and Garthwait 1994) was surveyed over the shortest period of time (12 months) but the number of threatening behaviours reported was somewhat higher (97%) than those obtained from the five-year period examined by the current study (91.1%).

It seems that workers are at particularly high risk of violence in relation to child abuse cases because parents or parent figures who abuse children frequently have low tolerance thresholds and are usually hostile to authority and representatives of authority in general. They are possibly also sensitive to any sense or suspicion of persecutory behaviour and may react unpredictably to this. Workers in child protection are inevitably cast somewhat into the role of a persecutor because they are trying to protect victims of child abuse from perpetrators. The perpetrators will likely take a dim view of this and perceive the worker to be acting in a persecutory way.

Seven professions reported that they had experienced threats to their lives while engaged in child protection work. Social workers were most vulnerable and teachers appeared to be least vulnerable. Police officers, nurses and psychologists registered similar levels of experience with marginally fewer counsellors affected. Social workers in child protection services are at the coalface, working with families in crisis, so it is possible that their particular client group is more likely to initiate threats to life than the client groups of other professionals. Because of the shortage of resources that appears to be consistent across all states caseworkers are usually alone when they encounter violent families in their own homes and this might make them more susceptible to abuse in the homes of clients.

We investigated the differences between those who had worked in child protection for 5 years or less and those who had worked in child protection for greater than 5 years. Respondents who had worked in child protection for more than five years were more likely to have had complaints made to managers, to have experienced physical assault, to have experienced ongoing harassment and to have experienced a threat to their professional reputation. These findings disagree with the work of Brown et al (1986) who found that younger social workers were most often targeted for violence.

We offer the following speculative reasons for the differences in our findings and those of Brown and colleagues. Perhaps their findings were specific to social workers, whereas our findings relate to the experience of a range of professionals engaged in child protection. It may be that many new professionals in the child protection field who had experienced threats, intimidation and violence early on in their career had decided to exit the field and were therefore not available to our research project. Further, it does not seem surprising that those who had worked for more than 5 years in child protection were reporting they had experienced threats, intimidation and violence because those who have worked in child protection for longer have had more time to accumulate these unwanted experiences.

The above findings, however, appeared to contradict those related to the findings from the grouping of professionals into those with 10 years or less experience and those with greater than 10 years experience in child protection. Those who had worked in child protection for less than 10 years were the ones most frequently reporting that they had experienced threats and violence of all kinds except for the receipt of offensive mail. It may be that those working in child protection for longer periods of time may have forgotten some of the threatening, intimidating and violent behaviour directed towards them over their entire time in the field and this had an effect on what they reported. We suspect, however, that this finding may be an artefact of age. It may be age-related in that:

- age factors are likely to have protected senior staff from receiving threats of a sexual nature;.
- older workers are likely to have acquired the skill of defusing potentially dangerous situations;
- older workers are likely to have developed confidence and an authoritative approach that younger clients dare not challenge;
- older workers may have learned to avoid confrontation; eg. supporting the abuser and diminishing the seriousness of the abuse;
- older workers are less vulnerable to threats to their extended families given that they are unlikely to have children in childcare, at school, etc.,
- older workers are more likely to be in senior positions which have less face to face contact with clients.

So has the level of violence toward professionals in child protection increased over time? The majority of respondents (69.3%) did not think so. Respondents who had worked for less than 10 years in child protection were less likely to feel that violence had increased over time than those who had worked for more than 10 years in this field. This was a statistically significant finding. It could be that these younger respondents had not had sufficient experience over time to note a shift in violence directed towards them.

Looking at this question from a profession-specific angle, nurses and teachers were the most likely to state that the level of violence had increased in recent times. Over half of the respondents who were nurses thought violence had increased, and nearly half of the teachers. It was surprising that only just over a quarter of the social workers thought that violence had increased. This may be because social workers have become inured to the constant threats, intimidation and violence they face, or that they accept it as part of their job. This may mean that social workers are more accustomed to and perhaps better adapted to violence than are the other professions, for which violence appears to be something of a new development. Academics, for example, seem to have only recently been targeted.

Our study revealed that university academics are now also vulnerable to threats when they conduct research in the child protection field and produce findings, conference papers and reports that child abusers and professionals with vested interests want to conceal. Academics are not only abused because they work and publish in the child protection field, but because evaluative work they undertake might highlight aspects of a service that do not place the service in a good light.

We found that the majority of perpetrators of abusive behaviour towards child protection professionals were fathers and mothers. However, children and their siblings were also named as perpetrators by some respondents. At times, children may act to protect their abusers by becoming abusive towards those who are trying to protect them. This finding supports the work of Stanley and Goddard (2002) who cite hostage theory as an explanation for this behaviour.

NAPCAN or ISPCAN membership

While only a small proportion (8%) of our sample were members of NAPCAN or ISPCAN, we found that members of NAPCAN or ISPCAN were more likely to have worked in the field longer and experienced greater levels of support than other participants. This may relate to the reason for their membership. A person who becomes a member of a professional organisation usually does so because it is directly related to a major part of their employment. If this was the case for members in this study, it is not surprising that they had worked longer in the field and were able to access the greater levels of support. Having worked longer in the field they may have a greater need of support due to the accumulated exposure to violent, threatening and intimidating behaviour. Members of NAPCAN or ISPCAN were more likely to receive offensive mail outside the workplace, experience more harassment and violence related to Family Court matters and more violence, threats or intimidation from male caregivers who are not the father of the child being protected. This may be an artefact of their longevity in the field and the focus of their professional work. Most of the members (39%) were drawn from the social work profession, which implies a major aspect of their work involves families in crisis, and potentially child abuse cases.

Gender differences

Although far fewer males than females participated in this study, male professionals were significantly more likely than females to have experienced physical assault, experienced threats to their professional reputations and been the subject of complaints to management. Females were more likely than males to experience abusive incidents involving matters in the Family Court than males, whereas males were more likely than females to experience abusive incidents in criminal jurisdictions. This study also showed that, possibly for the same reason, male workers are less likely than their female counterparts to receive support from management and colleagues when they become victims of violence. Our findings confirm previous research showing that women are subjected to more verbal violence than men, while men experience more overt threats and physical assaults (Jones, Fletcher et al. 1991; Chappell and Martino, 2000 cited in Mayhew and Chappell 2002). The reasons for this are unclear. It is possible that the style used by male workers with clients is perceived as more aggressive, authoritarian or provocative or that their conflict resolution

skills are less well developed than those of their female counterparts. It is also possible that they are not influenced by the excuses and sad stories of parents and put the protection of children first and foremost. The different gender styles are worthy of further study.

Circumstances surrounding adverse events

When matters were taken to legal jurisdictions, findings indicated that cases in the Family Court were the ones most frequently associated with violence, threats and intimidation. This is not surprising given the level of emotion that matters in the Family Court often evoke between the parties involved. This may cause them to lash out at workers who are advocating for children's protection, as these workers are a convenient target for aggression. Criminal court jurisdictions were less frequently the sites for the abuse of workers, and this can perhaps be explained by the fact that very few cases of child abuse ever reach the prosecution stage (in comparison to substantiations). This is especially the case when child sexual abuse has been reported and the children are either young, disabled or lack the sophisticated communication skills required of them to undergo "rigorous" and perhaps insensitive cross-examination by in an adult criminal court (Eastwood and Patton 2002; Briggs 2003).

When involved in educating community members about child abuse, groups of "concerned" parents were sometimes the source of threatening behaviours. Groups of "concerned" parents can include organisations which aim to support males who claim they have been wrongly accused of sexual abuse; and parents on school councils or childcare management committees who are unable to accept that child abuse is occurring in their school or centre community and therefore fail to take responsibility for the appropriate care and education of the children in their care. This is not unusual and it has been found that there is considerable denial about levels of child abuse in the community (Briggs and Hawkins 1997). This would seem to indicate adults' continuing inability to accept the level of child abuse that actually occurs in society. In these instances the rights of children are often overlooked – this includes their right to be free from harm and their right to education about child protection issues.

Child protection workers are at high risk of all forms of threat and abuse but the risk increases when they (a) visit clients in their homes and (b) live in the communities in which they work. These workers are likely to experience stalking, damage to motor vehicles, threats to their families and assaults while out shopping or taking children to or from school. The abusive behaviour directed towards child protection workers in this study occurred when they were alone, and when they were with others. This indicates that persons engaging in threatening, intimidating and violent behaviour toward workers are highly motivated to do so, and the presence of other persons is not a deterrent to engagement in abusive behaviours.

Respondents in this study indicated that they had experienced intimidation and threatening behaviour from other professionals engaged in a child protection role. Inter-agency interactions were a common source of the abuse experienced by professionals in the child protection field (18%). Another group of respondents (21%) were abused by peers or colleagues. Given the chronic overload and under-resourcing cited by those working in child protection, simmering frustrations are bound to boil over at some point. Inter-agency or inter-staff abuse, however, limits the ability of professionals to collaborate in the best interests of the safety of child victims of abuse. This situation can only lead to children feeling further betrayed by agencies that are claiming to be there to help them. This gives rise to the possibility of adding to the erosion of trust these young people have experienced, and potentially adding to a sense of alienation. This could lead to a distrust of the child protection agencies and their capacity to deal satisfactorily with the complexities involved in protecting a child from abuse.

We found that workers did not escape the abusive behaviour once they left their workplace for the day. Many respondents provided details about events and behaviour that took place outside their work environment. Incidents occurred in shopping centres, on the way to and from work, in their own homes and neighbourhoods and at the schools of their children. Some respondents had to contend with being stalked, others with property damage. For some workers there was no place to escape from these unwanted behaviours. These behaviours may well affect the mental health of the workers. In terms of protecting children, there was also a risk that they would withdraw statements and minimise the abuse for their own and their family's safety.

Matters of professional integrity

When workers are involved in child protection cases, they tend to expect that their professional integrity will be questioned and even denigrated by clients. This can be distressing, emotionally draining and result in time-consuming inquiries. Respondents in this study indicated that their professional integrity was questioned by a range of persons: clients, peers, supervisors, other professionals and other agencies. What should be of concern is the level of unprofessional and demeaning behaviour by managers, supervisors and others involved in child protection work. Victims frequently suggested that this related to (a) their wish to avoid dealing with child abuse cases; and (b) the managers' inadequate knowledge and expertise relating to child abuse issues. This has implications for the training of all professionals whose work involves children.

Almost 60% of workers experienced attempts to damage their professional integrity. Often these incidents were initiated by the worker's own supervisors/managers and colleagues. Over a third of respondents reported that their judgement was questioned or integrity compromised when they reported a case of child abuse or recommended that a child should be removed from a seriously abusive home; nearly a quarter were asked to engage in unethical conduct either by clients or line managers. This included instructions from a line manager not to follow policy, instructions from a supervisor not to report an "at risk" child and pressure by males to change conclusions, assessment data and reports using domestic violence techniques. In addition, workers reported that both clients and some management demanded that they must act without integrity. For example:

- (a) clients threaten civil action if workers do not write reports as they wish them to be written;
- (b) managers instruct workers to change their reports to favour abusive parents and minimise the level of risk to the child.

Workers in statutory child protection services experienced this most frequently when they:

- (c) reported cases of suspected child abuse against the wishes of their managers or colleagues;
- (d) chose to act in the best interests of the child rather than the parents;
- (e) were themselves threatened, harassed or physically abused by clients and were blamed by colleagues and/or management for their own abuse;
- (f) disagreed with senior staff or staff in other agencies about the action that should be taken to protect a child.

Social workers in child protection are at risk of professional denigration from a range of sources, for example:

- by their clients (and clients' supporters) when they act in children's best interests and it conflicts with parents' interests;
- when they recommend different actions to those preferred by their managers;
- by workers in other services/agencies who believe that they have not acted in children's best interests;
- by lawyers and judiciary when they give evidence in court.

Child protection officers confirmed that children's right to safety is often given a low priority by their departmental managers. Children's needs are sometimes perceived as secondary to the appeasement of abusive and troublesome parents. Some workers and managers defend the parents, understate the risks to the children and, to justify their position, denigrate the professionalism of the workers who recommended that the children should be removed from unsafe situations.

Inter-professional denigration was a common theme across the professions. Social workers provided details of occasions when their professionalism was denigrated by lawyers and members of the judiciary in criminal, youth and family courts. Psychologists, child psychiatrists, forensic physicians and paediatricians reported that their professional expertise had been undermined by the department's child protection and other social workers, and by professionals in other disciplines. They also reported being denigrated by child abusers. Then there were the foster care placement and family support personnel who reported having their expertise denigrated by seemingly incompetent government department supervisors responsible for foster children. The reports were so consistent as to suggest that some departmental supervisors have created a culture that supports abusive parents and abuses child protection officers who wish to act in children's best interests. If the supervisor is unsupportive to staff who are acting professionally, it is scarcely surprising that (a) they are criticised by professionals in other services; (b) they denigrate their colleagues and others and (c) their staff suffer from high levels of stress and burnout.

Teachers who reported child abuse cases were also highly vulnerable to professional denigration by the children's abusers, their supporters and, despite mandatory reporting requirements, by school managers. There was also evidence of male school principals wishing to "push the problem under the carpet" and, to do that, they denigrated the staff making the report. Offenders were sometimes protected and reporters demonised.

Professionals had to cope with other malicious behaviours directed toward them as a consequence of attempting to protect a child. The strategies commonly used included false allegations made against workers or about workers. Even when they were cleared, workers found that "mud sticks" and denigration by management/colleagues continued. Obligations relating to confidentiality were ignored by other professionals, thus jeopardising the safety of the reporter of child abuse and providing an opportunity for abuse of the professional by the perpetrator of abuse. Sometimes essential information was deliberately withheld by management or colleagues, thus undermining the worker's professional performance. At other times managers and co-workers ignored the worker's recommendations; instead they assisted the perpetrator of abuse and failed to act in the best interests of children. Managers sometimes discounted well-based fears for the safety of children. In the workplace, colleagues or managers denigrated the worker to others, and some workers were ostracised by colleagues, which lead to a decrease in co-operation and teamwork. Some workers had to contend with bizarre behaviour from colleagues. In these instances, it was not only the rights of children that were overlooked at times, but clearly the rights of individual workers were being trampled on. The workers were treated in disrespectful ways and little empathy was displayed toward them and their situation.

In addition to the above, over half (58%) of respondents (police, social workers, teachers and nurses) had been reported by clients to line managers and 8% to members of parliament in the previous 12 months. The complaints were upheld in only a very small proportion (4%) of cases. In a small number of cases results were not known. Complaints were reported as being vexatious or malicious and, even when resolved in workers' favour, left workers feeling resentful and stressed.

Respondents also encountered attempts to compromise their professional integrity when engaged in research in the child protection field. Some academics reported experiencing abuse when

undertaking evaluative research for child protection agencies in receipt of funding. Evidently service providers have used unprofessional behaviour in attempts to change negative aspects of evaluations and to avoid the exposure of weaknesses, fearing that they might adversely affect funding.

A further threat to the professional integrity of workers was the threat or use of media. This is a relatively new phenomenon in the armory of child abusers and their supporters. Social workers in government agencies are at greatest risk. Other respondents reported that they had been threatened with legal action or had to contend with the initiation of legal proceedings. Involving the media or initiating legal action is a form of backlash against the field of child protection. Those engaged in child protection work are likely to face an increasing number of false initiatives of this kind, as has been evidenced in the USA (Hine 1999).

The media was mentioned by respondents as being an aspect related to their work that made them feel devalued. Media coverage generally fell below expectations and respondents mostly had negative comments to make about the media, including that the media sensationalised cases, demonised child protection cases and often lacked integrity as a result of misreporting.

Effects of experiencing violence, threats and intimidation

The effects of intimidation, threats and violence were reported as predominantly psychological. We distilled the qualitative responses into 14 categories and we found that the majority of respondents reported emotional and/or health effects as a result of experiencing abusive behaviours. Fear, anger, frustration and anxiety were not uncommonly reported. Respondents commonly reported that they became afraid for their own safety and that of their family members, especially when out of doors in public places. This fear was so great that one worker had a firearm in the car and another in the family home. For a small number of respondents major life upheavals resulted, such as moving house or moving their children to another school and changing employment. Other effects included a sense of vulnerability, disillusionment with the profession, distrust, reduced motivation, loss of professional standing among peers, avoidance of tasks involving suspicions or actual child abuse and a sense of incompetence. These, in turn, often detrimentally affected their

social and family lives, occasionally resulting in substance abuse. Some workers described the onset of physical symptoms, other attitudinal change. These changes can often be debilitating and long-lasting. Indeed many respondents indicated that the sense of fear was persistent in their lives and affected their daily activities as well as their ability to undertake their work role. Some respondents reported the onset of depression or even post-traumatic stress disorder. Our findings concur with previous research which describes a plethora of effects of exposure to abusive behaviour (Leymann and Gustafsson 1996; Einarsen 1999; Hine 1999).

Another aspect of the effects of these unwanted behaviours was on workers' professional lives. There was a reduced enjoyment of work, contemplation of change of career or employer, loss of productivity, avoidance of tasks and even loss of professional standing. Respondents also reacted to systemic issues which evoked frustration and anger. These included systems abuse, lack of inter-agency collaboration, poor management practices and lack of resourcing. How many workers leave the service as a result of client violence and unsupportive or abusive management is not known but there is a strong and consistent indication that staff turnover is high and that families in crisis, children who have been abused and children in foster care, for example, have a large number of caseworkers in a comparatively short period of time. Again this is worthy of further research for, clearly, frequently changing caseworkers adversely affect clients and this is also financially very costly to the community. It would be useful if researchers could study former employees to find out why there is a high staff turnover in professions associated with child protection and what could have been done to prevent that turnover.

Some reported that support for abused staff is inadequate

Previous research has indicated that adequate levels of support can be seen to alleviate the emotional effects of working in the child protection area (Jones, Fletcher et al. 1991; Cropanzano, Howes et al. 1997; Stanley and Goddard 2002). The current study showed that colleagues were a form of available support for a large proportion of respondents (83%), while for others supervisors or managers (67%) were an available form of support. Only a small group of respondents (19%) had access to counselling. It was unclear from these responses whether these forms of support were actually utilised. This may help to explain why we also found that professionals who reported

concerns relating to child abuse were sometimes unsupported, stigmatised and bullied by management or colleagues. When respondents in the current study were asked to comment on support in the workplace, almost half of the 220 who did so noted that support was absent or missing. Respondents who were school principals reported that when dealing with child abuse cases they felt that they were “on their own”; as it would be inappropriate to seek support from their staff. Almost a quarter of 560 respondents reported low levels of management and other support at the time they experienced threats, intimidation or violence, while just over a third of respondents reported moderate and high levels of support respectively. Just over 18% of respondents reported receiving good support from colleagues only.

The additional qualitative comments made by respondents indicated that incidents of abuse were often not taken seriously by management, and that there was sometimes a tendency to (a) blame the worker for the incident, (b) bully the victim in response to the incident and (c) accept the level of violence as part of the job. There appears to have been enormous variations in the reactions of line managers. Hospital responses in particular tended to be bureaucratic and inadequate. The lack of support provided to workers who were the victim of threats, intimidation or violence could lead to a compounding of the effects of the incidents, thereby affecting an organisation’s ability to provide the services they were obligated to provide. For example, some staff took more sick leave, lost their motivation to do their jobs efficiently or they engaged in unproductive work practices such as task avoidance and refusing to undertake “front line” tasks. Respondents reported that the low levels of support caused them to feel cynical and discontented.

The picture was not completely bleak, however, because around one third of respondents reported that management was supportive when they were threatened, intimidated or abused. Workers believed that management was supportive when managers made it known that abusive behaviour was not to be tolerated; and when the welfare of the worker was a consideration. Workers also appreciated the availability of counselling or debriefing services, although some workers commented on the inability of counsellors to provide appropriate services when they had no knowledge of the day-to-day trials and tribulations of child protection work. Some workplaces had more of a culture of support than others. A culture of support would include encouraging colleagues to support each other during and after incidents, allowing colleagues to accompany

each other on potentially dangerous visits to homes or to court and taking steps at the workplace and home environment to improve the safety of staff.

Work stress and burnout

Our study also sought to investigate whether there was a relationship between experiences of threatening, intimidating and violent behaviour and work burnout. Workers often commented on the stressful nature of the work and the toll it exacted on their well-being. Respondents indicated that “internal politics” and the behaviour of line managers, supervisors and colleagues were often contributing factors to their sense of stress and burnout.

Burnout is clearly an early onset issue in the present sample since the burnout scores of people who had worked in child protection for less than a year were just as high as those who had worked in the field for longer and the average score for all respondents was above the level used to defined burnout.. It is of concern that nearly 70% of respondents reported being burnt out by their work. This is over three times the incidence rate (20%) in a study of human service professionals in Denmark. This high rate of burn out may be specific to child protection work or perhaps to Australian workplaces or perhaps both. Perhaps the reported lack of preparation and training related to being a target of threatening, intimidating and violent behaviour contributes to the high level of burnout experienced by professionals in child protection. At this stage, it is not possible to identify the reasons for the result, but it is reasonable to assume that the emotionally demanding nature of child protection work is possibly a contributing factor.

Given the high levels of burnout experienced by this sample, there would appear to be a need for employers to implement policies and practices to mitigate the onset of burnout amongst their staff in order to ensure that professionals in child protection are retained and their experience in the field is not lost. Maintaining experienced professionals in the field is critical to ensuring that children who are being abused will be identified and protected.

Across the professions, teachers, despite experiencing fewer threats than other professionals, reported more frequently than other professionals that they regularly felt emotionally and physically

exhausted or “burnt out”. This could be because teachers are with classes of up to thirty children for prolonged periods of time and, in addition, they may also be confronted by hostile parents. As the qualitative data shows, child abusers go to considerable lengths to identify those responsible for making the reports to child protection services. And while some teacher respondents indicated that they were supported by their colleagues and school managers, many were not.

There was evidence of resilience in people who had worked for more than 10 years in child protection in that they were no more likely than those who had worked for less than 10 years to report any of the measures of stress. This could be because they are used to violence, having stayed in the field for so many years. It may also have been because they are now in senior positions that involve less face-to-face contact with clients and they are therefore less exposed to violence, threats and intimidation on a daily basis. Perhaps these professionals have learned to avoid confrontation as they have developed a greater level of skill and experience. The reasons for the resilience are as yet unknown. Were these reasons to be discovered in future research, however, they would have implications for the training of future professionals intending to work in the child protection field.

Structural and internal violence

Van Soest and Bryant (1995) showed that there are three types of violence in the workforce: first, at the individual level where one person may abuse, threaten or terrorise another; second at the institutional level where violence and abuse are encouraged by the workplace culture and third, at the structural level where abuse relates to societal values, such as sex discrimination. The researchers found that professionals who dealt with issues of child abuse were subjected to all three forms of violence. For example, at the structural level, some male respondents reported that their fears were not taken seriously because they were male; this implies that societal norms about maleness were being invoked. These norms include the notion that males are “tough” and that they should be able to “take it”, and that males should not be emotional or afraid. On the other hand, some female respondents reported that their claims were not taken seriously either, and they were being treated as “hysterical females”. In these cases, societal norms about women’s emotionality were in operation. These responses suggest a need for identified procedures to be developed and

implemented to support workers if, and most likely when, they are exposed to threats, intimidation and violence when engaged in their professional child protection role.

Institutional violence was also apparent in the comments made by many respondents. Workplace bullying arose when management and colleagues or professionals in other related services disagreed with a worker who was convinced that s/he was acting in a child's best interests when abuse was confirmed or suspected. Although our survey did not explicitly ask for or focus on this issue, it was a strong theme in our findings. This tends to suggest that a culture of workplace bullying is not uncommon. Clearly the behaviour of colleagues, supervisors and other professionals is adding to the impact of work-related violence for a proportion of workers in child protection.

Recent research has demonstrated that workplace bullying appears to be on the increase, and our findings may reflect that trend (Phillips 2001; Craig 2002; Quine 2002). Unfortunately for some workers in child protection, they are experiencing dual types of violence: not only external violence, but internal as well. We can only speculate about the levels of bullying experienced by respondents, given that the finding is an incidental one. There may be links to the high turnover of staff mentioned by many respondents. With the departure of staff on a regular basis, corporate memory is lost: experience is lost. Child protection services may be left in the position of having to appoint persons to management positions who are not trained for the role, who do not have the breadth of experience or level of education required and consequently find themselves not coping. Again, we can only speculate about these issues.

Some further issues of concern

It is a serious concern that the management of both the police and the statutory child protection service in one state denied employees the right to participate in the study. In the case of police, the rationale given, in writing, was that police officers engaged in cases of child abuse do not experience intimidation and violence. This denial would appear to lack foundation given that 36.7% of the officers who contributed to the study reported that they had experienced threats to their lives and 10.4% stated that the levels of violence had increased in recent times. The denial by management suggests that those senior police officers are out of touch with the work of those

engaged in child assault units and this has implications for the level of support that those officers are likely to receive if they are victimised by child abusers and their supporters.

The reason given by the child protection service for not allowing staff to participate was: “because of the possible implications for occupational health and safety”. This could be interpreted as: “We don’t want to know if our staff are being abused because, if we knew, we might have to do something to protect them ... (and we’re not prepared to do that)”. This “gatekeeping” by management appears not only unethical and disrespectful to staff, but also irresponsible in disregarding the contemporary work experiences of employees. Fortunately, the “gatekeeping” did not prevent these child protection workers from contributing via conferences and, perhaps not surprisingly, child protection caseworkers recorded high levels of abuse by management as well as a lack of support when they experienced threats, violence or intimidating behaviours.

Of further concern was the high number of childcare personnel who reported to the principal researcher that they had no experience of identifying and reporting cases of child abuse and neglect. This occurred while the principal researcher was conducting in-service workshops with childcare staff. The information was incidental to the conduct of this research project, rather than elicited via the questionnaire, nonetheless it provided some insight into the situation for childcare workers and has been included rather than discarded.

Anecdotal responses suggested that:

- a) childcare workers may not have been adequately trained to identify and report child abuse and neglect and this would account for the lack of reports and the lack of intimidation, threats and violence;
- b) parents may move their children to other centres when they sense that staff suspect abuse or neglect;
- c) managers in the private sector may discourage the reporting of suspicions of abuse by staff for business reasons;
- d) there is a disincentive to report given that police rarely take action in cases of child sexual abuse involving pre-school children.

Throughout the qualitative responses there was a suggestion that some departmental workers in child protection services have insufficient knowledge to advise carers on the day-to-day

management of severely emotionally disturbed and (sexually/physically) violent children who are faced with minimally trained, inadequately paid foster carers. Foster placement staff reported that when children attacked foster carers, set fire to their homes, behaved sexually with other foster children and occasionally accused all male visitors of sexually abusing them, the inadequately educated state social workers' defence mechanism was to (a) accuse the carer of being inadequate for the task and (b) send the children to other placements. This procedure was repeated again and again, creating further psychological damage and insecurity for already disturbed foster children. This has implications for the departments' professional development programs and university social work courses that currently have little content relating to issues relating to child abuse and neglect.

Limitations of the current study

A limitation to this study arises due to the non-random nature of the sample. As a network approach was used to attract responses from a wide range of professions, the study does not provide the incidence of intimidation and violence in the lives of these professionals whose work involves the protection of children.

Responses to the survey were sometimes problematic. In some instances respondents were unable to recall exactly how many times they had experienced the behaviours of interest. In these cases they tended to supply an unquantifiable response, such as "often" and this meant that the variables had to be coded in SPSS as dichotomous. This may have masked the magnitude of the problem in professionals' lives.

Further, survey research relies on self-reports by participants and these can be unreliable because respondents may want to present themselves, their actions and interaction in a favourable light. Respondents may also engage in responses that they think are socially desirable, but which are factually inaccurate. These considerations, however, do not negate the value of research undertaken by way of survey, they simply highlight the need for cumulative studies which gather information on the same topics using a variety of methods in order to increase our faith in the findings.

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