Violence, Threats and Intimidation in the Lives of Professionals Whose Work Involves Children

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Violence, threats and intimidation confront many professionals working in the area of child protection. While there has been increased international concern about this topic, there has been no previous Australian investigation that documented the incidence and effects of these issues across the range of child protection workers. The research described in this paper is the first of its kind in Australia. The results reveal that workers across a range of professions may be subjected to a variety of stressful and damaging behaviours that can impact on their long-term ability to protect children. The emotional and health effects can lead to physical and psychological illness and "burn-out" which, in turn, may lead to absence from work, transfer and even resignation. Given the potential social and economic costs to society, the issues highlighted in this study require further followup.

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Introduction

This paper reports the findings from 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 who have been abused or where abuse/neglect are suspected. The study was prompted by a similar study undertaken by the British Association for the Prevention of Child Abuse and Neglect (BAPCAN). The rationale for the British study was the growing international concern that professionals engaged in child protection were being subjected to increasing levels of violence, threats and intimidation (findings not yet published).

A search of the literature revealed that there had been no investigation of this issue across professional groups working in child protection in Australia and one of the aims of our research was to address this lack of information. An international literature search located only one (overseas) study that investigated violence and intimidation in the lives of child protection workers (Horejsi & Garthwait 1994). The most recent Australian research of relevance focussed only on social workers (Stanley & Goddard 2002). Issues other than physical assault have also largely been under-researched and our study sought to redress this gap in the research literature.

The findings provide:

(a) important data relating to the extent and effects of abusive behaviour experienced by professionals who have responsibility for protecting children;

(b) information relating to the nature of the abusive behaviour experienced; and

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(c) 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 and the importance of management practices and support for staff.

Background

Mandatory reporting legislation has been introduced in every state and territory in Australia except Western Australia (AIHW 2002). It should be noted that persons designated as mandated reporters under mandatory reporting legislation vary across the states and territories.

The law therefore provides a basis for people to intervene in what is often considered by society as parents' responsibility—the welfare of children. However, such 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.

Another aspect that may contribute to the risk to workers is the threat they 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. 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.

In addition, perpetrators of child abuse are often accustomed to achieving their needs by the use of violence. This may lead to aggressive behaviour being directed to the workers who try to stop this from happening. Working in child protection, therefore, appears to be more dangerous than providing some other welfare-related services (Horejsi & Garthwait 1994).

Changes within society may also be contributing to the 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 (Parton & Small 1989; Wykes 1994).

Research literature demonstrates that exposure to violence is not uncommon and human service professionals are at especially high risk of abuse, the risk increasing with the level of face-to-face contact (Parton & Small 1989).

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 (Brown, Bute & Ford 1986; Chappell & Martino 2000 cited in Mayhew & Chappell 2002; Jones, Fletcher & Ibbetson 1991; Stanley & Goddard 2002).

Violence to workers is often extreme, and frightening. 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. In some cases violence is seen by managers as 'part of the job', and workers who cannot cope with exposure to violence are considered weak and not suitable for the work (Stanley & Goddard 2002). These attitudes 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 (Maslach 1982).

The constant face-to-face contact with clients is a major work stressor according to researchers who have investigated professional burnout (Maslach 1993; Zapf et al. 1999). Involvement in child protection is

therefore, by definition, stressful. Stress leads to a range of negative outcomes for individuals and for organisations, one of which is 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:

(a) emotional exhaustion;

(b) depersonalisation; and

(c) reduced personal accomplishment (Maslach 1982).

Burnout can lead to psychosomatic complaints, depression, long-term stress effects, absenteeism and job turnover (Maslach & Schaufeli 1993; Zapf et al. 1999). "The most visible impact of burnout is the change in people's work performance" (Maslach 1982: 77). In other words, people perform poorly. Burnout therefore is an issue that both organisations and professionals need to guard against.

Methodology

Professionals from different employment sectors who had child protection obligations were surveyed to ascertain levels of exposure to violence, intimidating behaviour and threats, and the effects of violence on their health, work and well-being.

A 35-item questionnaire which allowed for both qualitative and quantitative responses was completed by 721 self-selected participants. Of these around 10 per cent 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 per

cent 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. The quantitative data was analysed using SPSS; the qualitative data was analysed by developing categories for responses and examining emerging themes.

Most of the survey questions were based on the BAPCAN study. Additional questions were included to contextualise the survey for an Australian audience and to investigate professional burnout. The questions on burnout were taken from the Copenhagen Burnout Inventory (CBI). The CBI has a reported reliability of 0.87 (Borritz & Kristensen 2001).

The study gathered data from respondents in states and territories across Australia. A network approach to sampling was used, and the study is therefore not representative of the entire population of child protection workers.

Participants were recruited 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 people within 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.

Results

Most of the respondents were female (84%) and a small proportion (8%) were members of child protection organisations (ISPCAN or NAPCAN). The modal age was "over 50 years" (23%), 68 per cent were of anglo-celtic heritage, 21 per cent european and five per cent Indigenous Australians.

Respondents were drawn from a range of professional groups. The largest professional group were social workers.

Table 1 provides frequencies and percentages for professions. Some respondents did not indicate which employment sector or profession they were engaged in.

The majority of respondents (91%) had experienced intimidating behaviour in the course of their child protection duties. Many had experienced threats of violence (72%), and ongoing harassment (41%). A smaller group of respondents (24%) had experienced actual physical assault. For many respondents (63%) incidents occurred both when they were with others and when they were alone.

Almost three-quarters of respondents reported that nothing in their training had prepared them for exposure to threats and violence in the workplace.

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 (52%) and teachers the lowest (16%) (χ^2=50.49, df=10, p=.000). Table 2 reports the frequencies and percentages for professions experiencing threats to life.

Those who had worked in child protection for less than 10 years most frequently reported that they had experienced threats and violence of all kinds except for the receipt of offensive mail.

Data were re-coded 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. 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 (χ^2=6.59, df=1, p=.01), to have experienced physical assault (χ^2=5.064, df=1, p=.02), to have experienced ongoing harassment (χ^2=11.64, df=1, p=.001) and to have experienced a threat to their

Table 1: Frequencies and percentages for profession

Profession	n	%
Social worker	214	36.3
Teacher	118	20.0
Police	50	8.5
Nurse	46	7.8
Psychologist	35	5.9
Counsellor	21	3.6
Paediatrician	10	1.7
Psychiatrist	4	0.7
GP	2	0.3
Lawyer	2	0.3
Other	87	14.8
Total	**589**	**100.0**

Table 2: Frequencies and percentages for experience of threat to life

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

professional reputation (χ^2=9.507, df=1, p=.001).

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.

When asked to identify the relationship of the aggressor 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, relatives, siblings or friends of the child being protected, boyfriends, child protection agencies and other professionals (such as lawyers, co-workers).

Sex differences

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. Males were statistically more likely than females to have experienced complaints to managers (χ^2=12.13, df=1, p=.000) and more likely to have experienced physical assault (χ^2=13.197, df=1, p=.000).

Harassment or violence was more likely to be related to Family Court matters for females than for males

(χ^2=5.477, df=1, p=.02). Harassment and violence was more likely to be related to Criminal Court matters for males than for females (χ^2=4.514, df=1, p=.03).

Range of situations

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

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. 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 the respondents (police, social workers, teachers and nurses) had been reported by clients to line managers and eight per cent to members of parliament in the previous 12 months. The complaints

were upheld in only a very small proportion (4%) of cases.

Support

Nearly a third of respondents (29%) reported that their judgement was questioned or professional integrity compromised while engaged in child protection duties. A small group of respondents (n=35) 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.

We also found that professionals who reported concerns relating to child abuse were sometimes unsupported, stigmatised and bullied by management or colleagues. Nearly a quarter of the 560 respondents who answered a question about support available to them reported very low levels of support available (25%), while over a third of respondents reported moderate levels of support and high levels of support (38% each). Just over 18 per cent of respondents reported receiving good support from colleagues only.

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 the survey did not explicitly focus on this issue, it was a strong theme in the findings.

While there was 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.

Effects

The effects of intimidation, threats and violence were found to be chiefly psychological. The qualitative responses were distilled into 14 categories and found that of those who responded (n=364) the majority (74%) reported emotional and/or health effects as a result of experiencing abusive behaviours. Fear was by far the most pervasive response. Table 3 provides details regarding the effects of the behaviours experienced by respondents.

Some respondents (22%) took sick leave as a result of incidents of threats, intimidation or violence. Respondents reported that the effects impacted on their personal, social and professional lives.

Burnout

Workers often commented on the stressful nature of their work and the toll it exacted on their well-being. It is not surprising therefore that nearly two thirds (62%) of respondents found their work emotionally exhausting to either a high degree or a very high degree.

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 two thirds (69%) 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.

Conclusion

It is clear that professionals working in child protection are encountering high levels of violence, threats and intimidation as they undertake their duties, and as a result are experiencing a range of adverse effects. This situation 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. It also heralds the need for attention to be paid to the mental health of professionals engaged in child protection.

While the sample for this study cannot be claimed to be representative, the magnitude of the problem within this sample is an indicator of a problem within the population of child protection workers.

The study has considerable significance for statutory child protection agencies, 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.

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 (20%) of workers reported feeling burnt out (Borritz & Kristensen 2001). 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.

Note

Table 3: Frequencies and percentages of response by category for other effects		
Category	n	%
Emotional and health effects (such as fear, anxiety, inability to sleep)	268	73.6
Professional issues (such as feeling professional incompetence)	75	20.6
Heightened sense of vulnerability	65	17.9
Effects on social life	17	4.7
Relationship effects	20	5.5
Property damage	5	1.4
Self-doubt	13	3.6
Substance abuse	5	1.4
Life upheavals (such as moving house, changing children's schools)	44	12.1
Lower self-esteem, loss of confidence	22	6.0
Attitude change	27	7.4
Economic effects	7	1.9
Rural issues	9	2.5
Nil or few; just accept it	10	2.8

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