

## **VIOLENCE TOWARDS STAFF IN CHILD CARE**

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There is a plethora of professional literature on the nature, causes and consequences of violence generally but much less on the amount and types that occur in care settings. Moreover, what evidence exists tends to be at least fifteen years old and more is known about violence in some social work contexts than others. On the whole, child care is poorly served in terms of available information with field work more bereft than residential work.

The research literature deals with five main areas.

1. Definitions of violence
2. The causes of violence
3. The amount of violence
4. The consequences of violence
5. The prevention and management of violence

### ***Definitions of violence***

The definition of violence underpinning research is important because it determines the amount identified. The application of a low threshold (say, one including verbal or emotional abuse) will obviously reveal far more violence than a high one (say, physical contact or injury requiring medical treatment).

Several definitions are offered in the literature. Examples are:

The unlawful use of force; the exercise of an instance of physical force; powerful untamed devastating force (OED)

The application of force, severe threat or serious abuse by members of the public towards people arising out of the course of their work, whether or not they are on duty (DHSS, 1988)

Behaviour of a kind that produces or is likely to produce hurt or harm (psychological or physical) to the subject on the receiving end (animate or inanimate) (Belson, 1978)

The use of force in a social situation that those in power define as illegitimate (Millham et al., 1978)

The issues raised by these definitions are:

- the boundaries of the definition
- the context of interaction between powerful professionals and less powerful clients and

- the changing tolerance levels in society regarding violent behaviour.

There is a danger that the definitions employed will vary according to their intended uses. A low threshold may be used to support pay claims or remove unruly children; a high one to indicate professional competence.

THERE IS A NEED FOR CLARITY ABOUT THE DEFINITION OF VIOLENCE USED AND ITS PURPOSE. RESEARCH RESULTS SHOULD BE INTERPRETED IN LIGHT OF THE DEFINITION EMPLOYED.

### *The causes of violence*

Explorations of the causes of violence receive the most comprehensive coverage of five items in the list of areas covered by research (Rutter et al., 1998). The literature stresses:

- the varied types of violence, such as instrumental, assertive, hostile or sadistic.
- the combination and inter-play of causal factors, such as genetic, early learning and social learning experiences
- the impact of social environments, such as in gender differences in prevalence and changes in these
- the influence of stimuli, such as alcohol or drugs, and
- the social consequences of violent acts for perpetrators, such as a criminal conviction or placement in secure accommodation.

Generalisations about violence have to be treated cautiously. For example, the evidence on continuities of violent behaviour does not give simple messages; some perpetrators are repeatedly violent, others are not.

One productive line of inquiry has been the identification of risk factors associated with an individual's propensity to violence and the processes wherein risk and protective factors interact. Skuse and colleagues (1998), for example, explored the links between children's experiences of sexual abuse and subsequent abusive behaviour to others. Some continuity was found – around 23%. This is an awkward result for those managing children as it is sufficiently large to highlight the risks to others but small enough to expose already affected youngsters to further harmful labelling.

THE CATEGORY OF VIOLENT PEOPLE NEEDS DISAGGREGATING TO UNDERSTAND THE DIFFERENT PATTERNS OF BEHAVIOUR AND THE RISKS POSED TO OTHERS.

WHILE SOME VIOLENCE IS DRIVEN BY DEEP SEATED CAUSES, IT CAN ALSO BE A RATIONAL WAY OF ACHIEVING ENDS. VIOLENCE IS OFTEN WILFUL AND TARGETTED. IT MAY EVEN BE ENJOYABLE. PATTERNS IN THE FREQUENCY, DIRECTION AND CONTEXTS OF VIOLENCE CAN BE IDENTIFIED.

THE GRAVITY OF VIOLENCE IS OFTEN JUDGED BY ITS CONSEQUENCES RATHER THAN ITS INTENT.

### *The amount of violence*

There have been several studies of the amount and types of violence experienced by social workers. The main ones are: the Wessex study in 1979 (a postal survey of 560 social services staff (Brown et al., 1986)); the NOVA study of 1987 (an invitation to respond and a postal survey of 38 staff (Norris, 1990)); The University of Sussex Study (a survey of all violent incidents involving staff recorded by social services and probation departments in the United Kingdom in 1987/8 (Norris, 1990)); Rowett's (1985) survey of 132 social services departments and of 728 staff in one authority, including 120 interviews and Crane's (1986) survey of social services departments, including 16 interviews with victims.

The three empirical studies most relevant to children's services are: Millham et al's. (1978) study of violent incidents reported in four boys' approved schools between 1972 and 1974; McDonnell's (1992) survey of 39 children's residential settings, mostly those for younger disabled children and Sinclair and Gibbs's (1998) analysis of diversity among children's homes. Crane's research is also useful in that six of the 20 incidents scrutinised involved looked after children and two of them mothers of children on statutory orders.

Local authority evidence (Devon SSD, 1994; Yorkshire and Humberside, 1993) suggests that the riskiest situations faced by staff in the child care field are:

- face to face work with difficult teenagers and younger children with behaviour disorders
- contentious child protection situations (especially emergency protection orders) and
- threats from paroled Schedule One Offenders seeking revenge on those whose evidence convicted them. Ryan (2000), however, found in her research into working with fathers that social workers actually face most violence from women (as they tend to work more with mothers than fathers) but that they are more frightened of men.

Incidents of violence as reported by social worker victims are generally high; 29% of the Wessex respondents said they had been physically assaulted during the previous three years, the highest figures being in day centres and residential homes. This finding is echoed in Crane's study. The NOVA research found a figure of 61% for physical assault at some point in a professional career. The Rowett survey of social services departments noted that the numbers of recorded incidents was low and that a high threshold was usually adopted by managers. Ninety staff out of 25,000 were officially noted as requiring medical treatment because of violence in the course of a year and 14 were on sick leave for more than four weeks. However, more general inquiries revealed 443 who claimed to have received medical attention or who were thought to have needed some. Residential workers in urban areas were at greatest risk but, interestingly, not in Scotland or Northern Ireland where figures were no different from those for other areas of work with children. The questionnaire to staff, in contrast, revealed much higher rates, 25% said they had been assaulted by clients in the study year. Of these attacks, 6% were described as severe and 18% as moderate. Those most at risk were full-time, male field and residential workers. Although the authors do not discriminate work with children from other professional activity, there is no reason to suggest that the figures for child care are any lower.

The study by the Dartington Social Research Unit (Millham et al; 1978) looked at recorded incidents in four boys' approved schools over a three year period. Once the problems of defining violence had been overcome (the definition employed was given earlier), it was found that there were 394 violent incidents in the four establishments over the three year period. Particularly interesting were the facts that half of the incidents occurred in one school and that only 38 of them involved boys hitting staff. In 47 cases staff hit boys and 309 involved fights between boys (23 of them with outsiders). One in six of the cases where staff hit boys occurred when staff were attempting to separate youngsters locked in combat. The social environment seemed to be influential in determining the amount of violence in the schools and staff responses to it, producing large differences in recorded rates across the four schools. This seemed especially likely as the number of incidents did not correlate with the proportion of boys known to be potentially violent. Factors such as the child's age, previous history and physical size were more significant as influences on staff perceptions of danger.

McDonnell's (1992) research focussed on the build up to violence and concluded that there were eleven main causes of challenging behaviour. They are:

- no other way of communicating
- being confused
- medical problems
- inactivity
- demands and requests made and refused
- change and inconsistency in routine
- lack of space
- excessive heat, cold or discomfort
- relationship problems
- early childhood trauma
- being provoked and being bullied.

Triggers to events can be external, such as a phone call cancelling a home visit or seeing someone they dislike or who reminds them of some such person.

Sinclair and Gibbs (1998) sent questionnaires to 526 staff working in 48 children's homes and interviewed 223 resident children. Rates of children's violent behaviour prior to admission were high; 8% had been persistently violent to other children and 43% occasionally so, and 40% had been violent to adults. While in the homes, 44% of the children said they had been bullied and confrontations with staff were a regular feature of daily life. However, the study found considerable variety in the patterns of violence and other anti-social behaviour across the homes and echoes other studies in their conclusion that it is features of the regime that largely influence the levels of difficult behaviour by children. Especially important are staff unity of purpose, the small size of the establishment and staff feeling in control.

The wider value of these studies is somewhat limited because of their concentration on violence in residential settings where interactions between staff and children are public and continuing. Violence is a different social phenomenon in field work because in that context interaction is purposeful, time limited, circumscribed and

limited to a small number of people. The build up, displays of aggression and opportunities for withdrawal are likely to be different.

IT IS DIFFICULT TO ASCERTAIN THE AMOUNT OF VIOLENCE THAT SOCIAL WORKERS EXPERIENCE. SURVEYS BASED ON DEPARTMENTAL RECORDS PRODUCE LOW NUMBERS OF INCIDENTS AND TEND TO INCLUDE ONLY THE MOST SERIOUS CASES. EVIDENCE GATHERED FROM SOCIAL WORKERS AND CARERS PRODUCE MUCH HIGHER FIGURES.

THERE IS A DEARTH OF RESEARCH EVIDENCE ON VIOLENCE TO STAFF THAT IS SPECIFIC TO CHILD CARE SITUATIONS. THERE IS MORE INFORMATION FROM RESIDENTIAL SETTINGS THAN FROM OTHER CONTEXTS IN WHICH PROFESSIONALS WORK WITH YOUNG PEOPLE. VIOLENCE MAY BE A DIFFERENT SOCIAL PHENOMENON IN TERMS OF ITS BUILD UP, MANIFESTATION AND CONSEQUENCES IN DIFFERENT CONTEXTS.

SERIOUS ASSAULTS ON STAFF DO OCCUR BUT ARE UNCOMMON, DESPITE THE FACT THAT FRONT LINE WORKERS AND CARERS ARE AT CONTINUAL RISK OF VIOLENCE OF VARIOUS KINDS.

### ***The consequences of violence***

The effects of violence on social workers were explored by Rowett, Brown, Crane and Norris. Most of the incidents described were unexpected even when the risks were known. Thus, when violence occurred, there was often considerable shock, surprise and disbelief accompanied by enduring guilt and fear. For example, social workers said they took the problem home and brooded on it. Others lost their self confidence and felt de-skilled while some retreated from direct work with children into administration. All respondents said that their experience had affected their future interaction with the assailant although Rowett found that most residential workers were generally unperturbed.

### ***Preventing and managing violence***

There is a wealth of publications and training on preventing and managing violence but it has to be said that this reflects 'practice wisdom' more than authoritative research. Brown and colleagues offer 66 practice tips while Kemshall and Pritchard offer a whole training course in their closing chapter. Whitaker and colleagues also offer extensive advice to residential workers, emphasising the need to look at violent incidents in the context of staff-child interactions taking place within the 'working life space' of a home. In addition, there is Government guidance on control and restraint of young people (Department of Health, 1993) and numerous local authority manuals and codes of practice. Despite the availability of all these materials, social workers still look enviously at probation officers and mental health colleagues whom they see as better trained in these matters.

The preventative and management literature emphasises four stages:

- Prevention
- Defusing
- Responding to the act, and

- Dealing with the aftermath.

### *Prevention*

The main ways to prevent violence include the establishment of a non-violent and non-confrontational climate for social interaction and residential cultures that meet the needs of residents. In field work this is seen as establishing honest and trusting relationships between professionals and users and in residential care by providing a stimulating and fulfilling environment and undertaking work with individuals. In both situations, users and professionals need to be offered alternative solutions to problems. This auspicious context has to be complemented by practical measures, such as anticipating difficult interactions, dangerous times of day or stressful events; working therapeutically with users who are known to be angry or disturbed; recognising the warning signs and understanding the escalation process. Joint visits to difficult families, for example, can reduce social workers' anxieties. Staff confidence, training and support are valued by professionals and users often respond to efforts to put them at ease.

At a more administrative level, the Report of a DHSS Advisory Committee (1988) emphasises the value of accurate reporting systems, high practice standards, training for managers and staff, a practice checklist for visits to families and victim support and counselling services.

### *Defusing*

The qualities required to defuse potentially explosive situations are interaction skills that divert or diffuse violent feelings. These may involve empathising with users without patronising them, staying firm but sympathetic, avoiding threats that cannot be implemented, the introduction of humour, adopting certain postures, giving the perpetrator a get out and discreetly drawing in extra help (preferably women).

### *Dealing with the incident*

If counter-attack, self defence or retreat are needed, it is important to know when to act and how to do it without breaching professional rules.

### *Dealing with the aftermath*

Violence need to be discussed and carefully recorded. Any legal, rights, insurance and criminal consequences have to be swiftly dealt with. Both the perpetrator and other children may need counselling and staff also need support from colleagues and senior management.

### ***Conclusions and observations on the research literature***

Despite the widespread concern about the violence experienced by social workers, it is surprising how little is known and how little knowledge has advanced since the mid-1980s.

The child care field is largely bereft of information, and field social work especially so. Research and practice with regard to handling violence has not kept pace with the growing amount of child protection work undertaken by social workers and the fact that most of their activity is now with families rather than with children in care or accommodation. Even in looked after situations, there is virtually no research on violence in foster care, the main provision employed.

There is a good understanding of types of violence that can occur and the list is ever lengthening. But there is still no generally accepted definition. This augurs badly for the consistent use of the term in assessments of children and staff guidance.

There is a sensitive appreciation of the process leading to violence, although this sequence is not empirically proven.

There is an acceptance in training that social workers and managers can do much to reduce the risks of violence and the approaches adopted in social work tend to be more optimistic and tolerant than in other professions, such as school teaching and prison officers.

A weakness of the prevailing perspectives is that violence is still seen as an individual trait. More attention needs to be paid to groups of children who may be prone to violence and to the contexts of the services they receive. It is almost impossible to plan preventive services for every high risk individual but provision can be built into services for groups of children likely to be violent.

Despite some commonly held perspectives, there is little research information on different patterns of violent behaviour among males and females or children of different ages or in different ethnic groups

The training about violence seeks to help staff cope with its aftermath. There is usually little on how the child's family, the child him or herself or groups of children who know the child may respond.

Violence tends to be seen as abnormal whereas a certain level and type of violence may be acceptable to members of turbulent families, in certain localities and in certain contexts, such as between siblings. We would probably all wish that there was no violence of any kind, but is this realistic? Professionals need to be clear about the thresholds beneath which we might ignore, condone or even resort to violence ourselves.

### ***Targets for the National Task Force***

- To establish clear definition(s) of violence to be used in research or discussion. Only by doing this, will reliable comparative data be forthcoming. These definitions could also inform criteria for the recording incidents and their effects by agencies
- To review the evidence gathered for the exercise in order to disaggregate violent incidents and violent individuals. The patterns of behaviour and risks to staff will then be clearer
- To encourage research that would be useful to understand violence faced by social workers and care staff in non-residential child care settings
- To consider what can be learned by studies showing differences in patterns and types of violence across settings or in different contexts, such as between residential homes or at different times of year or periods of uncertainty, and to see
- how these messages can be applied more generally

- To recognise the inherent logic and goal directed of some violent behaviour and the implications of this for prevention and management
- To see if the training offered to other professionals who encounter violent situations, such as such as police, prison officers or mental health workers, has anything to offer social workers and care staff.

### *A final observation*

This search for evidence has been difficult. Violence is an issue that affects all social workers and yet research seems to have had less influence on the debate than practice wisdom. This situation probably reflects a history of piecemeal, project based research commissioning. The product is a handful of studies, no common definition, no common unit of analysis and no common or competing explanatory frameworks. One of the studies that offers comprehensive empirical findings and some theoretical theoretical framework for analysis is a quarter of a century old and specific to a context that has long disappeared.<sup>1</sup>

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<sup>1</sup> A study of violence, especially between children, in 14 children's homes is being undertaken by Barter (2000) and colleagues at the university of Luton. Preliminary results indicate considerable variation in the amount and types of violence in the homes and clear factors, such as staff supervision of children, building design, size etc., associated with differences.

## *Annotated References*

Barter, C. (2000) *Violence in Children's Homes*, paper to Positive Outcomes Conference, Manchester, July 2000

An outline of a research project involving 14 children's homes and looking at patterns of violence and the factors associated with them

Brown, R., Bute, S. and Ford, P. (1986) *Social Workers at Risk: The Prevention and Management of Violence*, Basingstoke, MacMillan

A BASW book written for practitioners drawing on evidence from a postal survey of social workers

Carroll, J. (1995) 'Reaching out to aggressive children', *British Journal of Social Work*, XXV, pp.37-53

Crane, D (1986) *Violence on Social Workers*, University of East Anglia Social Work Monographs

A survey of violence to staff recorded by social services departments, complemented by interviews with victims

Department of Health (1993) *Guidance on Permissible Forms of Control in Children's Residential Care*

Government guidance on permissible forms of control, including physical restraint, in residential child care establishments

Department of Health and Social Security (1988) *Violence to Staff: Report of the DHSS Advisory Committee on Violence to Staff*

Devon Social Services (1994) *Dealing with Violence in a Caring Profession: Guidelines for Social Services Personnel*

Hampshire County Council (1991) *The Prevention and Management of Violence*

Health and Safety Executive (1989) *Violence to Staff*

Johnson, S. (1988) 'Guidelines for social workers coping with violent clients', *British Journal of Social Work*, XVIII, 377-90

Kemshall, H. and Pritchard, J. (1999) *Good Practice in Working with Violence*, London, Jessica Kingsley

A textbook for practitioners reviewing the research evidence on violence to staff, offering practice advice and a training programme

McDonnell, A. (1992) *Managing Challenging Behaviour in Young Children*, Bath, Studio III Training Systems

An exploration of violence in residential child care establishments, mostly for younger, disabled children. Special focus on the build up to violent incidents

Millham, S., Bullock, R. and Hosie, K. (1978) 'On violence in community homes', in Tutt, N. (ed.) *Violence*, op.cit., pp126-165

An analysis of all violent incidents recorded in four boys' approved schools over a three year period

Norris, D. (1990) *Violence against Social Workers: The Implications for Practice*, London, Jessica Kingsley

A survey of all violent incidents involving staff recorded by social services and probation departments in the United Kingdom. This is complemented by a postal survey of staff experiences

Open University (1993) *Working with Troubled and Troublesome Young People in Residential Settings: A Directory of Training Materials*

Pithers, D. (1983) *Violence*, London, National Children's Home

Rowett, C. (1986) *Violence in Social Work*, Cambridge, Institute of Criminology

A study of violence to staff recorded in 132 social services departments and of staff personal experiences in one of them

Rutter, M., Giller, H. and Hagell, A. (1998) *Anti-social Behaviour by Young People*, Cambridge University Press

A major review of research into anti-social behaviour by young people, including violence

Ryan, M. (2000) *Working with Fathers*, Abingdon, Ratcliffe Medical Press

Sinclair, I. And Gibbs, I.(1998) *Children's Homes: A Study in Diversity*, Chichester, Wiley and Son

A study of 48 children's homes involving questionnaires and interviews with staff and children. A variety of behaviours were scrutinised including bullying, physical assault and other forms of violence

Skuse, D. (1998) *Sexually Abused and Abusing Children*, London, Institute for Child Health

A follow-up study exploring the link between sexual abuse in childhood and subsequent abusive behaviour

Tutt, N. (ed.) *Violence*, London, HMSO, 1978

A series of papers on the nature, causes and consequences of violence, with a special emphasis on social care settings

Whitaker, D., Archer, L. and Hicks, L. (1998) *Working in Children's Homes: Challenges and Complexities*, Chichester, Wiley and Son

A study of the difficulties faced by staff in children's residential establishments.  
Violence is explored in the context of daily life in the homes

Yorkshire and Humberside Child Care Management Group (1993) *Positive Care Principles for Children's Homes*

5<sup>th</sup> September 2000