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Worker Safety in the Child Welfare System

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Introduction

The tragedy of a rural child welfare social worker meeting her death during the process of carrying out her job duties is an unfortunate reality. Recently a child welfare worker in rural Kentucky was killed as she was in the process of providing supervised visitation for a young child and her family (Montaldo, 2006). It is understood by those who decide on the pursuit of a child welfare social work career that interactions with angry and sometimes violent clientele can and often will happen. While attempting to protect children and support families, child welfare social workers face a growing threat to their safety (North Carolina Division of Social Services and the Family and Children’s Resource Program, 1998; Scalera, 1995). Shields et al. (2003) maintained that child welfare social workers charged with the task of questioning clients about private family and personal matters are at greater risk of personal injury. In a discussion of child abuse risk assessment models, English and Pecora (1994) indicated that there is practical use for a tool to determine the severity, frequency, and prediction of child abuse by high risk parents. To date there is no tool to assist in the assessment of danger to child welfare workers who are intervening in the lives of high risk populations.

Scalera (1995) observed that factors contributing to increased concern for worker safety are a collapse of family structure; poor housing conditions or homelessness; unemployment; lack of affordable health care; and substance abuse. These findings are in accord with the findings of English and Pecora (1994) who considered overall risk factors with regard to perpetrators of child abuse and found that economic status also had an independent effect on the urgency or “risk status” of child abuse cases.

Review of the Literature

Unique Problems and Characteristics of Working in Rural Areas

Dillon (1992) highlighted the growing violence toward child welfare social workers in a New York Times article entitled “Social Workers: Targets in a Violent Society”. Dillon called attention to the violence faced by child welfare social workers and discussed several incidents of child welfare social worker death and injury during the course of the worker’s duties. He maintained that the majority of child welfare social worker deaths occurred in rural areas which had witnessed a 21 percent increase in violent episodes toward child welfare social workers over a three year period. Although rural areas comprise 83 percent of the land in the United States, little social work research focuses on the unique problems social workers face when working with the rural population. Material discussing the issues facing child welfare social workers is
scant. Scalera (1995) over 12 years ago discussed the issue with regard to New Jersey child welfare social workers. To date these are the only accessible sources of information regarding the issue. Templeman et al., (2002) highlighted how a lack of literature results in a “one-size-fits all urban-centrist” phenomenon which is detrimental to the safety of rural child welfare social workers. The Templeman study identified two distinct needs which are unique to rural families: “mechanisms to minimize isolation and increase access to specialized services” (p.764).

**Rural Poverty and Substance Abuse**

Almost 8 million Americans live in poverty in rural areas (Menanteau-Horta et al., 2002) despite the economic growth of the last decade. Rural job growth and earnings continue to fall behind metro areas obstructing the ability to move welfare recipients into gainful employment (Gibbs, 2001).

Rural families have culturally unique characteristics which include an isolationist mentality leading to a lack of understanding and utilization of formal resources (Templeman et al., 2002). Because many rural social services clients are isolationist, they often reside in isolated areas affecting the child welfare social worker’s emergency response times, and the client-professional relationship.

Templeman et al. (2002) contended that rural client characteristics often impact child welfare social worker recruitment and retention rates. They expand on this trend by pointing out that decreased funding, high per-unit cost for services due to low population density, restricted mobility of families, and increased mileage cost contribute to the difficulty of transferring urban models normally taught in contemporary schools and departments of social work to rural models that are rarely taught. The lack of knowledge of rural models appears to lessen the retention rate of rural child welfare social workers due to a breakdown of understanding rural clientele. These barriers additionally contribute to increased worker safety concerns as child welfare social workers have more interaction with families outside of the agency than other social services professionals.

Studies performed by Burns et al. (2004) give credence to an increase in substance abuse and mental health issues experienced by high risk parents in the rural social welfare system (NCSACS/APAHA, 2004). The rise in methamphetamine use and production within rural settings has created further safety concerns for child welfare social workers. A study in a rural Midwest county found that nearly 25 percent of daily child maltreatment reports involved parent methamphetamine abuse (Haight et al., 2005). Lowe (2006) reported that methamphetamine use and production is spreading throughout the rural Appalachia Ohio counties and that caseworkers need to ensure their own safety when conducting home visits (personal communication, February 16, 2006). Caseworkers, who participated in the Statewide Training Assessment for the Ohio Child Welfare Training Program, reported that they sought out training and educational materials on methamphetamine labs in an effort to protect themselves as well as their clients (Institute of Human Services, 2003a).

Child welfare caseworkers reported in an Ohio Statewide Training Assessment that they feel an increased sense of danger when they cannot take another worker into the field with them. They cited three reasons which prevented taking an additional worker into the field: small agencies in which two workers in the field led to inadequate coverage in the agency; agencies which would not approve overtime if two workers responded to a report after hours; and supervisors who were unaware of danger and would not approve for two workers to respond.
Additionally, caseworkers cited a lack of cell phone coverage or lack of cell phone availability and an increased sense of danger (Institute of Human Services, 2003a).

Worker Perception of Safety in the Rural Workplace

One in every ten rural workers is pushed, shoved, or hit by one or more agency clients each year (Horejsi et al., 1994). While 97 percent of the respondents of this study reported being screamed at or cursed at on at least one occasion in the previous 12 months, one-third of the workers reported being threatened with death at least once in the year prior to the study. Macdonald et al. (2001b) maintained that 84.4 percent of the respondents who reported feeling unsafe with clients were the front-line staff. These authors observed that child welfare social workers felt just as intimidated by threats of violence as actual acts of violence. Newhill (1996) found an occurrence rate of 75 percent for child welfare social workers, topped only by criminal justice workers and drug/alcohol workers. The results of these studies are echoed by Ringstad (2005) who found 86 percent of social workers experienced some type of violence during their career. Despite the high rates of occurrence, Macdonald et al., (2001a) found that nearly 25 percent of workers did not report an incident of violence.

Responses of Rural Child Welfare Social Workers

The annual conference of the National Association of Social Workers in West Virginia provided a venue for gathering information regarding the responses of child welfare social workers regarding the question of safety at work. The authors designed the workshop as a focus group from which information could be used to influence policy development at the agency, local, state, and national levels. There was no plan to meet the qualitative research definition of focus group as defined by Sherman & Reed (1994) in this workshop. Therefore the term focus group in this respect is a loose application. Information was collected in the form of summary notes rather than verbatim transcripts. Participants were also asked to complete a questionnaire regarding their years of experience in child welfare, demographic information, and the types and numbers of child welfare social work safety trainings that they have participated in. They were also asked to rate the trainings that they attended (if any) and provide an estimate of the numbers of events that they had experienced in which they felt that their personal safety was threatened while performing their job duties. They were encouraged to expand on these events if they felt comfortable in doing so. Of the 34 participants, 33 were women between the ages of 25-60. The mean number of years worked was 9.9 with a standard deviation of 7.4. With regard to threats to personal safety, 88.6 percent indicated that they had experienced at least 1 situation where they felt compromised.

Information gained from the surveys and subsequent focus group summary notes revealed that participants had been: shot at with bows and arrows; hit by beer bottles; threatened with hand guns and knives; pushed and shoved; received death threats; beaten in front of the court house; the recipient of a bomb threat; and threatened with disembowelment upon the client’s release from prison (the worker was never informed about the release date of the client, despite the fact that she made the issue known to superiors). Participants emphasized that they usually travel to remote locations often alone and do not have adequate assistance during their sessions. Many participants voiced a concern about going alone on calls at night during their “on call” duties which all stated that they were required to engage in. Participants indicated that often their agencies are small and under funded. That, in tandem with their superiors’ lack of understanding about the potential for violence from a particular family is often the recipe for a
dangerous client encounter. Participants also discussed the potential for bodily harm from dogs, chickens, pigs, raccoons, rats, cat, possums, goats, snakes, and roosters which many rural families have on their property. Issues regarding general health concerns surfaced during the session with regard to having been spat on from a client reported to have HIV and issues with lice, fleas, and roaches in client homes as well as sitting in chairs where clients have urinated. Several participants indicated that their clients had tried to get into their cars upon leaving a threatening scene, had lunged at them, run them off of the road, and had threatened to harm the worker’s family members. Incidents involving physical violence toward family members are especially threatening in rural areas due to small population size which allows for more familiarity about family members and where they reside. Large urban populations often reside in areas that are condensed by high rise dwellings as opposed to the smaller rural populations residing in larger areas of land mass making criminal acts often easier to hide. Regarding the vast miles that workers have to travel, participants stated that they had encountered issues in snow and ice storms, floods, mud and mudslides, and the hazard of having to cross a creek with no bridge to a client’s home. Participants voiced a concern about discovering that some clients had a history of violence which was either downplayed or undisclosed by the client. Participants also discussed the possibility of injury from falling through wooden porches, holding onto rotten hand rails, and falling down steep stairs. Finally, participants indicated that they were often threatened by their clients in the form of the client threatening to file slander charges against them and calling the governor’s and their supervisor’s office to file complaints.

Rural Child Welfare Social Worker Trainings

With regard to safety training of the 34 participants, 31.4 percent indicated that they had participated in safety trainings upon hire; 5.7 percent indicated that they participated in safety trainings quarterly; 11.4 percent indicated that they had participated in a safety training at least one time yearly; and 51.4 percent maintained that they had never participated in safety trainings. Of the 49.6 percent who did participate in safety trainings only 11.4 percent felt that the trainings were “somewhat important to their work”. With regard to the safety training being “feasible to use in their work”, approximately 46 percent of participants engaging in safety training believed the trainings to be a feasible component to their work responsibilities. Regarding the “ease of learning the safety techniques” 40 percent of participants who participated in safety trainings felt that the techniques were easy to learn. Participants were asked if the techniques that they learned were easily utilized in a threatening situation. Only 36 percent of those who participated in training felt that the techniques would be useful in a threatening situation. Finally, participants were asked how “easily the trainings were worked into their work schedules”. Approximately 35 percent of participants felt that the trainings were practical with regard to their work schedules.

These statistics reveal that these rural child welfare social work participants overwhelmingly never received any type of safety trainings related to their jobs. Although participants who were offered trainings felt that the information was important and easily learned, they appeared to be disenchanted with the feasibility of the techniques to work in a threatening situation. Clearly, participants felt that the trainings offered to them were not easily worked into their schedules. This finding could have ramifications for agencies with regard to making trainings an important if not mandated part of child welfare social worker orientation.

In a study conducted by Messinger (2004), gay and lesbian social work students reported the general feeling of lack of safety and anxiety during their field placements. The students related this feeling to working with clients and within the agency atmospheres in general. Gelman (2004) found 30 percent of foundation-year MSW students were concerned about safety issues in the field practicum. Another 74 percent of the students were concerned about the quality of supervision they would receive and that they might be put into situations without sufficient preparation or support. These results are congruent with the Delphi study, which found a strong consensus from respondents that safety issues needed attention in field settings (Gelman, 1994).

In a national survey of field directors (258 respondents), 42 percent of social work programs reported having at least one student threatened by a client during the field experience. Yet only 12 percent of the agencies had formal safety policies against assaults and threats. The study found that nearly one-third (38 percent) of social work programs provide safety training to students. The majority of programs had mandatory safety training with half of the programs integrating safety training into existing course curriculum. Two-thirds of the field directors did not feel that the safety training offered by their social work programs was adequate (Cherrey Reeser & Wertkin, 2001). A study of violence with field placements in 1993, found that more than half of students reported their field sites did not have safety policies. Only half of the students in the study reported that their social work programs provided safety information in relation to practice (Tully et al. 1993).

In a similar study, students believed that field instructors are responsible for explaining safety concerns and risks concerning field placements. The study pointed out that students want field instructors to make them aware of safety procedures, formal or informal (Bogo et al. 1998; Cherrey et al. 2001).

**Current Solutions to Enhance Child Welfare Social Worker Safety**

Scalera (1995) advocates for child welfare social workers to have a mandated buddy system when clients have a history of violence or a conviction involving the use of a weapon. He argues that the use of the buddy system demonstrates a commitment and a sense of entitlement that promotes worker safety.

The participants at the annual National Association of Social Work conference in West Virginia also discussed safety options during the focus group session. Their recommendations included: finding out when a client (if imprisoned and has been threatening) is to be released from prison; ask clients to remove barriers from exits or ask if this could be done by the worker; carry mace or pepper spray; try to stand in a client’s home if possible; back your car up so that the front is facing an exit; leave purses and bags in the car if possible; carry a dog whistle; carry a regular whistle; carry dog biscuits; obtain prior information about the family and environment; do a risk assessment on violence before a home visit; use a buddy system; increase cooperation with law enforcement; leave an increasingly tense situation; build a good repairé with the client and family; obtain a concealed weapon permit for off duty times; leave the home before the client; make a call list of colleagues pertinent to a case and let them know your location before you leave; take off jewelry; put long hair into a clasp or rubber band; take a clipboard and if it is necessary to sit down it can be used; be respectful and ask the client’s permission before taking any action; take few if any notes during a conversation, keep eye contact; use verbal de-escalation; take note of your instincts; use an interview room at the agency if possible; know when the client is frustrated; make sure that the agency lobby and interview rooms are secure;
create alliances with family members; use flea collars in the cuffs of slacks and in car floor boards; use four wheeler drive vehicles; use antennas designed to work in remote locations for cell phones; know where to find gas, food, and restrooms en route to a client’s home; always keep an emergency cell phone charger in the car; have on hand disinfecting wipes; diaper wipes; lice spray; disinfectant spray; garbage bags; mentholated rub (to put under nose for bad smells); extra clothes and shoes; flashlight and batteries; spare glasses or contact lenses; shovel; rock salt; and cat litter. The participants also indicated that the worker should always lock their car doors, and if possible have an electronic opener and carry a spare set of keys in their pockets.

Discussion

**Mandated Safety Training Recommendations**

Social work schools, field education agencies, and child welfare agencies need to take responsibility for safety training within their respective environments. The literature continually cites social work and child welfare environments as being dangerous. These working environments require forced working relationships with an involuntary clientele, many of which are possible substance abusers and/or have mental health issues. As social workers, we are committed to insuring the safety of our clients. Social work schools, field education agencies, and child welfare agencies must also be committed to ensuring the safety of their clients: the students, interns, and child welfare professionals. These individuals must be equipped with the skills necessary to deescalate or prevent volatile situations from occurring. Scalera (1995) argues that agencies cannot, in good conscious, place new workers in the field prior to fully explaining the risks and the skills necessary to deal with them. “In Ohio, many county child welfare agencies mandate that their staff attend safety training...Some agencies offer safety training specific to their agency that includes agency safety policies and procedures” (Institute of Human Services, 2003a, p. 33). Mandating workers to participate in safety training and further requiring workers to repeat safety training periodically will consistently remind workers about constant dangers as well as up to date worker safety issues (Newhill, 1996). Role plays and simulations would be beneficial to incorporate into the training curriculum (Horejsi et.al.1994).

**Effective and Adequate Training**

Existing safety trainings need to be evaluated for their effectiveness and adequacy. The literature highlights that safety training provided in social work programs is inadequate (Cherry et al., 2001; Macdonald et al., 2001b). Newhill (1996) found that safety training workers received was adequate, yet 79 percent would have liked additional training. The findings from the workshop participants at the annual National Association of Social Workers conference in West Virginia echoes Cherry, Macdonald, and Newhill with regard to the finding that workers appear to motivated to attend trainings but often feel that safety trainings need to be more feasible to their work as well as accessible and promoted by their agencies.

**Formalize Safety Procedures**

Formal safety procedures need to be developed and implemented. Child welfare agencies and law enforcement need to have written agreements which describe in detail how and when workers should call for emergency assistance (Brittain et al., 2004; Horejsi et al., 1994; North Carolina Division of Social Services and the Family and Children’s Resource Program, 1998; Scalera, 1995). Agencies need to adhere to safety procedures and stress the importance of
reporting safety incidences for the worker’s own safety as well as the safety of their peers. Research indicates how agencies respond to incidences influences the worker’s view of the experience (Knight, 1999). The literature specifies that workers are hesitant to report incidents of violence or threats because of a perceived failure on the part of the worker in interaction with the client (Kadushin, 1992). All threats against child welfare social workers must be documented and reported to the supervisor regardless of the worker’s perception of the threat or feeling a guilt about the client’s situation. With formalized safety procedures in place, agencies can clearly alert all workers if safety incidences have occurred with clients on their caseload and file charges on behalf of the agency against the perpetrator if the incident warrants (Scalera, 1995).

**Safety Committees within Child Welfare Agencies**

Child welfare administrators should establish a worker safety committee (Scalera, 1995). The safety committee will ensure that the formal safety procedures are developed and implemented agency wide. In addition to formalizing safety procedures, the safety committee would be responsible for developing the agency support protocols. By establishing a safety committee, workers will have an assigned body to turn to for support and guidance. All safety incidences can be filtered through the safety committee in order for the agency to have a clearer picture of the safety issues which are affecting workers.

**Clarity and Underreporting**

Of all the literature reviewed, few articles clearly define worker safety. Operational definitions tend to be vague and are not standardized. It is believed that each study and participant could be evaluating worker safety from a different perspective. Many studies are believed to have high incidences of under reporting, however, few studies have evaluated the extent of the problem (Macdonald et al., 2001a). More research needs to be conducted to clarify operational definitions, as well as, an evaluation of under-reporting of violence against workers.

**Summary and Implications for Social Work**

Clearly the literature over the past decade with regard to safety in field education and in the workplace although scant, continues to mound. However, it appears that little is being done to assist in child welfare social worker safety as a result of the literature. The studies highlighted here have important implications for agency planning, worker training, and resource allocation for child welfare agencies. The recommendations are supported by the literature and implementation of the proposed recommendations is necessary. Students and employees continue to report a need for adequate safety training, yet the Counsel on Social Work Education and child welfare training programs have not mandated safety training. As a result, child welfare social workers must advocate for their own safety and ask agencies to commitment to the safety of their workers. Workers must be educated on the potential for violence within the workforce. It is possible that if more individuals are educated on the risks and obtain the necessary skills to diffuse volatile situations as well as gain support from child welfare agencies the rates of violence will decrease. Child welfare social workers “cannot effectively protect children or help families if they themselves are not safe” (Scalera, 1995, 1).
References


