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Examining the Lived Experiences of Child Welfare Workers

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Walden University
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Abstract

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Rebecca Merle Dameron-Brown

MA, Chapman University, 2002

BA, California State University, Northridge, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

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Abstract

The purpose of this phenomenological study was to examine the lived experiences of a homogeneous group of frontline child welfare workers in Los Angeles, CA. Data were collected using recorded in-depth, open ended interviews with 10 participants. Critical incident technique was used to collect data on specific incidents. Symbolic interactionism was the theoretical framework used. Five themes emerged during the analyses which are the main findings of this study: (1) Organizational factors contributed to the challenges and stress of the job, (2) participants shared a belief that management did not value them, (3) participants' morale and workloads were adversely affected by a highly publicized child fatality, (4) the job was rewarding and meaningful when participants felt they had protected children and helped families, and (5) participants reported being socialized to accept abusive behavior from clients through the omission or minimization of safety as a training topic in college and work sites. The positive social change implication includes information that may help facilitate a paradigm shift in the professional and academic socialization of social workers. The realistic picture on public child welfare work that participants shared has the potential to be useful to future social work students, researchers, professors, law enforcement, and administrators of public child welfare agencies. Realistic expectations may also increase retention of employees.

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Dedication

This dissertation is dedicated specifically to the frontline social workers who participated in this study, and to social workers around the world who have dedicated their lives to the profession of helping people in many different capacities. It seems that the problems facing social workers are the same in every country. For example, Israel, Canada, the UK, Australia and the United States of America all report similar findings. Workers face the same risks and threats to their safety regardless of where they reside and work. Keep up the good work, your hearts are in the right place, even though the media does not often place social workers in the best light.

Acknowledgements

I would like to thank my husband, Chris and my two sons, Ben and Brett for putting up with me during all the years of schooling it took to finally reach this point. I know I missed out on experiences in your lives due to my dedication to higher education, but I hope that we can make up for those missed opportunities now that this is accomplished. I'd also like to thank my mother, father, brothers and sisters who took an interest in my work and encouraged me to keep going. Thank you all for believing in me! Thanks also to my friends and colleagues who have been encouraging and supportive of my research topic. I do hope this study will make a difference in the lives of current and future children's social workers.

I would like to thank Dr. Michael Horton, my dissertation chair, Dr. Valerie Worthington, my methodology specialist, and Dr. Susana Verdinelli, my university research reviewer for their guidance and patience with me while I struggled through this process. Without your help, I would not have been able to accomplish this.

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Chapter 1: Introduction to the Study

I examined the lived frontline experiences of child welfare workers in Los Angeles County, CA. It was important to conduct a study of this nature as no studies could be found subsequent to 2004 providing stories of the lived experiences of these workers. A qualitative study may add depth and additional understanding to the field of public child welfare by providing narrative data to enhance the statistical data.

A study of this nature may also add to the body of knowledge by revealing the stories of how these workers make meaning of the experiences they face on a daily basis while conducting their investigations and carrying out their legally mandated obligation to protect children. Statistical data included valuable information regarding the issues of interest in the study; however, providing narrative data regarding the lived experiences and circumstances around some of the situations frontline child welfare workers faced will enhance the knowledge base. Earlier researchers provided statistical data primarily obtained from questionnaires and surveys. What was known was that many social workers and mental health professionals had been physically assaulted on the job (Baines, 2004; Burry, 2002; Collins, 2009; Criss, 2010; Despenser, 2005; Fox & Harmon, 2008; Koritsas, Coles, & Boyle, 2008; Lowe, 2011; Lyter & Abbot, 2007; Newhill, 1995; Newhill, 1996; Newhill & Wexler, 1997; Respass & Payne, 2008; Ringstad, 2005; Ringstad, 2009; Spencer & Munch, 2003; Weilding, 2007; Winstanley & Hales, 2008). They have been verbally threatened on the job (Burry, 2002; Criss, 2010; Despenser, 2005; Gibbs, 2009; Lyter & Abbott, 2007; Newhill, 1995; Newhill, 1996; Newhill & Wexler, 1997; Spencer & Munch, 2003). They had experienced a number of different

emotions related to the work they do including fear, burnout, and psychological distress (Badger, Royse, & Craig, 2008; Coutois & Gold, 2009; Dill, 2007; Ferguson, 2005; Jankoski, 2010; Jayaratne, Croxton, & Matison, 2004; Kim, 2011; Littlechild, 2008; Nelson-Gardell & Harris, 2003; Newhill & Korr, 2004; Pence, 2011; Regehr, Hemsworth, Howe, & Chau, 2004; Ringstad, 2009; Savaya, Gardner, & Stange, 2011; Selleck, 2010; Siebert, Sierbert, & Taylor-McLaughlin, 2007; Smith, McMahon, & Nursten, 2003).

There was also a large body of work related to retention issues faced by public child welfare agencies (Auerbach, McGowan, Ausberger, Sirolin-Golzman, & Schudrich, 2010; Barbee et al., 2009; Ellett, Ellis, Westbrook, & Dews, 2007; Faller, Grabarek, & Ortega, 2010; Hopkins, Cohen-Callow, Kim, & Hwang, 2010). Past and current researchers recommended further study regarding the circumstances around critical incidents experienced by social workers (Norris, 1990; Ringstad, 2009; Stanley, 2010). Additionally, Criss (2010) found that social work students experienced fear regarding potential client violence. Criss stated, "Students need to understand student rights, including the right to refuse to proceed with a potentially dangerous encounter with a client" (p. 385). Criss also stated that "field agencies must intentionally address ways to both prevent client violence and to address the effects when it has occurred" (p. 385). Zell (2006) suggested that qualitative studies are needed to provide greater understanding of the "practice challenges" (p. 101).

My objective in conducting this study was to add to the body of knowledge by analyzing the stories of a homogenous group of frontline child welfare workers in Los

Angeles County, CA. The primary focus was on the stories told by frontline child welfare workers regarding the critical incidents they encountered in the course of their jobs. A secondary interest was to identify the types of safety training they had received in their academic programs to prepare them for that type of work.

The positive social change implications includes knowledge that may be useful in helping to change how social workers are socialized during their academic and professional development. Earlier researchers suggested that the professional socialization of social workers needed to change as many workers had reported thinking that physical and verbal assaults were part of the job and they were not taught what to do if or when they became a victim (Faria & Kendra, 2007; Fox & Harmon, 2008; Lyter & Abbott, 2007; Macdonald & Sirotich, 2001; Norris, 1990). The stories provided by the frontline child welfare workers in this study may help prepare students who are considering careers as public child welfare workers by providing information that may enhance their safety and preparedness for the challenges they may face as they begin their field placements and assignments to various child welfare offices in Los Angeles County. The information that emerged from this study may also be used to enlighten law enforcement, students, universities, researchers, and administrators of the Department of Children and Family Services in Los Angeles County as well as other Family and Children Services departments in the United States and other countries.

This study begins with background information about the Department of Children and Family Services in Los Angeles County, CA. This information is provided to set the

stage for readers who are unfamiliar with the job duties and requirements of frontline child welfare workers. Next, there is a discussion of the risks social workers and mental health professionals face working in homes and communities. There were many risks involved but there was very little research on safe conduct (Criss, 2010; Faria & Kendra, 2007; MacDonald & Sirotich, 2001; Spencer & Munch, 2003; Wilkinson, 2003). This is followed by a discussion regarding client violence towards social workers and under reporting of incidents. Then there is a discussion regarding safety issues and suggestions for safe conduct. Next, there is a brief discussion regarding the call for additional training in the areas of personal safety due to the high incidence of client violence towards social workers as well as more recent concerns of primary and secondary trauma experienced by frontline child welfare workers. Finally, the rational for using symbolic interactionism as the conceptual foundation (Blumer, 1969) is discussed. Symbolic interactionism is a theory that helped explain how the participants made meaning of their experiences. The rational for using the conceptual foundation of symbolic interactionism along with a phenomenological approach is explained further in Chapter 2.

Background of the Study

As of December, 2012, Los Angeles, County employed 2069 children's social workers. Of the total number of social workers, 576 were frontline child welfare social workers. The county received 170,522 referrals to the child protection hotline to be investigated by the frontline child welfare workers from December 1, 2012 to January 30, 2013. In the Lancaster office there were 6,379 referrals investigated by 22 frontline child welfare workers (Lacounty.gov, 2013). This study was focused on the lived experiences

of frontline child welfare workers. Of particular interest were the stories that these workers told.

Due to client violence perpetrated on social workers it has become a dangerous profession (Allen & Tracy, 2008; Burry, 2002; Ferguson, 2005, Jayaratne et al., 2004; Newhill, 1992; Newhill, 1995; Newhill, 1996; Newhill & Korr, 2004; Newhill & Wexler, 1997; Respass & Payne, 2008). Many researchers had recommended additional study should be conducted regarding preparation and safety training (Allen & Tracy, 2008; Button & Payne, 2009; Collins, 2009; Coutois & Gold, 2009; Criss, 2010; Despenser, 2005; Faria & Kendra, 2007; Fox & Harmon, 2008; Gately & Stabb, 2005; Jones, 2007; Kim, 2011; Lyter & Abbott, 2007; McPhaul, 2004; McPhaul & Lipscomb, 2004; Newhill, 1995; Newhill, 1996; Pence, 2011; Pope & Tabachnick, 1993; Reeser & Wertkin, 2001; Ringstad, 2005; Siebert et al., 2007; Weilding, 2007; Zell, 2006). There was a knowledge gap in the area of a formalized curriculum that may enhance new and seasoned workers' knowledge of the risks they may face and how to be safe while working in the homes of the people they are trying to help. There was also a knowledge gap in the narrative data that may be useful in understanding the statistical data that was available in the research.

I examined real life experiences of 10 frontline child welfare workers who were the first to respond to the homes of parents accused of abusing a child for the purpose of investigating the allegations. The literature suggested that frontline child welfare workers are at greater risk of danger (Burry, 2002; Jayaratne et al., 2004; Lyter & Abbott, 2007; Respass & Payne, 2008); but, their stories had not been told. For clarification purposes,

frontline child welfare workers differ from first responders. The term first responder applies to employees of the fire department, sheriff department, or emergency medical treatment personnel who are the first to respond to the scene of an accident or emergency (Prati & Pretrantoni, 2010, p. 403).

Frontline child welfare workers do not administer any type of first aid or medical treatment. Frontline child welfare workers are the first social workers to respond to the homes of parents, or other care givers under investigation for child abuse. If frontline child welfare workers find a child or children in imminent danger when they arrive at a home, they call 911 for help from first responders. The stories shared by the frontline child welfare workers in this study provides a clearer picture of what the job entails and may be helpful to those considering a career as a children's social worker, and to educators who are preparing students for this important job.

Problem Statement

The problem is that the literature was lacking qualitative research specific to frontline child welfare workers in Los Angeles County. The current body of research did not tell the stories of their lived experiences and how they made meaning of their experiences.

Respass and Payne (2008) found that social services workers were at higher risk of experiencing workplace violence than workers in other human services professions such as those working in nursing homes, hospital workers, home health care and doctors' offices (pp. 131-135). Frontline child welfare workers may be at greater risk due to the involuntary interventions they imposed on families under investigation for child abuse.

What made it more dangerous for frontline child welfare workers was the combination of the authority they have to detain children, which other social workers do not have, and the exposure to volatile situations such as substance abuse, domestic violence, and severe mental illness (Burry, 2002; Newhill & Korr, 2004; Respass & Payne, 2008). Frontline child welfare workers most often responded alone to homes where allegations of child abuse had been reported, and if something went wrong there was no immediate support (Despenser, 2005; Faria & Kendra, 2007; Spencer & Munch, 2003).

Ferguson (2005) conceptualized the role of the frontline children's social worker as an adversarial relationship between parties of unequal power with conflict at its core (p. 793). Social workers were not being trained properly regarding safe conduct in the field which leaves them vulnerable and ill prepared for situations they may face on the job (Allen & Tracy, 2008; Button & Payne, 2009; Collins, 2009; Coutois & Gold, 2009; Criss, 2010; Despenser, 2005; Faria & Kendra, 2007; Fox & Harmon, 2008; Gately & Stabb, 2005; Jones, 2007; Kim, 2011; Lyter & Abbott, 2007; McPhaul, 2004; McPhaul & Lipscomb, 2004; Newhill, 1995; Newhill, 1996; Pence, 2011; Pope & Tabachnick, 1993; Reeser & Wertkin, 2001; Ringstad, 2005; Siebert et al., 2007; Weilding, 2007; Zell, 2006).

Purpose of the Study

The purpose of this phenomenological study was to examine the lived experiences of a homogeneous group of frontline child welfare workers in Los Angeles, CA. A review of the literature revealed that social work was a hazardous occupation. Issues identified in the literature were client violence, social workers' control of resources (who

received services and who did not put them at risk), under reporting of assaults and threats of violence, high turnover of employees, exposure to continuous trauma and critical incidents which put them at risk for primary and secondary psychological distress, fear of being assaulted, and lack of safety training of students in their academic programs and work settings. I sought to build on the current body of research in two ways. The first was to provide an analysis of the lived experiences of frontline child welfare workers that I obtained using the critical incident technique to elicit rich stories from participants. Symbolic interactionism theory was used as a means of explaining categories of interaction and themes that emerged in the study where it enhanced understanding. Second, this qualitative study sought to add narrative data to the present body of research regarding the circumstances around threats to safety of the workers who had experienced them and provide information about how the workers made meaning of these events.

The current body of research lumped social workers into one broad category; however, the responsibilities and the risks are different for different job categories. For example, frontline emergency response investigators (AKA: frontline child welfare workers), adoption social workers, and continuing services social workers may each experience the child welfare system differently. This study was the result of the analysis of the shared lived experiences of frontline child welfare workers (also referred to as emergency response investigators in Los Angeles County). By documenting the shared lived experiences of the participants, the knowledge base was enhanced. Earlier researchers had suggested that learning more about the circumstances around client violence perpetrated on social workers was needed (Ferguson, 2005; Ringstad, 2009;

Stanley, 2010). The stories told by participants in this study may be used by students as well as educators and other professionals and researchers to understand more about how and why critical incidents occur. This knowledge may help prevent future critical incidents, or prepare professionals for the eventuality of an event so that they are prepared to handle them effectively and professionally.

Nature of the Study

Creswell (2003) suggested the best approach to use when the research question can best be explained by exploring a phenomenon is a qualitative study (p. 74). This study was a phenomenological qualitative study that used in-depth semi structured interviews of a homogeneous group of frontline child welfare workers employed by Department of Children and Family Services (DCFS) in Los Angeles County. This group consisted of 10 participants working in a more isolated area of Los Angeles County, in the city of Lancaster, CA. The study included semi structured, in-depth interviews that lasted 45 to 60 minutes, with follow up clarification as needed.

The research objective was to add to the body of knowledge by providing a clear understanding of the critical incidents frontline child welfare workers encountered doing their jobs and how they made meaning of the events. I addressed issues that emerged from the in-depth, open ended interviews with participants. The interview questions were used to inquire about issues identified in the literature review such as safety training and resource allocation, and documented the stories of what they actually encountered on the job. The critical incidents described by these participants, as well as information obtained

from the literature may be used to develop a safety training curriculum that may be incorporated into bachelor's and master's level BSW, MSW and MFT academic programs. Chapter 3 includes further discussion about the design and methodology of this research.

Research Questions

1. How do frontline child welfare workers make meaning of their experiences in the course of their jobs?
2. Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced?
3. During critical incidents, what safety issues do workers encounter?
4. What level and type of training have workers received in their education as child welfare workers to manage safety issues?

Theoretical Base

Social work involves interacting with people. The work of frontline child welfare workers involves dealing with children and families under highly emotional and sometimes dangerous situations. The environment in which frontline child welfare workers must make life and death decisions was described by Crea (2010) as being one of high stress and rampant emotions (p. 201). The outcome of an investigation by a frontline child welfare worker is weighted heavily on how the interactions between these individuals go. Hyslop (2008) suggested that the quality of the outcome depends greatly on the sensitivity and professionalism of the worker (p. 70). A wide range of communication skills may be used during the interaction between the worker and

everyone involved in the investigation. Keys (2009) suggested that communication skills are extremely important in the child welfare work (p. 318). When a frontline child welfare worker encounters a family in the investigation of an allegation of child abuse, there are spoken and unspoken dynamics going on between them. There is a power differential (Keys, 2009), socioeconomic factors (Norris, 1990), and psychosocial processes (Ferguson, 2005).

Much goes into these interactions, and the theory of symbolic interactionism helped explain the categories and themes that emerged during data collection and analysis. Mead is credited as being one of the founders of social behavior thought (Morris, 1934), and it was his teachings and thoughts that influenced the development of symbolic interactionism theory by Blumer (1969). Symbolic interactionism theory provided a conceptual framework that fit nicely with critical incident technique (CIT) developed by Flanagan (1954). CIT provided the structure for obtaining data about critical incidents. The critical incident technique allowed me to develop categories and themes as they emerged. It was not the intent of this study to view the data exclusively through the lens of symbolic interactionism, but to borrow from the concepts where it made sense in the analysis of the data. Symbolic interactionism recognizes that "social interaction is the process that *forms* human conduct instead of being merely a means or a setting for the expression or release of human conduct" (Blumer, 1969, p. 8). Symbolic interactionism is discussed in more detail in Chapter 2.

Definition of Terms

Frontline Child Welfare Worker/Emergency Response Investigator: This is the worker who receives a referral from the Child Protection Hotline with details regarding suspected child abuse. The frontline worker is the worker who investigates the allegations in the referral and makes the decision whether or not to detain the child(ren) from the home. They assess for immediate and future risk of safety to the children. They work with outside agencies to gather evidence. They interview parents, children, mandated reporters and any other collaterals familiar with the family to determine the validity of the allegations. They may open a case or offer families outside services (An Overview to Public Child Welfare in Los Angeles County DCFS, 2011).

Detention: Frontline workers would report to a Supervising Children's Social Worker and are responsible for the supervision and placement of minors in need of protective services due to abuse, neglect, or exploitation (https://sjobs.brassring.com/11033/asp/tg/cim_jobdetail.asp?SID=^ZIUAoP7GSqj57MCg).

Workplace Violence: "Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide" (http://www.osha.gov, 2012, para. 1).

Client: Within the scope of this research, client is the family/individual under investigation.

Client Violence: "Conceptually defined as any incident in which a helping professional is harassed, threatened, or physically assaulted by a client in circumstances emerging from the course of the professional's work with the client" (Macdonald & Sirotich, 2001, p. 109).

Danger: "Dangerousness is a relationship. It is a perception about the potential outcome of an interaction among the individual, the situation, and the environment" (Newhill, 1992, p. 65).

First responder: "First responders are those individuals who, in the early stages of an accident or disaster, are responsible for the protection and preservation of life, property, and the environment. Traditionally, the definition of first responders encompasses police, firefighters, search and rescue personnel, and emergency and paramedical teams" (Prati & Pietrantoni, 2010, p. 403).

Critical Incident: For child welfare workers a critical incident may be "exposure to child deaths, traumatic deaths of adult clients, threats of violence against themselves and assaults against themselves" (Regehr et al., 2004, p. 332).

Assumptions

Assumption about theory: I assumed that the theoretical orientation of symbolic interactionism was a sound theory to help explain some of the themes and categories that emerged in the study.

Assumption regarding methodology: I assumed that the use of the critical incident technique would be the best technique to use to elicit rich narrative data from participants

regarding their lived experiences as frontline child welfare workers. It was the best technique to use to answer the primary research question in this study.

Assumption regarding the participants: I assumed that the participants met entry criteria including proof of employment at DCFS and primary job duties were that of frontline child welfare workers. I assumed that the participants were representative of the population of frontline child welfare workers employed by DCFS in Los Angeles County, CA. I assumed that the participants would be truthful and forthright during the interview process.

Limitations

Limitation regarding theory: The results in the study are limited to how closely the conceptual foundation of symbolic interactionism was useful in explaining the phenomenon of interest. The phenomenon of interest was broadly defined as the lived experiences of frontline child welfare workers in Los Angeles County who were employed by DCFS.

Limitation regarding the researcher: I have a background and prior employment as a frontline child welfare investigator; therefore it was assumed that I may have had a degree of bias towards the participants in the study. Measures to reduce any bias were taken and are discussed in Chapter 3.

Delimitations

Delimitations for participants: Participants in the study were delimited to public child welfare workers who are (a) classified as frontline child welfare workers (AKA:

emergency response workers), (b) in Los Angeles County, California, and (c) are on rotation to received initial reports of child abuse from the child protection hotline.

Generalizability delimitation: The results of the study may not generalize to all child welfare workers in Los Angeles County, California.

Significance of the Study

This study added to the body of knowledge by documenting the lived experiences of frontline child welfare workers in the northern most area of Los Angeles County, CA. Los Angeles County Department of Children and Family Services is the largest public child welfare agency in the nation and employs the largest number of child welfare workers in the United States (Ploehn, 2010); however, there were no qualitative studies found specific to the lived experiences of these workers subsequent to 2004. Information that emerged from this study may be used to enlighten law enforcement, universities, administration of DCFS, students interested in becoming child welfare workers, and researchers. The literature addressed the issue of inadequate safety training in educational programs but did not include a formal curriculum.

The positive social change implication of this research is that narrative data will be added to the knowledge base that may help change the way social workers are socialized into the profession in both academic and professional settings. If students are better prepared for the risks and demands of the job, only those who know what they are getting into may still choose the work of a children's social worker. A more informed and specifically trained work force may reduce staff turnover and help keep knowledgeable

workers on the job. This would be beneficial to the children and the families that are subjected to the intrusive nature of an investigation for child abuse or neglect.

Summary and Transition

This phenomenological qualitative study added to the body of knowledge by adding narrative data regarding the lived experiences of a small group of frontline child welfare workers in Los Angeles County. Los Angeles County has the largest public child welfare agency in the United States, and employs thousands of social workers, yet there was very little research focused on this population. What was clear from the literature review was that further qualitative studies were needed to find out from these employees what kind of experiences they were encountering in the field and how they made meaning of their experiences. The cost to agencies and personnel exposed to client violence, and continuous exposure to traumatic events is high. Research suggested that these factors increased burnout and turnover in staff (Hoobler & Swanberg, 2006; Spencer & Munch, 2003). Statistical data showed that public child welfare workers were plagued by physical assaults, verbal threats, psychological distress, distrust by the public, and endured unflattering public scrutiny. Public child welfare workers are charged with the duty to protect children while carrying out their duty in highly stressful and dangerous environments.

I helped fill a knowledge gap by providing narrative data using the critical incident technique to describe the lived experiences of frontline child welfare workers and how they made meaning of the events they encounter on the job. The critical incident technique was the primary research tool used to gather and analyze the data, however,

principles from symbolic interactionism theory were also used to complement and enhance the understanding of the categories and themes that emerged during the evaluation of the data.

Chapter 2 is a review of the literature in depth and a rationale for the importance of this study. Per Creswell (2003), I placed the theoretical orientation in the dissertation where it was used. In this case, it was used at the end point. Creswell indicated that researchers do not generally approach a research project without some kind of theory in mind, but in qualitative research, especially a phenomenological study which uses an inductive formation of themes based on participants lived experiences, theory may be used as an aide in explaining these themes (p. 132).

Chapter 3 includes a detailed description of how I conducted the original research for the study.

Chapter 4 includes the results and details regarding the steps I took to analyze the data and, steps taken to ensure evidence of trustworthiness. Chapter 4 also includes details of a traumatic event that occurred in 2013 that the participants in this study spontaneously spoke about as having a major impact on how they viewed their jobs during the data collection period of June 2014 to July 2014.

Chapter 5 includes discussion of the primary themes and categories that arose during the analysis of the data. The findings from this study were related back to the literature review for comparison purposes. The conceptual foundation of symbolic interactionism (Blumer, 1969) was used where it made sense to help explain how frontline child welfare workers made sense and meaning of their experiences. Chapter 5

also includes discussion on limitations with the study, implications for positive social change and recommendations for future research.

Chapter 2: Literature Review

Introduction

The problem was that the literature was lacking qualitative research specific to frontline child welfare workers in Los Angeles County, CA. The current body of research did not tell the stories of their lived experiences. I used the critical incident technique (Flanagan, 1954) to gather stories from frontline child welfare workers in Los Angeles County, CA. I was interested in their stories and the types of safety training they received in their academic programs to prepare them for the work of public child welfare workers.

Respass and Payne (2008) found that social services workers were at higher risk of experiencing workplace violence than their peers holding jobs in hospitals, nursing homes and doctors' offices (p. 131) and suggested that frontline child welfare workers may be at greater risk due to the involuntary interventions they impose on parents and caregivers under investigation for child abuse. Frontline child welfare workers are also exposed to volatile situations such as substance abuse, domestic violence, and severe mental illness (Burry, 2002; Newhill & Korr, 2004; Respass & Payne, 2008). Frontline child welfare workers most often go to homes alone to investigate allegations of child abuse and if something goes wrong, there is no immediate support (Despenser, 2005; Faria & Kendra, 2007; Spencer & Munch, 2003). Ferguson (2005) conceptualized the role of the frontline children's social worker as an adversarial relationship between parties of unequal power with conflict at its core (p. 793).With this in mind it made sense that frontline child welfare workers may be at greater risk. They possess authority to

remove abused children from their parents or caregivers which introduces an adversarial relationship from the moment they meet, which is where the conflict arises. This dynamic raised the question of whether frontline child welfare workers were adequately trained to handle the conflicts and volatile situations that arise in the field. Many social workers and mental health professionals do not feel their academic programs adequately prepared them for the safety risks they may be exposed to in the field, or how to handle angry clients (Allen & Tracy, 2008; Button & Payne, 2009; Collins, 2009; Coutois & Gold, 2009; Criss, 2010; Despenser, 2005; Faria & Kendra, 2007; Fox & Harmon, 2008; Gately & Stabb, 2005; Jones, 2007; Kim, 2011, Lyter & Abbott, 2007; McPhaul, 2004; McPhaul & Lipscomb, 2004; Newhill, 1995; Newhill, 1996; Pence, 2011; Pope & Tabachnick, 1993; Reeser & Wertkin, 2001; Ringstad, 2005; Siebert et al., 2007; Weilding, 2007; Zell, 2006).

There was a need for additional study in this area to increase the knowledge of what the job entails. There was a need for narrative data to support and enhance the statistical data in the literature. The current body of literature did not provide information about the circumstances related to threats to safety of frontline child welfare workers. The addition of stories told by frontline child welfare workers may provide a clearer picture of what working in child protection services is like, and inform those thinking about careers as public child welfare workers, researchers, educators, and administrators at the Department of Children and Family Services.

The purpose of this study was twofold. I hoped to add to the body of knowledge in the following manner:

- Provide an analysis of the lived experiences of frontline child welfare workers and how they make meaning of critical incidents they experience.
- Add narrative data to the present body of literature regarding the circumstances around threats to safety of the workers who may have experienced them and provide information about how the workers made meaning of these events.

The current body of literature primarily lumped social workers into one broad category; however, the responsibilities and the risks are different for different job categories. For example, frontline child welfare workers, adoption social workers, and continuing services social workers all face similar and different levels of risk. This study was an interpretation of the stories told by frontline child welfare workers (also referred to as emergency response investigators (ER) in Los Angeles County). There was a gap in the literature regarding how frontline child welfare workers experienced the work of protecting children. Ellett et al., (2007) suggested that child welfare work could be the most complicated because the workers have a legal responsibility to protect children who reside with families experiencing challenges with mental illness, substance abuse, intellectual deficits, domestic violence, teen parenting, incarceration, homelessness and poverty (p. 265).

It was known that social work can be dangerous and risky; but there was not a detailed account of what actually happened or why it happened when social workers were verbally and physically assaulted. It was unknown if something could have been done before or during the event that could have changed the outcome. The stories told by the

participants in this study may add depth and range of knowledge to the body of research regarding the lived experiences of frontline child welfare workers. The information gathered in this study may be used by future researchers, trainers, students, law enforcement, and administrators in the field of social work.

This chapter includes a section on the literature search strategies used for the study. This is followed by the literature review broken down by the major themes found in the literature as it related to this research. The themes identified in the literature review were client violence towards social workers, personal safety concerns and fear, the high rate of burnout and turnover in staff, and an overwhelming call for additional training of child welfare workers in the areas of safety, and psychological distress.

Theoretical orientation was discussed at the end of the chapter. Per Creswell (2003) some qualitative studies do not contain a theoretical orientation when the researcher is conducting a phenomenological study where the researcher is interested in the lived experiences of participants (p. 133). Creswell suggested that the researcher decide if theory is going to be used in the qualitative study and if so, identify it and place it in the order of importance in the study (p. 134). In light of this suggestion, the conceptual foundation of symbolic interactionism was used at the end of this study as a means of explaining themes and categories that emerged from the in-depth interviews where it made sense. Creswell explained that when theory is used as the end point, it is because the researcher is using an inductive process to develop themes and categories from raw data (p. 132). Finally, there is a summary of what is known about the topic of interest and how this research may fill at least one knowledge gap.

Literature Search Strategy

The following Walden University library databases and search engines were used to gather data for this research. Thoreau-Multiple Databases, ProQuest, PsycArticles Database, EBSCOhost, Academic Search, Google Scholar, dcfs.lacounty.gov, Osha.gov., and Dissertations written by Walden University graduates. One dissertation was located in the Doctoral Dissertation section of the Walden University library that was relative to the present research. This dissertation was conducted by Handon (2010) and was an ethnographic study of client initiated violence affecting child protection workers in a southeastern urban community in the United States. Key words and phrases used to search were as follows: *Public employees* and *client violence* (*aggression, dangerous, violent behavior, assault, crime* and *criminality*), *social worker* and *Los Angeles County, CA, stressors* and *frontline child welfare, social worker and safety, frontline child welfare workers, self-care* and *social work, personal safety, violence by clients, child welfare,* and *child welfare* and *training, urban* and *rural social work, phenomenology* and *critical incident technique.* In addition to these searches, leads were followed from the reference sections of relevant research. Amazon.com was used to order books related to the study. Some searches resulted in thousands of articles, however when the fields were narrowed, many articles were not directly related to the topic of interest. Some articles were selected as they yielded related information that correlated to this study.

Population and Child Abuse Referral Facts

According to the US Census Bureau (Quickfacts.census.gov, 2013) figures, California had a total population of 38,041,430. in 2012. The estimate for those living in

Los Angeles County as of 2011 was 9,818,605. Of that number 24.1% were under age 18. The US Census Bureau reported that in 2011, Los Angeles City had a population of approximately 3,819,702. The far north area of Los Angeles County known as the Antelope Valley [Lancaster and Palmdale] had a combined population 311,560. (Quickfacts.census.gov, 2013).

As of December, 2012, Los Angeles County employed 2069 children's social workers. Of the total number of social workers, 576 were frontline children's social workers. The county received 170,522 referrals to the child protection hotline to be investigated by the frontline child welfare workers from December 1, 2012 to January 30, 2013. In the Lancaster office, there were 6,379 referrals investigated by 22 frontline child welfare workers (Lacounty.gov, 2013). These figures are intended to give the reader an idea of the magnitude of the population and number of referrals handled in Los Angeles County, which has a larger population than most States in the United States.

Children's Social Worker Skill Set and Job Duty Requirements

A search for employment as a Children's Social Worker in Los Angeles County provided a bulletin with a description of the job duties. According to one such bulletin, positions allocable to the class of Children's Social Worker II:

> Would report to a Supervising Children's Social Worker and are responsible for the supervision and placement of minors in need of protective services due to abuse, neglect, or exploitation or performs social work services involved in adoption in planning with a child, the natural parents, and adoptive parents. All positions prepare detailed social studies on minors and their families which

include recommendations to the court and are assigned the most difficult cases. Incumbents must possess a basic knowledge of the Welfare and Institutions Code regarding dependency cases, knowledge of appropriate resources and casework techniques needed to resolve child welfare problems, as well as knowledge of departmental policies and procedures (http://sjobs.brassring.com).

The essential job functions were also included but they were generic for all child welfare social workers. A more concise reference to job duties of the frontline child welfare worker, also referred to as emergency response workers was provided in the training material obtained from DCFS. "An Overview to Public Child Welfare in Los Angeles County DCFS" (2011) outlines the specific job duties of frontline child welfare workers as follows:

1. Workers conduct face to face investigations to determine if children are victims of abuse or neglect or if they are at risk of abuse or neglect.
2. Workers collaborate with Law Enforcement, Medical Experts, and other collateral contacts to gather evidence.
3. Workers interview parents, children, mandated reporters, and any other sources regarding allegations to determine the validity of the allegations.
4. They may or may not remove children from their homes based on the assessment of immediate and future risk.
5. Workers may refer families to out-side agency services.
6. Workers may open a case and offer the family services

In order to be hired as a Social Worker II in Los Angeles County, the applicant must have already had one year paid experience as a Children's Social Worker 1 in the service of the Department of Children and Family Services or had earned a Master's degree from an accredited school with a major in Social Work, Marriage and Family Counseling, Psychological Counseling, or Clinical Psychology and completed the initial probationary period as a Children's Social Worker Trainee (http://sjobs.brassring.com).

Once applicants were offered a job, they had to pass a group interview and personal psychological assessment before they were hired. Once hired, all children's social workers attended an eight week core academy where new employees were taught basic skills and content knowledge about how to be public child welfare (PCW) workers. New hires were taught the "legal bases of PCW, maltreatment identification, child development, and permanency planning" (Franke, Bagdasaryan, & Furman, 2009, p. 1332). As listed above, the primary job functions of the frontline child welfare workers were assessing for the safety and future risk of abuse of children. Frontline child welfare workers were taught how to assess for safety and future risk of abuse of children using standardized instruments (D'Andrade, Austin, & Benton, 2008). This was somewhat problematic as Ferguson (2005) observed that what the workers were basing these assessments on were mere "snapshots, fleeting images and fragments of people's lived experiences" (p. 788).

In 2009, the Local SEIU 721 prepared a report titled *Reforming the Los Angeles County Department of Children and Family Services, Recommendations of Children and Family Services* which provided a glimpse of what social workers and supervisors think

about being a social worker in Los Angeles County. The report indicated that social workers felt the Core Academy was too theoretical (p. 11) and did not prepare them for the conditions they would encounter in the field (p. 11). It also mentioned the crisis in Los Angeles County with staffing, with the least experienced workers working on the frontline because more experienced workers refused to do the job (p. 15). There was also a recommendation that frontline social workers receive safety training when they are assigned to the unit because "they encounter things in the field that they have never encountered before and do not know how to handle them" (p. 13). It spoke of social workers who had encountered dangerous situations in the field and yet DCFS does not provide safety training (p. 13).

Client Violence towards Social Workers and Safety Issues

Researchers painted a mixed picture of what it is like to be a social worker in today's society. Researchers have recognized the dangers inherent in the business and have encouraged changes for safer working environments for over 2 decades, but; current studies reported the same concerns and still called for a more prepared workforce. McPhaul and Lipscomb (2004) contributed to the body of literature in the nursing and health care profession. The nursing industry had similar safety concerns as the social work industry. In speaking about client violence and the cause, McPhaul and Lipscomb opined that it was dangerous because workers were interacting with violent clients and the organizations did not have strong programs regarding safety and prevention of violence (p. 1). A cursory check of the World Wide Web internet found one report giving details about the murder of seven social workers in the United States between the years

1987 to 1998 in the line of duty

(http://www.socialworkers.org/profession/centennial/heroes22.htm)

Weilding (2007) reported that a Kentucky social worker Frederick, 67, was stabbed and beaten to death when she took a 10-month-old child to the home of his mother for a monitored visit. Another social worker named Zenner, 26, was killed in August 2004 during a home visit by a teenager diagnosed with mental illness (p. 40). Kelly (2010) who is the president of the National Association of Social Workers (NASW) wrote about these two murders as well as a fatal stabbing of a clinical social worker in Boston, the sexual assault and murder of a social worker in West Virginia and the shooting of a clinical social worker and Navy Commander at a mental health clinic in Baghdad as part of his analysis of the problems the industry is having recruiting and retaining social workers. Kelly reported that a study conducted by the NASW found that social workers with 0 to 5 years of experience were the most likely to experience safety issues on the job and that 44% reported they face safety issues at their primary place of employment (p. 2).

In another issue of NASW News, O'Neill (2004) reported on the murder of another social worker, Gaul, age 41, in Des Moines, Iowa. In January 2004 Gaul was murdered by a 16 year old teen with mental illness. Norris (1990) reported similar findings in the United Kingdom, stating that since 1974 six social workers had been killed in the line of duty (p. 17). These social workers were employed in different capacities, but it underscored the fact that social work has become a dangerous profession regardless of what the work entails.

Kelly (2010) reported that even with the increased knowledge of the dangers that exist in the field of social work that new workers are still not being trained on safety issues in their social work programs and are not prepared with the proper skills to prevent violence (p. 2). These concerns were echoed by a number of researchers. For example, Gately and Stabb (2005) found in a survey study of 202 psychology student participants that their safety training was practically nonexistent (p. 7). Gately and Stabb reported that students were interested in receiving training on working with violent clients, self-defense techniques and intervention strategies (p. 7). Pope and Tabachnick (1993) found that the majority of 285 therapists felt their training was inadequate (p. 12). Lyter and Abbott (2007) found it surprising that there were few studies addressing the issues of dangers social workers face in the field or efforts to increase worker safety (p. 18). Lyter and Abbott reported finding a lack of information on social worker safety and home visiting (p. 18).

Despenser (2005) also found a lack of concern for therapist's safety and lack of training in her research (p. 430). Despenser suggested that safety training should be addressed in academic programs and in subsequent supervision (p. 343). Faria and Kendra (2007) conducted a study of undergraduate social work programs to see which ones offered safety education in their curricula. Faria and Kendra sent surveys to 200 accredited programs. They received 19 responses back, which was a small sample size; however, 13 (68%) reported that they did include safety training in their undergraduate curriculum. Six schools reported that they did not include training and relied on the field placement sites to train (p. 146). Of the programs that did report having some safety

training for social workers in their curriculum, Faria and Kendra found that 90% included training on

> Characteristics of high-risk situations, creating safe office space, high-risk practice settings: how to behave with an angry client: how to dress: maintaining a confident, secure demeanor: verbal de-escalation of client's rage: and where to sit when interacting with a client. (p. 146)

Those training topics were all important; however, the Faria and Kendra (2007) study had such a small response rate that it is still impossible to know what, if any training was being provided by the 181 programs that did not respond. Faria and Kendra included a list of 31 content items that should be taught in academic programs for MSW's and MFT's. Only five of the responding programs reported that they included the training topic on what to do if one becomes a victim of violence (p. 147). This was disturbing as years earlier Newhill (1996) conducted a survey study of 1,129 social workers in California and Pennsylvania. The random survey was issued to members of the National Association of Social Workers to study the extent, nature and degree of client violence towards social workers. Newhill revealed that workers reported having received some training in working with potentially violent clients (59%), but only 4% had received training in their BSW or MSW academic programs (Education and Training section, para. 1). Of the group as a whole, 59% had received training at their agency, 3% received training at their field placement and 22% had received some training at more than one setting (Education and Training section, para. 1). It appeared that although there has been research pointing out the deficiencies in training, for many years, most

academic programs were still not adequately educating students on safety issues they needed to be aware of for field work.

While the number of deaths of social workers is small, the number of social workers assaulted and threatened is much larger. Jayarantne et al., (2004) found that the setting was an important factor for predicting client violence towards social workers. Jayarantne et al. found that institutional mental health and protective services settings were the most dangerous (p. 449). Newhill (1996) reported that the highest incidents of client violence occurred in criminal justice services, drug and alcohol service and child protective/children and youth services settings (Type of Incident by Primary Area of Practice section, para. 1). Newhill found that 75% of 1,129 participants from California and Pennsylvania reported they had experienced at least one incident of client violence (Type of Incident by Primary Area of Practice section, para. 1). Weilding (2007) reported that a study conducted by NASW (National Association of Social Workers) in 2006 of 10,000 social workers revealed that 44% reported facing safety issues on the job (Safe and Sound section, para. 3). According to the National Institute for Occupational Safety and Health (1996) risk factors for workplace violence included:

- Contact with the public
- Exchange of money
- Delivery of passengers, goods, or services
- Having a mobile workplace such as a taxicab or police cruiser
- Working with unstable or volatile persons in health care, social service, or criminal justice settings

- Working alone or in small numbers
- Working late at night or during early morning hours
- Working in high-crime areas
- Guarding valuable property or possessions
- Working in community-based settings. (Risk Factors section, para. 1)

The work related duties of frontline child welfare workers in Los Angeles County exposed them to most of these risk factors. This list did not encompass all the risk factors encountered by frontline child welfare workers. There were other risk factors that are discussed in a separate risk factors section of the literature review. The National Institute for Occupational Health and Safety (1996) advised that safety training should in part include how to use and properly maintain protective equipment (Behavioral Strategies section, para. 1). Of note, the policies and procedures of Los Angeles County prohibited DCFS County employees from carrying any form of protective equipment. The FYI Bulletin to staff dated July 1993 stated employees were not allowed to carry any kind of weapon, including pepper spray or Chemical Mace (para. 2). Employees were encouraged to immediately report any of their coworkers who may have a weapon on County property (para. 3), and employees were informed that the consequences of not following the policy would include discipline and possible termination from employment (para. 4). As part of the orientation process, new Los Angeles County child welfare workers were required to sign an acknowledgement of this policy.

Social Workers Feared Law Suits and Media Scrutiny

In addition to working in risky environments, child welfare workers often feared law suits and having their reputations ruined (Littlechild, 2008; Lyter & Abbott, 2007). This was not an irrational fear as the following story described. On September 11, 2011, Gonnerman wrote an article for the New York Magazine telling the story of a supervisor and the child case worker in New York who were arrested and charged with criminal negligent homicide when a 4 year old child died after being starved and beaten by her parents. In a related study, Dill (2007) conducted research on the stressors frontline child welfare supervisors faced as there was very little research in the literature. Dill found that the death of a child, intense media scrutiny and million dollar lawsuits were all stressors faced by all child welfare professionals (p. 177).

Heath and Kavanaugh (2001) suggested that the media contributes to worker's feelings of vulnerability, and fear of crime and violence. The media has crucified social workers in the press (Norris, 1990; Crea, 2010) when a child dies while the family is under investigation. Child fatalities are often sensationalized in the media and the media attention has contributed to the public's mistrust and negative image that society has for child welfare workers and public agencies (Ellett et al., 2007, p. 265). Finally, Sayman (2010) found that media image affected people's career choices (p. 61).

Symbolic References within the Field of Public Child Welfare

There are a number of symbolic references within the field of public child welfare, and new social workers must learn to speak the language of the group in order to survive. All of the following words have meaning to social workers as well as to the public in general. Some of these words (symbols) are abuse, investigate, detain, foster

care, unfit mother, baby snatcher, authority, and dependency court to name a few. Most of these terms conjure up negative emotions and feelings. Public perception of children's social workers is that of baby snatchers (Lyter & Abbot, 2007). Allen and Tracy (2008) found that people still have the image of home visitors as someone who "takes away your children", "spies on you", or "puts you in a nursing home" (p. 28).

Retention and Attrition Problems with Child Welfare Workers

Researchers revealed high attrition rates in child welfare work. Faller, Grabarek, and Ortega (2010) reported that turnover in child welfare has been a problem for the past four decades. Faller et al. found a problem with retention of frontline child welfare workers in both the public and voluntary market. Faller et al. reported that currently about one fifth of frontline child workers with public employment leave per year and twice as many voluntary workers leave per year (p. 840). Auerbach, McGowan, Ausberger, Strolin-Goltzman, and Schudrich (2010) found national studies reported turnover of public and private child welfare agencies to be between 20 and 40 percent with length of employment averaging less than two years (p. 1396). Kim (2010) found that the average turnover rate in public child welfare to be 20% per year (p. 358).

Zell (2006) found employees working for private and public departments of children and family services in Illinois and New York had an average length of employment that exceeded what other researchers have reported. Zell found the range of employment was from 3 months to 26 years with a median range of employment 48 months. Forty percent of the public employees had more than 5 years' experience as child welfare workers. Forty percent had 2 to 5 years of experience. The mean length of time

employed for this sample of public employees differed from that reported by other researchers.

Reasons for the high turnover varied among the researchers examining this crisis; however, the main reasons cited were level of commitment to child welfare (Auerbach et al., 2010; Faller et al., 2010), unmet expectations, burnout, compassion fatigue, secondary traumatic stress and post-traumatic distress, work overload, high caseloads, poor supervision, job satisfaction, supervisory support, and salary and benefits (Auerbach et al., 2010, p. 1397). Kim (2010) found that salary was cited as a reason for leaving more often in the private sector than public workforce.

In order to try and understand the crisis in retaining child welfare workers, Zell (2006) examined responses from a large number (n = 492) of child welfare workers employed in New York and Chicago to discover how they viewed the Child Welfare system. The sample population in the Zell study expressed opinions about the casework, working with the legal system, and thoughts about resources and services provided to families in the system. Zell reported that the most negative theme that emerged from this analysis was that 50% of the respondents felt that the system did not meet the children's basic needs. They discussed problems with the "adversarial" (p. 92) relationship with the court and child protection personnel, problems with service providers and a lack of consensus and collective decision making (p. 92).

Child welfare workers spoke frequently about burnout. Zell (2006) found that "forty-four percent attribute burnout to stress and discouragement, use as scapegoats, portrayal of incompetence, and inadequate compensation" (p. 95). Twenty-nine percent

of the respondents expressed disappointment in the lack of resources provided to child welfare workers including "qualified providers and culturally competent services" (p. 95). Twenty-four percent spoke to their frustration about the work environment including statements about poor morale, lack of recognition and positive reinforcement for a job well done and, "disregard for caseworkers' safety in the field" (p. 96). Thirty-three percent of those interviewed also mentioned a need for more training for caseworkers and foster parents (p. 96).

The most significant limitation found in the Zell (2006) study was that the responses from workers were not recorded. The responses were written by the interviewer which could potentially leave room for inferences and missed data (Zell, 2006, p. 90). Even with this limitation, the responses were similar to what other researchers have found even though the workers in this study stayed on the job almost twice as long as the national average.

In another related study, Ellett, Ellis, Westbrook, and Dews (2007) conducted a qualitative study of 369 public child welfare professionals in Georgia to find out what attracted them to child welfare work and what personal and organizational factors encouraged them to remain employed as a child welfare worker. Ellett et al. used focus groups to gather the information for their study. The demographics of their study consisted of 53 male workers and 316 were female. Almost half, 45.5%of the employees had 5 years or less work experience and 30.6% had 2 years or less work experience. This study addressed organizational factors contributing to employee turnover that consisted, in part, to large caseloads requiring frontline workers and supervisors to work 50 to 70

hours per week, an atmosphere and organizational culture of tension and fear, criticism from the media, courts, public and other professionals, fear for personal safety, second guessing case decisions about child safety, noncompetitive salaries, no career path, feeling unvalued by DFCS, policy makers and the general public, inadequate resources, inadequate training , and unstable central leadership (p. 273).

Ellett et al. (2007) found these personal factors contributed to employee turnover:

1. Intrusion of DFCS work responsibilities into one's family and personal life (many staff were on call 24/7).
2. Fear and anxiety related to legal liabilities and ruining one's personal and professional reputation and career in high profile cases.
3. Lack of fundamental knowledge, skills, abilities, and disposition for the job.
4. Inflexible thinking and behavior and inability to adapt to frequent, unanticipated changes.
5. Lack of personal interest in and professional commitment to child welfare.
6. Feeling personally or professionally devalued by the organization. (p. 274)

Ellett et al. (2007) found these organizational factors contributed to employee retention:

1. Job benefits including retirement if an employee works long enough to become vested in the retirement system.
2. Flexibility in work hours to attend to personal emergencies, unexpected events, etc. (colleagues are allowed to work cooperatively with one another in these situations).

3. Exciting, challenging, unpredictable, constantly changing work environment.
4. Important and meaningful work.
5. Supportive, quality supervision, consultation, mentoring, and leadership that values employees (not in all offices). (p. 274)

Ellett et al. (2007) found these personal factors contributed to employee retention:

1. Requisite knowledge, skills, abilities, self-efficacy, and dispositions for child welfare work.
2. Personal and professional commitment to child welfare and clients, and a desire to make a difference.
3. Realistic rather than idealistic about the work, open-minded, non-judgmental, flexible and adaptable.
4. Good organizational and time management skills.
5. Do not take things personally.
6. Have a sense of humor.
7. IV-E program or internship experience or an internship before employment in DFCS.
8. Willingness to listen and learn from others.
9. Good professional judgment and self-reflective learning. (p. 274)

These findings are consistent with the findings of other researchers. Ellett et al. (2007) stated that the frontline workers in their study believed they were "overworked and underpaid, felt greatly unappreciated by the agency and the general public, and believed that they were employed in rather "dead end" jobs (p. 277). Ellett et al. stated

that these findings suggest that much more needs to be done to better prepare child welfare professionals (p. 277).

Hopkins, Cohen-Callow, Kim, & Hwang (2010) reported "that the annual turnover in public child welfare agencies is estimated to be between 20 and 40% nationally" (p. 1380). Hopkins et al. found that "experiences with personal safety issues were associated with job withdrawal" (p. 1385). Hopkins et al. found that stress, as measured by "emotional exhaustion, role overload, and role conflict" (p. 1380), was the most significant contributor to resigning from the job. This was "followed by being a person of color" (p. 1385). In this study, "persons of color worked primarily in larger agencies in urban areas where morale was reported to be lowest and safety concerns the highest" (p. 1386). This study took place in a mid-Atlantic State in the United States of America.

Hopkins et al. (2010) used a cross sectional design, using focus groups (203, 61%), exit interviews (57, 31.3%), and self-report surveys (544, 56.5%), and a review of public child welfare databases in 23 county offices, over an 18-month period of time. In addition to finding what factors contributed to staff turnover, Hopkins et al. found that employees who did not have a Master's degree were more likely to stay on the job. Employees having a Master's degree were more actively searching for a new job (p. 1386). With regard to education qualifications, Barbee et al. (2009) found that child welfare workers in Kentucky who had specialized training in child welfare work at the BSW level were more likely to stay on the job past two years, but many left the field after 4 years (p. 69). Barbee et al. found similar reasons why these workers left after four years

including, lack of supervisor or coworker support, and personal and professional stress (p. 71). Barbee et al. had an interesting proposal that may help with the attrition problem. Barbee et al. suggested the restructuring of "frontline practice" (p. 85) to allow those with experience and special training to focus on the clinical aspect of the investigation, and partner them with staff without social work training to do the administrative and paper work part of the job.

Risk Factor Themes Found in the Literature

Generic Risk Factors Contributing to Client Violence towards Social Workers

Miller (1998) identified the following generic risk factors for violence by clients towards workers in the mental health field. These factors included, "the presence of drug addicts, gang members, acutely disturbed patients and visitors; the availability of weapons; shortage of staff; facilities situated in high crime areas; crowded emergency rooms and clinics; and nighttime operations" (p. 139). While this research was focused on therapists, these same risks factors apply to outreach workers and frontline child welfare workers. Jayaratne et al., (2004) agreed that the work setting is an important risk factor for social worker safety. Jayaratne et al. conducted a survey of a national sample of social workers from the 1999 membership directory of National Association of Social Workers. The sample included 507 respondents. Jayaratne et al. collected data regarding the settings in which the respondents worked. These settings included community mental health, corrections, family services, institutional mental health, protective services, school social work, and public or private practice. In the Jayaratne et al. study, social workers employed in the field of developmental disabilities were excluded as the number of

respondents was small. Jayaratne et al. found that 22.8% of respondents reported having been physically threatened by a client, and 46% reported knowing a colleague who had been physically threatened (p. 449). Overall, Jayaratne et al. found that private practice had the least amount of threats of violence by clients, and that institutional mental health and protective services appear to be the most dangerous (p. 449).

In an in-depth literature review conducted by Newhill (1992) on assessing danger to others in clinical social work practice, Newhill found that panic was highly correlated with the potential for dangerous behavior in both mentally ill and non-mentally ill people (p. 68). Newhill suggested that the combination of a strained or hostile environment coupled with paranoid delusions that evolve into a panic state sets the stage for a potentially lethal situation (p. 68). Newhill found in her research that there are correlates to violent behavior. She stated, "Amphetamines and withdrawal from drugs such as morphine or alcohol induce aggression" (p. 70).

The danger when dealing with individuals on drugs was supported by Schulte, Nolt, Williams, Spinks, and Hellsten (1998) who conducted research on violence and threats of violence experienced by public health field workers. Schulte et al. found that crack cocaine also caused paranoid thinking and aggressive behavior (p. 439). Additionally, methamphetamine abuse causes paranoia and increased risk of violent behavior in clients (Meth and Family, 2005). This information is very important when placed in the context of the job of frontline child welfare workers. The potential for danger is great when frontline child welfare workers respond to homes where drugs are being used and the worker has the authority to take any children in the home into

protective custody. Newhill (1992) also identified other demographic and situational correlates to violent behavior. Demographic correlates included, "age, gender, race, social support, and military combat experience" (p. 74), especially prior service in Vietnam (p. 75). Situational and interactional factors were also identified as critical determinants of violent behavior. Newhill broke these factors down into three broad categories including "psychodynamic variables, ethological, and behavioral indices" (p. 75). Newhill further explained these categories in the following manner. Psychodynamic variables that may provoke someone to commit a violent act in a clinical setting may involve issues around limit setting, patient accountability, or rejecting a patient. (p. 75). Violence may be provoked over violating territorial boundaries (p. 75). Behavioral indices were explained as interpersonal provocations where psychiatric patients deliberately start a fight with another patient (p. 76). Other situational factors included, "time of day, overcrowding, location, weapons possession, and certain behavior indices of the victim" (p. 76).

Psychological Distress is a Risk Factor

Psychological distress, in the form of primary or secondary traumatic stress has also been identified in the literature as risk factors affecting social workers. Secondary stress, also referred to as vicarious traumatization (VT) may occur in frontline child welfare workers due to "exposure to child deaths, traumatic deaths of adult clients, threats of violence against themselves and assaults against themselves" (Regehr et al., 2004, p.332). Exposure to these types of incidents can result in the worker experiencing

post-traumatic stress disorder symptoms such as intrusion, avoidance, dissociation and sleep disturbances (p. 332).

In a related study, Jankowski (2010) conducted a naturalistic discovery oriented study in a mid-Atlantic state to gain deeper understanding of child welfare workers experiences and to gain understanding as to why they leave the profession (p. 108). This was a qualitative study that sought to answer the following research question, "Does VT have an impact on the child welfare worker?" Jankowski conducted twenty-four focus groups with 305 child welfare workers that included caseworkers, supervisors, administrators and office staff. Participants were invited to meet with the researcher individually and this resulted in 65 interviews conducted in 16 counties, both rural and urban settings (p. 109). The frontline child welfare workers were interviewed separately from the other staff. Jankowski's research differs from that of other as she found that burnout was not the reason child welfare workers left the workforce (p. 110). Jankowski reported that the new workers were reporting "horrific effects associated with their work" (p. 110). In essence, workers were reporting that they were not prepared for what they were exposed to on the job. They spoke of the "isolation they felt, and the shame they experienced" (p. 112).

Jankowski (2010) reported that the focus groups allowed the participants to "explain, explore, and validate their experiences" (p. 112). Jankowski also reported that she observed the "interactions among participants and witnessed much nonverbal, powerful communication between them" (p. 113). Jankowski reported other factors that emerged from her study included "post-traumatic stress disorder (PTSD), supervision

issues, training concerns, influences of the job on relationships, community misperceptions, and concerns over state and federal regulations" (p. 113). Participants in the Jankowski study spoke of feeling hopeless, disconnected to loved ones, loss of trust, fear for their own and children's safety, changes in worldview, professional shame, not being able to connect with anyone other than other child welfare workers, not being able to sleep, and not being able to forget the images burned in their minds of the things they had witnessed, loss of interest in fun activities and avoiding public activities and places. Given these responses, Jankowski came to the conclusion that child welfare professionals leave the field due to VT (p. 115).

Jankowski (2010) also found that the participants spoke of the need for safety and trauma training (p. 115). This research led Jankowski to recommend that child welfare workers receive mandatory training to increase their knowledge regarding "jobs these professionals perform and the condition of the system in which they work. Child welfare competency-based training programs must address VT and ways to ameliorate its effects" (p. 116).

In another related study, Regehr et al. (2004) combined two fields of study, chronic organizational stressors and critical incident stressors to provide understanding of the "trauma response in child welfare workers following a tragic event on the job" (p. 333). The Regehr et al. study took place in Toronto and consisted of questionnaires being sent to all employees of the Children's Aid Society which provides services to children and families in a city of 3 million people. This agency was chosen because they had recently been investigated by the coroner due to the death of two children in their care (p.

335). This study included 156 surveys that were completed and able to be analyzed for the study. The respondents consisted of 38 men and 135 women. These response ratios are consistent with other findings as the social work field still employs more female than male workers. Participants were asked to indicate whether the organizational factors listed below were present in their jobs.

Organizational factors included a list of workload stressors such as amount of work, documentation requirements, dealing with difficult or disruptive clients, organizational change, conflicts with staff, supervisors, manager, changes in policies/standards, risk of civil or legal liability, court related activities, public media scrutiny, lack of community resources, mandatory training, travel and conflict with community individuals (Regehr et al., 2004, p. 337). The same was measured for individual factors. Critical events in the Regehr et al. study were developed in consultation with key informants and included the following: "The death of a child for whom they had service responsibility, the death of an adult client, threats of violence towards themselves, and physical assaults against themselves" (p. 337).

Not all findings from the Regehr et al. (2004) study will be discussed as they are not relevant in the context of the current research. In general Regehr et al. found that as the distress increased, PTSD growth increased (p. 341). Overall, individual and organizational factors, and exposure to critical incidents had a significant effect on the level of distress experienced by the worker and a significant impact on the growth of PTSD (p. 341). Workers who felt like they had some control and were able to make meaningful relationships with other people reported feeling less distress. Also, those who

had not experienced a recent critical event and had fewer incidents of critical events reported less distress. Of most importance in the Regehr et al. study was the impact the ongoing organizational stressors had on the workers ability to cope with a critical incident when it occurred (p. 344).

The finding's in Regehr et al. (2004) were supported by Coutois and Gold (2009) who stated "…working with traumatized individuals carries with it unique emotional and coping challenges to the professional practitioner" (Some core training principles section, para. 1). The emotional toll it takes on some workers is the development of symptoms related to secondary trauma, compassion fatigue and vicarious traumatization (Some core training principles section, para. 1). Collins (2009) in reflecting on her own experience with secondary traumatic stress as a child welfare supervisor in Canada found that the stress of the child welfare system affects the workers on many levels. Collins found that secondary traumatic stress (STS) caused workers to lose perspective which impacted their ability to property assess for safety and risk of children. It also caused them to distrust their colleagues and supervisors and increased absenteeism, decreased motivation and increased attrition (What is being Done, para. 2). Miller (1998) also found that there are special stresses for practitioners who work with traumatized children (p. 138).

Regehr et al. (2004) suggested that individual factors of the worker such as resilience and vulnerability (p. 333) play a role in the intensity and duration the worker experiences traumatic symptoms after exposure to traumatic events. Further, Regehr et al. hypothesized that two key elements that define the individuals "self-schema related to trauma are (1) safety and trust; and (2) power and control" (p. 334). Regehr et al. found

that burnout occurred when child welfare workers felt powerless and lacked control over outcomes (334).

Pence (2011) found that since 2005, there has been a focus in the literature for systemic and practice changes in child welfare to identify and reduce trauma to children and families experiencing child abuse and other critical events. Pence stated that given this focus, there has been little attention paid to the "initial investigative response and its role in controlling for system induced trauma to the child, family, and caseworker" (p. 49). Pence said that not many CPS workers come to the job with the knowledge and skill needed to conduct "emotionally laden inquirers" (p. 50). Pence asserted that frontline child protective workers need to be trained in a trauma informed manner. Pence explained the reason a trauma informed investigative staff is needed is because, "not only may failure to address STS lead to greater burnout and staff turnover, but research suggests that STS can influence critical case decisions placing a child at risk or denying a family an objective assessment" (p. 52).

Emotional Contagion is Another Risk Factor for Child Welfare Workers

Emotional contagion is also a risk factor found in the literature that has an impact on how social workers feel about their work. Siebert, Siebert, and Taylor-McLaughlin (2007) described emotional contagion as experiencing the mood of others through the social interaction with others (p. 47). Siebert et al. describe emotional contagion as a "shared emotion, not a shared experience" (p. 48). Siebert et al. described emotional contagion as "feeling with" (p. 48) instead of "feeling for" (p. 48) another person which is commonly referred to as empathy. The ability of social workers to experience the same

mood as the clients led Siebert et al. to suggest that this may be a contributing factor for the high rates of depression seen in social workers (p. 48).

Siebert et al. (2007) sought to understand the impact this emotion has on workers by conducting a survey study of active members of the North Carolina Chapter of the National Association of Social Workers (NASW) (p. 49). To measure the level of impairment, participants responded to the statement "I have worked when I was too distressed to be effective" (p. 51) on a scale from 1 to 5 with 1 indicated strong disagreement, to 5 indicating strong agreement. This sample included 751 respondents. Siebert et al. found a positive relationship between the "susceptibility to emotional contagion with depressive symptoms, burnout as measured by emotional exhaustion, and working when too distressed to be effective (professional impairment)" (p. 54). Siebert et al. suggested additional study in this area as there were no other studies in which to compare their findings.

Empathy and Prior Traumatization Contributes to Stress Levels

Badger, Royse, and Craig (2008) conducted an exploratory study of hospital social workers to discover the predictive ability of factors such as empathy, emotional separation, occupational stress and social support on secondary stress of hospital social workers. This study consisted of 121 completed surveys by hospital social workers who primarily worked with an adult population. Operational definitions of the factors were provided by the authors and each variable was measured using a measurement tool. Badger et al. found that there was a strong correlation between emotional separation (r = -.63, $p < .001$) and occupational stress (r = .60, $p < .001$) and the development of

secondary traumatic stress symptoms (STS). Perceived social support was weakly and negatively correlated with STS in this sample ($r = -.29$, $p < .001$). Higher levels of empathy were weakly and positively associated with symptoms of STS ($r = 19$, $p < .05$) (p. 67). Badger et al. did not find a significant difference in the number of years' experience as a hospital social worker and the development of STS symptom (p. 67).

In contrast, Nelson-Gardell and Harris (2003) found from a sample of 166 child welfare workers in two southeastern states in the United States that those who had experienced any kind of primary trauma or child abuse or neglect as a child were at greater risk of vicarious traumatization (VT) (p. 5). Nelson-Gardell and Harris stated, "The empathy used by the workers to build relationships with the children is the conduit for the stress suffered by the workers" (p. 6). Nelson-Gardell and Harris suggested that the more successful the engagement with the child who had experienced a traumatic experience, the more at risk the worker was of experiencing VT or STS (p. 12).

To further demonstrate the effect client trauma has on those treating them, Deighton, Gurris, and Traue (2007) conducted a study of 103 licensed mental health professionals in Germany, Austria, and Switzerland who were currently working with torture victims to investigate "(a) the relationship between therapists' advocacy and achievement in working through trauma, and (b) their work-related symptoms such as burnout, secondary traumatic stress and distress" (p. 65). Deighton et al. used several standardized measurement tools to measure levels of distress, professional quality of life, and burnout. There was one question regarding "advocacy of working through a trauma and a set of five items on the degree to which the therapist had done so with his or her

last five completed or prematurely terminated therapies" (p. 66). Deighton et al. found that there was a difference in beliefs amongst the respondents on whether working through trauma was justified. For example, 22 therapists believed it was rarely justified, 56 believed it was often justified, and 16 believed it was always justified (p. 67). In general, Deighton et al. found that therapists who had experienced a severe trauma themselves, experienced more psychological distress in the form of burnout, compassion fatigue, emotional exhaustion, somatization, team stress and symptoms of PTSD than therapist who had not experienced a trauma (p. 68).

Deighton et al. (2007) conducted a second study with the same respondents and data to find out what hindered therapists from working through the clients trauma (p. 69). The therapists were divided into three groups based on scores on the tests and their beliefs regarding working through trauma. There was a non-advocacy group, a success group and a frustrated group. Without going into all the detail, Deighton et al. found that "only the Frustrated group of therapist who advocated, but did not succeed in working through, had particularly high symptom levels" (p. 71).

Working with Individuals with Mental Illness Can be a Risk Factor

Newhill and Korr (2004) conducted a survey study of 1200 NASW members in post-master's practice regarding their attitudes towards working with clients with severe mental illness. Based on the information gathered from these participants, Newhill and Korr concluded that "social workers are the primary providers of clinical services to clients with mental health needs, particularly in resource poor areas" (p. 297). Newhill

and Korr also suggest that working with clients with severe mental illness causes workers to burnout.

Working with clients with severe mental illness was mentioned as a risk factor for client violence by several researchers (Fazel & Grann, 2006; McPhaul, 2004; "Mental Illness," 2002; Spencer & Munch, 2003), but how risky is it? Research conducted by the Public Health Agency of Canada (2002) found that a mental illness such as schizophrenia or depression that is not complicated by substance abuse does not necessarily pose a risk (Summary of Key Findings section, para. 2). In a related study, Fazel and Grann conducted a study in Sweden which has high quality national registers that track all individuals who are discharged from the hospital with an "ICD diagnosis of schizophrenia or other psychoses (N = 98, 082)" (p. 1397). This large population was linked to the crime register to find out how many of these individuals diagnosed with severe mental illness committed a violent crime. Fazel and Grann found that "over a 13-year period, there were 45 violent crimes committed per 1,000 inhabitants" (p. 1397). Fazel and Grann estimated that individuals with severe mental illness committed one in 20 violent crimes. "The attributable risk fractions of these patients to violent crime was 5.2 %" (p. 1400).

Age of Worker and Work Settings are Also Risk Factors

Age and setting also appeared to be risk factors for some workers. Reeser and Wertkin (2001) reported risks affecting the safety of workers include locations in the inner city, home-based services, and inpatient settings (p. 106). Jayaratne et al., (2004) surveyed a national sample of social workers from the membership of National

Association of Social Workers and found the setting is important. Institutional mental health and protective services settings appeared to be the most dangerous (p. 449). Jayaratne et al. also found that "younger workers in agency settings reported significantly higher levels of fear than older workers in all dimensions" (p. 450).

Culture of Safety within the Organization is also a Risk Factor

In two related studies, Burry (2002) and Wagner, Capezuti, and Rice (2009) stressed culture of safety as a risk factor. A culture of safety is related to policies, procedures and attitudes of management as it relates to their employees safety on the job. The Burry study discussed this concept as it related specifically to child welfare professionals and home visits. Wagner et al. focused on nurses, but the issues were the same as those in the social work field. Burry stressed the importance of the agency having a written safety program with on-going training (p. 151). The culture of the agency, including policies and procedures related to the reporting of critical incidents and helping employees cope with what happened after the event is what is meant by a culture of safety. Culture of safety is a top down strategy that helps create a climate of safety for the workers.

Wagner et al. (2009) discussed workplace culture of safety as an important risk factor. An anonymous, self-administered, mail-in questionnaire, which included the Hospital Survey on Patient Safety Culture as well as questions about individual and institutional characteristics, was the focus of their study. The survey included "key aspects of safety culture, such as work setting, supervisor support, communication about errors, and frequency of events reported" (p. 184). Licensed (n = 550) nurses in the

United States and Canada responded to questions in this study. Wagner et al. found that there was no difference in the perception of the culture of safety between the nurses in the U. S. and Canada. Nor was there a difference in urban, suburban or rural settings in both countries (p. 188). Wagner et al. found that the nurse managers had a significantly higher perception of safety culture than the non-management nursing staff (p. 188).

In another study related to the culture of safety, Christian, Bradley, Wallace, and Burke (2009) conducted a meta-analysis examining "person-and situation-based antecedents of safety performance behaviors and safety outcomes" (p. 1103). This study analyzed several models of safety along with the Big Five personality framework (Costa & McCrae, 1985) to discover what individual factors and organizational factors produced the best safety behaviors and outcomes. Christian et al. found that safety knowledge which included having knowledge of emergency procedures and policies was a strong predictor of personal safety performance. Safety motivation was also a strong personal factor that predicted safe behaviors (p. 1108). Conscientiousness, from the Big Five framework (Costa & McCrae, 1985) was also a strong personality predictor of safe behavior as individuals who are conscientious tend to be more committed, dependable and responsible than those who are less conscientious (p. 1108). Christian et al. also found that "improving management commitment to safety may meaningfully enhance safety performance and reduce accidents" (p. 1124).

Client Characteristics and Worker Characteristics Can be Risk Factors

Reeser and Wertkin (2001) found that certain client characteristics contributed to the greater likelihood of future violence including: "young males (between 15 and 40

years), weapons possession, previous criminal record, military combat experience, a history of violent behavior and substance abuse" (p. 96). Lowe (2011) found that gender was a risk factor. Lowe found that "males are likely to experience more property damage and, nonfatal and fatal assaults" (p. 21). Lowe found that homicide was found to be the leading cause of workplace-related fatalities for male social workers from 1992 to 1996 (p. 21). Lowe suggested that male social workers are twice as likely as female social workers to be victims of homicide in the work place. Lowe suggested that the disparity may be explained by the settings in which male social workers are employed (p. 21).

Domestic Violence in Families under Investigation is a Risk Factor for Violence

There is a growing body of research regarding the link between domestic violence and child abuse (Button and Payne, 2009; Burry, 2002; Jones, 2007; Selleck, 2010). Burry (2002) reported an increased risk because interventions are involuntary, and workers are dealing with domestic violence dynamics, and substance abuse (p. 146). Jones (2007) found that families where domestic violence had occurred were more likely to have CPS referrals (p. 11). Button and Payne (2009) found that child abuse and domestic violence frequently co-occur. For this reason, they believe that child protective service workers need training regarding domestic violence issues (p. 364). Button and Payne suggested that one in three children will witness domestic violence between parents (p. 364) at some point in their childhood.

Selleck (2010) spoke to the 2010 Florida Dependency Summit regarding the Safe and Together model, which trains social workers on interviewing perpetrators of domestic violence and assessing for risk to mothers and children in the home. Selleck

stated that in order for the interventions to be successful in homes where there is domestic violence and a possibility of violence, the child welfare staff need to feel "confident, competent and comfortable" (Paying attention to worker safety in domestic violence cases section, para. 1). Selleck suggested that often social workers have fear when interviewing the perpetrators of domestic violence. They fear for their own safety as well as fearing that the interventions they impose on the family will cause harm to the family members (Paying attention to worker safety in domestic violence cases section, para. 2).

Selleck (2010) likened the job of frontline child welfare workers to that of a firefighter walking into a burning building. Selleck stated, "Child welfare workers walk into homes and situations that most people would turn away from. It is the job of a child welfare worker to go into volatile homes without armor, weaponry, badges or even hazardous duty pay" (Paying attention to worker safety in domestic violence cases section, para. 5). Selleck offered some tips for assessing the safety of workers when they are responding to homes where there are allegations of domestic abuse. These tips will be addressed in the safe conduct section of this literature review.

Fearing Clients Hinders Good Social Work

Pope and Tabachnick (1993) found that fear and inadequate training on how to cope with feelings of anger, hate, and sexual attraction or arousal are risk factors in doing good social work. Pope and Tabachnick were mainly interested in therapists' feelings about hate, fear, and sexual attraction or arousal, but the research overlaps with therapists and social workers. Pope and Tabachnick concluded that the work psychologists do is

"intense, exciting, complex, stressful, and sometimes dangerous" (Training section, para. 2) and "the responsibilities of the work are not the sort that can be carried out in an unfeeling manner" (Training section, para. 2). Pope and Tabachnick had a response rate of 141 men and 141 women. Pope and Tabachnick reported that over half (53.3%) of the respondents reported "having felt so afraid about a client that it affected their eating, sleeping, or concentration" (Feelings and Context section, para. 2). Over 18% of the respondents in this study reported having been physically attacked by at least one client (Patient Suicide and Violence section, para. 1).

Littlechild (2008) was also interested in the relationship between the causes and effects of fear for child protection social workers. Littlechild conducted research in the United Kingdom to examine how child protection social workers experienced threats and stress in their work. Littlechild concluded that the unrealistic expectations government and agencies place on frontline child social workers to use the current risk assessment tools correctly in order to predict future risk of child abuse or a child death causes a great deal of fear and anxiety for social workers (p. 663). Littlechild asserted that it is an unrealistic expectation that risk can be eliminated (p. 670). Littlechild said the following about the position this unrealistic expectation puts on the child social worker:

> From the perspective of individual workers and their concerns at being judged by the media and by politicians as culpable for such children's deaths by not assessing risk well enough, in an area of work where they are already often subjected to threats and stress from parent service users. (p. 663)

Littlechild (2008) went on to say that violence and threats from parents under investigation, coupled with the unrealistic expectations of government regulations puts social workers "between a rock and a hard place" (p. 663). Finally, Littlechild suggested that the media ignores the experiences of the workers and the governments' risk assessment policies and procedures are questionable as evidenced by the high number of child abuse deaths that occur of children known to the child protection agencies (p. 663).

In another study on fear, Smith, McMahon, and Nursten (2003) conducted a study of 60 employees of social service departments in Northern Ireland and asked them to talk about a time in their work when they had experienced fear. These workers talked about being afraid of assaults or being killed, fear of losing control/being overwhelmed, and fear of disapproval and rejection by seniors and managers (p. 659). Smith et al. found that 43 of their participants (72%) reported being afraid of being assaulted. Eighteen participants reported fearing death (p. 663). Smith et al. stated: "The fact that fear of death featured so relatively frequently and the fact that such fears were often based on such unpleasant and threatening experiences was one of the surprising and sobering findings of the research" (p. 666). Smith et al. suggested that since fear is so prominently discussed in the literature related to client violence towards social workers, "fear audits" (p. 669) which work similar to fire drills should be conducted regularly so that workers "can rehearse in safety how they would re-act if there were a real fire" (p. 669). In essence, Smith et al. posited that practicing safe behavior to potentially dangerous situations in a safe environment may help workers make safe choices when they actually encounter a dangerous situation in the field (p. 670). Practice seems to make a lot of

sense since Smith et al. suggested that "fear often deprives people of knowledge they have and the ability to apply this knowledge when they need it" (p. 665). Smith et al. posed an interesting question about the implications of training if the knowledge is not available to the worker when they need it due to fear.

Aronson (2008) used **c**ognitive dissonance theory to explain people's reaction to fear and dangerous situations. Festinger's cognitive dissonance theory (as cited in Aronson, 2008) is the "discomfort people feel when faced with an inconsistency between two beliefs or between a belief and an action" (p. 858). To reduce the uncomfortable feeling, most people do something to bring their behavior and beliefs back into harmony. As this relates to child welfare work, the worker may feel a great deal of discomfort when they remove a child from his or her parents because of the beliefs they hold and the actions they are taking at that time. The literature review found that social workers often reported that they feared being assaulted, and parents under investigation for child abuse fear what will happen. Aronson provided some ways to cope with fear. The solution to the problem must be "concrete, effective, and doable" (p. 859). Aronson suggested that when people are at a high level of fear, they will comply with the recommendations as long as they are concrete, effective and attainable (p. 859). In the absence of these three factors, fear turns into denial, which reduces the cognitive dissonance (p. 859).

More recently, Criss (2010) conducted a study in Florida to examine the effects of direct and indirect client violence on a random sample of social work student members of the NASW (n = 595, 40.36%). Criss analyzed client violence variables in relationship to fear of future violence and commitment to the occupation (p. 371). Criss used a revised

version of the Fear of Future Violent Events at Work scale (Rogers and Kelloway, 1997) to measure how fearful the participants were of becoming a victim of violence in the next year (p. 376). To measure how committed these employees were to the social work profession, the Occupational Commitment Scale developed by Meyer, Allen, and Smith (1993) was used. Almost half (41.7%, n = 248) of the respondents had experienced some form of client violence. The most common form was verbal abuse, reported by 37.5% of the participants. This was followed by physical assault which was reported by only 21 of the participants. The majority of the students (60.2%, n = 361) reported that they had witnessed of knew of a colleague who had been victim of an incident of violence or aggression. Almost half of the social workers (47.9%, n = 285) reported that they feared some form of violence occurring within the next year. They reported mostly fearing verbal abuse, and they least feared property damage (p. 377). The sample of social work students in this study were just beginning work in the field and most stated that they liked being a social worker (80.2%, n=476), and that they were proud to be a social worker (77.2%, n=457) (p. 378). Fear of client violence is not an unrealistic fear as the next section focuses on client violence and under reporting of assaults shows.

Client Violence toward Social Workers, Under Reporting, and Professional Socialization

Newhill (1992/1995/1996) was a pioneer in the United States researching and documenting client violence towards social workers. Most researchers quote her studies in current research and she continues to be an advocate for social worker safety as evidenced by her quotations in the NASW News (2004) publication. Newhill (2004)

stated, “The most important thing is for the agency to say openly, ‘Let’s talk about safety and make it a regular topic at staff meetings” (para. 24). Newhill said violence towards social workers is often underreported because social workers are sometimes afraid they will be blamed by their supervisor, and sometimes when they have reported they do not get a good response (para. 24).

Newhill (1995) recognized that there was a problem with client violence towards social workers and published an article describing three incidents of violence towards social workers that she had personally witnessed. In that article she called for a “systematic large-scale investigation of the incidents, prevalence and nature of the violence” (p. 4). Newhill (1995) believed that the findings of such an investigation would be useful in guiding “social work practice approaches and the policies of professional practice settings” (p. 4) and, “guide professional social work education programs in the development of specialized coursework to enhance students’ awareness and skill” (p. 4). This large scale investigation was necessary because, Newhill (1995) could not find many studies in the United States that addressed the issue of client violence towards social workers. Newhill (1995) described the responses of the three social workers she knew who had faced life threatening attacks on the job in the following manner:

> The typical immediate response was a “numb” feeling of unreality that later turned into a fearful realization that mortal harm was a possibility in their jobs. The realization evolved into feelings of helplessness and demoralization. All three social workers felt extremely vulnerable and thought of leaving their jobs and abandoning the profession. (p. 4)

Norris (1990) conducted similar research in the United Kingdom called the Nova Study where he collected data from July to October 1987 (p. 41). This was a questionnaire study where 38 social workers responded to open ended questions. Sixteen (32%) of the respondents were employed as residential staff and 22 (44 %) were field social workers. Norris found that most of the participants discussed violent attacks with their family and colleagues and informed management of the incident. When asked why they spoke with family and friends about the incident, the main reason given was that "they simply wanted someone to help them make sense of such violence" (p. 44). Of 23 people who reported that they had been attacked, 21 reported that they had informed management (p. 43). Of the 38 people who reported that they had been threatened 18% reported that they occasionally informed management, the other 53%, 20 participants did not inform management.

Norris (1990) wondered why social workers were reluctant to report acts of violence to management. Some of the reasons social workers did not report threats of violence were because they did not believe anything would be done by management. Some believed the threats were not serious or "were a normal part of the job" (p. 44). Some stated they did not want to be judged by their coworkers and management as being incompetent or unable to cope (p. 44). Social workers gave the following reasons for why they think they are victims of client attacks. The most common reason reported by participants in this study was that the "social worker's power and authority made them a target for assault. The social worker's role in taking children into care and in

compulsorily admitting mentally disturbed people were seen as critical in the number of attacks" (p. 47).

In another study related to underreporting of client violence, Macdonald and Sirotich (2001) conducted a questionnaire study in Canada of 171 social workers to discover why social workers did not report acts of violence towards them. They asked all participants two questions. The first was if they had ever experienced an act of violence or a threatening incident that they had not reported to management. The second was if they had experienced an incident that they did report. Of this sample, 118 respondents reported that they had experienced an incident of violence or a threat towards them. About one quarter, 29 of the 118 respondents reported that they had not reported the incident to management. Macdonald and Sirotich found that the most common reason (69%) given for not reporting was that the social worker felt the act of violence was not "serious enough to warrant reporting" (p. 111). The second most common response (65.5%) was that they considered "violence a part of the job" (p. 111). More disturbing was that 55.2% did not report because they believed nothing would be gained by reporting. Faria and Kendra (2007) may have touched on the reason why social workers do not believe anything will be gained by reporting. Faria and Kendra (2007) found in their study of Universities that included safety training in their curriculum for social workers that only 38% covered "what to do if one is a victim of violence" (p. 150). This led Faria and Kendra to speculate that underreporting is part of the social workers professional socialization. They are not taught to report acts of violence towards them (p. 150).

In a related study, Lyter and Abbott (2007) reported that social work students report “compassion” (p. 21) and “commitment” (p. 21) as the primary reasons they do not report incidents. They fear that if they report a threat or act of violence it will damage their relationship with the client, or that the client may face criminal charges. Of interest, Lyter and Abbott reported that “leaders in the profession fear that publicity about dangers will discourage new recruits from entering the field of social work” (p. 22). Lyter and Abbott also reported that agency managers often do not alert new workers and practicum students of threats to their safety because they do not want to alarm them (p. 22). These findings appear to support the idea of professional socialization as a reason for underreporting of client violence.

Newhill (1996) sought to fill a significant knowledge gap in the literature by conducting a large scale investigation of the prevalence of client violence toward social workers across settings. Newhill sent anonymous questionnaires to 800 random social workers in Pennsylvania and 800 social workers in California. The main objective of her study was to examine the extent, nature, degree, and impact of client violence toward social workers. Newhill wanted to understand what causes social workers to be the target of client violence (p. 488). Newhill suggested that it may be because social workers are both “caring and controlling” (p. 488) and they are required to “interpret government regulations and dispense resources” (p. 488) which puts them at odds with their clients. Clients may then take out their frustration with the situation on the social worker (p. 488). Norris (1990) also suggested that social workers may be victimized by clients due to their control of resources.

Newhill (1996) did not find a definitive answer to this question except to find that client violence is a reality and a problem in today's society (p. 494). Newhill found that 52% of social workers reported that they sometime worried about their own safety. Client violence was perceived by most workers as a significant issue for the profession. Over half, 57% reported they had experienced one or more types of client violence during their career, 43% experienced personal or agency property damage, 83% had been threatened by a client, 40% had experienced an attempt of actual physical attack by a client, and 48% had experienced multiple incidents (pp. 490-491).

Workers reported having received some training in working with potentially violent clients, however only 4% had received training as part of their MSW or BSW course work (Newhill, 1996, p. 490). Newhill found that most respondents expressed a need for ongoing training. In light of these findings, Newhill suggested that agencies need to take responsibility for keeping their workers safe. Male workers were found to be at higher risk for client violence than female social workers (p. 494). Finally, Newhill stressed the importance of social worker's training by stating the following, "social workers who are prepared with the resources and skills to meet the unexpected are in the best position to protect themselves and, ultimately, to provide the best services to their clients" (p. 494).

Newhill and Wexler (1997) explored the safety risks encountered by children and youth service workers using data obtained from the aforementioned study. Newhill and Wexler focused on client violence towards children and youth service workers as compared to practitioners from other fields. This study included data analysis from 111

respondents who identified their primary field of practice as children and youth services. Newhill and Wexler stated that the children and youth service workers "more frequently agreed that client violence was a significant issue both generally and in their own practice" (p. 200) than respondents in other fields.

Newhill and Wexler (1997) reported that the children and youth services workers responded more frequently that they worried about their own safety. When asked about their experiences with client violence, 85% of the children and youth service workers reported knowing colleagues who had experienced client violence as compared to 61% of those in other fields. Additionally, 75% of the children and youth services workers reported that they had experienced at least one incident of client violence in contrast with 58% of those from other practice fields (p. 201). Of the children and youth services workers who reported at least one incident, Newhill and Wexler found that 44% had experienced a single event of client violence, 36% had been threatened, 6% had experienced an incident of property damage, and 2% had been victim of an actual or attempted attack. Over one quarter, 28% reported that they had been exposed to all three types of client violence in their work. This research was the first to describe what kinds of client violence had been perpetrated.

One may question why there was a peak in interest at the time Norris, Newhill and others started looking at this phenomenon of violence towards social workers. The literature reports that there was an industry wide shift in how services were delivered to patients diagnosed with severe mental illness. Mental health institutions were closed. Severely mentally ill patients were sent home and therapists and social workers began to

make home visits and provide services in these client's homes (Spencer & Munch, 2003). Spencer and Munch conducted a literature review to examine the prevalence of violence towards social workers and mental health professionals. Spencer and Munch found the key indicators of potential violence included, "positive symptoms of schizophrenia, medication noncompliance, active drug or alcohol use, mandated clients, and a history of violence" (p. 533).

Spencer and Munch (2003) found a wide range of variance in the literature regarding how many social workers had experienced client violence. This was partially due to different definitions of what constituted client violence. They found the range to be from 50% to as high as 88% with the most common form of violence being verbal threats (p. 534). Additionally, they found that social workers and mental health professionals were at greater risk of danger when they provided services in homes because "clients are sicker and communities are more dangerous" (p. 534).

Social workers in Australia also experience high rates of client violence. A study of 216 social workers across Australia found that 67% had experienced some form of client violence in the preceding twelve months (Koritsas, Coles, & Boyle, 2008, p. 257). Participants in the Koritsas et al. study were primarily employed in hospitals and mental health facilities. The average age of the social workers was 45.5 years. This is another example that demonstrates that client violence towards social workers is not just a problem in the United States. This study also demonstrated that it is not just younger social workers who are subjected to client violence as the next study found.

Koritsas et al. (2008) were also interested in discovering what factors may predict incidents of client violence. They found that the social workers who had the highest qualifications experienced the same levels of client violence. Koritsas et al. found that the greater the time spent in direct face-to-face contact with the client, the greater was the risk of violence (p. 266). Age of the social worker was a significant predictor of workplace violence including verbal abuse, intimidation and property damage or theft. Younger social workers were more likely to experience these forms of client violence than older social workers.

Ringstad (2005) stated that social work involves issues of aggression, conflict and violence, child abuse, domestic violence, crime and punishment, gang violence, and community and school safety (p. 305). Ringstad surveyed 1029 members of the National Association of Social Workers. In her study 57 of the respondents reported that they worked in child welfare settings. Just over half, 52.6% of child social workers reported being the victim of psychological client violence in the past year, and 10.5% reported that they had been a victim of physical violence in the past year. This study found that child welfare was one of the settings where the incidence of violence was lower than other settings. Ringstad found incidents of client violence to be highest in inpatient mental health, school and correctional facilities (p. 310). This finding was different from that of Newhill (1996) who found that 75% of workers employed in criminal justice services, drug and alcohol services and child protective/children and youth services had reported at least one incident of client violence.

Baines (2004) found that 61% of social service workers in Canada reported client violence. Baines reported that Canadian studies find that social workers employed as child welfare workers and those working in developmental services experience the highest levels of violence. These findings are similar to those in the United States, where Newhill (1996) found that 57% of social workers reported having been victim of some form of client violence.

Respass and Payne (2008) analyzed data to find out how the trends in workplace violence against social workers compared to those experienced by other human services professionals (p. 135). Respass and Payne compared data between the years 1995 and 2002 for the following occupations: social services workers, nursing home workers, home health care workers, hospital workers, and those working in doctors' offices, and all other workers. Workplace violence was measured as "an incident in which a worker had to miss work as a result of the assault" (p. 136). Other forms of client violence were not included in this study. The data showed that workplace violence against social service workers was the highest in 1995, showing 28.2 out of 10,000 social workers missed at least one day of work due to an assault at work. The graph shows that the number decreased in 1996 to 15.1 per 10,000 workers and then by 2002, the number had risen to 18.3 per 10,000 workers. The average number of workers who missed days from work for the comparison groups combined was 2.7 per 10,000 workers (pp. 136-137). These figures show what led Respass and Payne to assert that social service workers are six times more likely to experience workplace violence than other service workers.

The prevalence of aggression towards residential social workers employed in children's homes in the UK was also found to be quite high. Winstanley and Hales (2008) found that residential social workers are often repeatedly assaulted. Winstanley and Hales examined the frequency of assaults in the past year, and the number in the past month. The 87 respondents in their study reported 113 incidents of physical assaults in the past month and 728 in the preceding year. There were 480 threats in the preceding month and 1,941 in the prior year (p. 106). The percentages reported in this study were also comparable to what Newhill (1996) found for child welfare workers where 75% reported having experienced client violence.

Winstanley and Hales (2008) reported that, "in the preceding year, 64% of participants had been assaulted; 56% had been assaulted more than once. Threats had been experienced by 72% in the preceding year and almost all of the participants had been threatened more than once (71%)" (p. 106). This study operationally defined physical assaults as meaning, "any aggressive physical contact regardless of whether an injury was sustained, e.g. hitting, kicking, biting and scratching" (p. 106). Threatening behavior was defined as meaning, "statements indicating an intention to harm, or by virtue of overt behaviour, e.g. punching the wall, or overturning furniture" (p. 106).

Fox and Harmon (2008) suggested there was really no way of knowing how many social workers have given their lives in the line of duty as there is no national repository of data about violence against human service workers (para. 4). After the death of Frederick in Kentucky in 2006, Kentucky initiated a mandatory reporting system of client violence. Fox and Harmon reported that in the past eight months the automated system

had received 676 reports with 259 of them being threats and 52 reports of actual physical violence (What is Known section, para. 2). Fox and Harmon asked, "Why has the issue of human service worker safety been (for all practical purposes) ignored for the past four decades?" (System Failure section, para. 1).

Fox and Harmon (2008) were part of Kentucky's University Training Consortium that facilitated programmatic and policy response after the death of Frederick. They initiated an electronic survey that was completed by 5000 agency staff and found the following reasons. "First, there has existed for decades an "it is just part of the job" response to violence or threatened violence" (System Failure section, para. 1). Fox and Harmon suggested that this attitude is so pervasive and ingrained in the culture that signals of potential violence are missed. "Second, social work and human services are, at their deepest levels, a call to self-giving and trust" (System Failure section, para. 2). Most social workers become social workers because they want to help the most vulnerable in society. Social workers want to believe that the people they are trying to help would not hurt them. This belief can make the worker miss potentially dangerous signals of violence. Third,

> public human services are seemingly in constant crisis....When organizations live in a world of crisis at every level, those crises drain the energy of worker and manager and potentially cause the agency and individuals to overlook the danger signals and make mistakes in judgment. (System Failure section, para. 3)

In order to remedy this situation, Fox and Harmon (2008) stated the following.

> Agency management, workers, national human service organizations and federal agencies must be involved in creating a culture of safety throughout the country. The aforementioned work of the University Training Consortium following the most recent death in Kentucky has provided guidance for action: 1. Managers must ask for input from field staff on this issue since they are closest to the problem; 2. Managers must oversee safety assessments of every office and make changes where necessary; 3. Managers and policy makers must ensure that technology, such as alert systems and cell phones, are available to workers; 4. Workers and front-line supervisors can and must play a significant part in creating a culture of safety within offices and teams; and 5. Training systems must take advantage of and use information on self-protection, de-escalation and avoidance of dangerous situations. (What Do We Do Now Section, para. 1)

Ringstad (2009) conducted an interesting study to examine the extent and nature of workplace violence in child protective services (CPS). Ringstad correctly stated that the literature documents the existence of client violence across practice settings. For this study, Ringstad wondered how often clients are assaulted by professionals. This was a topic that no one had researched until this study. Therefore, the purpose of her study was to examine assaultive interactions between CPS workers and clients and document the types of assaults that occurred (p. 130). Ringstad analyzed this problem from the perspective of the CPS worker and the client and asked if they were the victim or perpetrator of the violence. Ringstad operationally defined violence to include acts of physical assaults and psychological assaults. Physical acts were counted if the client or

CPS worker had experienced any of the following acts: “grabbed, threw something that could hurt, beat up, kicked, twisted arm or pulled hair, pushed or shoved and punched or hit” (p. 135). Psychological acts included the following incidents: “insulted or sworn at, shouted or yelled at, stomped away during disagreement, did something to spite, destroyed something that belonged to, called names, threatened” (p. 135).

Ringstad (2009) reported the findings of the study as follows. The number of useable questionnaires included 31 clients and 37 CPS workers. The results for assaults on CPS workers were that 70% (n = 26) had been the victim of a psychological assault by a client during their employment at CPS, and 62% (n = 23) had been the victim of a psychological assault within the past year. Physical acts against CPS workers by clients found that 22% (n = 8) had been physically assaulted since their employment at CPS, and 19% (n = 7) had been physically assaulted in the past year. CPS workers reported that the most common form of psychological assault was being yelled at (60%, n = 22), followed by being insulted or sworn at (54%, n = 20). Almost half, (46%, n = 20) had a client stomp out of the room. Five CPS workers reported that they had been called names. Four CPS workers reported that they had been pushed or shoved. Four CPS workers reported that they had been threatened. Four reported that they had been grabbed, and seven CPS workers reported that they had experienced the client do something to spite them (p. 135).

Ringstad (2009) sought to compare what the CPS workers reported to what the clients would self-report about perpetrating violence on CPS workers. The client sample analysis found that 42% (n = 13) indicated that they had committed a psychological assault on a child welfare worker. Ten (32%) of the clients admitted that they had done so

in the past year. Seven clients admitted that they had committed a physical assault on a child welfare worker within the past year. When questioned more specifically about what they had done. Five (16%) stated that they had shouted or yelled at a worker, Five (16%) stated that they had stomped out of the room when talking to a worker; eight (16%) clients admitted that they had sworn at or insulted a worker. One client had committed several acts against workers including calling the worker names, punched or hit a worker and had kicked a worker. Finally, two (7%) clients admitted that they had done something to spite a worker (p. 136).

Ringstad (2009) then analyzed the data to see how prevalent it is for CPS workers to assault the clients. Two data sources were used for this analysis also. The clients were asked to report their experiences of being a victim of a physical assault or a psychological assault by a CPS worker. CPS workers were asked to self-report if they had been the perpetrator of physical or psychological assaults on clients. From the sample of 31 CPS clients, 17 (55%) clients reported that they had been the victim of a psychological assault at some time, and 13 (42%) reported that they had been victimized within the past year. Four (13%) of the clients said they had been victim of a physical assault that had happened in the past year. The primary form of psychological assault was the worker insulting or swearing at the client (39%, n = 12). This was followed being yelled at (19%, n = 6). Six (19%) clients reported that the worker had stomped off during a disagreement and five (16) clients reported that the worker had done something to spite them (p. 136).

Ringstad (2009) found that the CPS workers reported fewer incidents of psychological and physical assaults on clients. There were a total of 37 CPS workers

questioned. Eight (22%) CPS workers admitted that they psychologically assaulted a client at some point in their career. Seven (19%) admitted that the incident had occurred in the past year. Two (5%) of the CPS workers admitted that they had physically assaulted a client at some point and only one (3%) reported that it had occurred in the past year. The interesting finding in this study was that there appears to be a correlation between victimization and perpetration. "Clients who had been the victim of a verbal assault by a CPS worker were significantly more likely to have committed a verbal assault…and those who had experienced physical assault were significantly more likely to commit a physical assault" (p. 137).

Ringstad (2009) suggested that many of these assaults are "mutual" to some degree, positing that clients may feel justified in committing acts of physical and psychological assaults when they perceive that the CPS worker is being aggressive (p. 137). The limitations in this study were that the results cannot be generalized due to the small number of useable questionnaires from clients and CPS workers. Also, Ringstad did not ask about the circumstances around the incident or if the incident had been reported to anyone. Ringstad stressed the need for CPS staff to receive training in violence prevention and dealing with conflict (p. 140).

Studies Related to the Research Questions and why they are Meaningful

The literature review found two current research projects conducted in countries other than the United States that provided guidance and rationale for conducting this study. The study with the most similar purpose to my study was conducted by Savaya, Gardner, and Stange (2011) who analyzed 130 critical incidents reported by 130 social

workers in Israel. Savaya et al. used content analysis to discover four main categories of events that are consistent with the body of literature reviewed for this study. The categories found from the analysis of the participants in their study were: "(1) client hostility and aggression toward the worker, (2) client behaviors that violated the unwritten rules of the profession or the workers' expectations, (3) inherent professional dilemmas, and (4) workers' personal issues" (p. 63).

Savaya et al. (2011) found that very few studies have examined the client relations with the social worker as a source of stress for the worker (p. 63). The critical incidents were collected in a MSW class that students were taking to teach social workers how to do their jobs more effectively under difficult conditions by having them learn to reflect on the critical incidents they experienced by taking into consideration the assumptions, values and beliefs that guide their professional practice (p. 64). All of the students in the class were licensed social workers with at least two years of professional experience. At the beginning of the class, each participant was asked to describe a critical incident from their practice that was meaningful to them in some way that they wished to better understand (p. 64). The students were told that the incident did not have to be an emergency or crisis situation, but it did need to be meaningful to them in some way and they would like to gain better understanding about the event (p. 64). Meaningful was described in the following manner: "It could be a turning point in their practice, it helped them to understand something new, it frustrated or upset them, and so on" (p. 64). The assignment was as follows:

> The instructions on writing the incidents were that the accounts include the following: a brief, focused, and factual account of the event itself; a brief description of the context and background of the event; an account of the student's own behaviors, feelings, and thoughts; and an explanation of why the event was meaningful to them. The submitted accounts ranged from 200 to 1,120 words (p. 64).

Savaya et al. (2011) reported that over half of the students told stories of being the target of hostility, anger and aggression by clients, family members or other people involved in the case. The physical violence included the same type incidents as reported earlier in this report, "actual, attempted, or threatened physical violence and verbal aggression" (p. 65). Most of the perpetrators suffered from severe behavioral or psychiatric problems or substance abuse (p. 65). The triggers for client violence were varied, including denial of a request, confrontation over matters of law, or some issue that was unique to the client and social worker that the social worker did not see coming. The social workers reported feeling one or all of the following emotions: "(1) intense fear that lasted a long time after the incident itself, (2) self-blame or self-questioning, and (3) anger at the client" (p. 66).

Savaya et al. (2011) reported that social workers described incidents of parents becoming angry with them and turning on them when they did not agree with placement decisions for children with special needs, or when an at risk child had to be removed, or when the social worker did not comply with the parents unreasonable demands for services (pp. 66-67). Social workers also reported feeling anxious and having self-doubt

about their actions when clients crossed lines into ethical territory regarding dual relationships. Social workers spoke of not knowing what they should do when clients gave them gifts, or asked to hold sessions in a café instead of the office, or when elderly clients turned the meeting into "friend" sessions instead of treatment sessions for example (pp. 67- 68).

This study took place in Israel, and Savaya et al. (2011) described the incidents that emerged from their study as being "highly charged, highly upsetting worker-client interactions" (p. 69). Savaya et al. wondered about the prevalence of these interactions as there is no precise information; however, looking at studies from the United States, they surmised that it was not a rare phenomenon (p. 69). The literature review revealed that these incidents in the United States are not a rare phenomenon; however, there was still a need for more detail about the critical incidents that frontline child welfare workers in Los Angeles County, California are facing.

The second study that added support for the rationale for conducting a qualitative study on this topic is one conducted in Australia by Gibbs (2009). Gibbs conducted a qualitative study in Australia, similar to my study, to get the inside story from frontline child welfare workers and supervisors regarding the culture of the agency. Gibbs reported that Australia has a problem with retention of child welfare staff and focused her research on the impact the emotional toll has on child protection workers. Gibbs analyzed stories from 22 frontline child welfare workers by dividing them into two groups. The first group was "new recruits" (p. 291) who had less than four months on the job. Gibbs stated that the majority of the participants in this group had no prior experience working in family

and child welfare. The second group, Gibbs called the "stayers" (p. 291). This group of participants had been on the job 18 months with an average stay of 3.3 years (p. 291). Gibbs stated that originally she had hoped that the second group would have been on the job much longer, but due to the problem with retention it was impossible (p. 291).

Gibbs (2009) found from interviewing the new recruits that initially the frontline child welfare workers stressed the importance of support and having good supervision. They expressed that they had to cope with receiving very little supervision and when they received supervision, the focus was on "getting the job done" (p. 291). This information prompted Gibbs to add a second phase to her research where she sought to understand the life of the frontline child welfare workers supervisor. During phase two of the research, Gibbs interviewed 11 supervisors, whom she called the "rising stars" (p. 291) because they were new to the role of supervisor and had been promoted from within the organization from frontline child welfare positions (p. 291).

Gibbs (2009) found that the new recruits reported feeling a "sinking or swimming" (p. 292) means of learning child protection. They reported feeling overwhelmed and confused and felt that the supervision did not promote deep learning so that the workers could apply new knowledge to future cases (p. 292). New recruits were given instruction on what to do first and then returned for the next instruction. There was no time for reflection on the process of what happened and why (p. 292). New recruits reported that they learned by making mistakes (p. 293). Another theme found in this research was the workers "complained about the time spent completing the paperwork and learning how to comply with the procedures and processes" (p. 293).

One of the themes the "stayers" expressed was a mentality of the workers of a "them and us" (Gibbs 2009, p, 294). This mentality in the organization existed between the workers and management and the workers and clients. Management was described as being "punitive and blame worthy" (Gibbs 2009, p. 294). The experience for supervisors did not appear to be any better. One supervisor described the experience of becoming a supervisor as a "baptism of fire" (Gibbs 2009, p. 294). There was very little support and supervision at this level either.

In sum, Gibbs (2009) found from reflecting on all the stories told by new recruits, stayers and supervisors, that the organizational culture needs to change in order to provide an environment where workers and supervisors are given the opportunity to "develop their capacity to think and to grapple with the uncertainties and ambiguities of practice" (p. 297). Gibbs suggested that "case and work discussion groups, reflective practice supervision and practice groups" (p. 297) would be a way of providing a more productive learning environment. This study provided accounts from workers in Australia that may be used as a frame of reference for comparison to experiences provided by participants in this study in the United States.

Recommendations for Safe Conduct on Home Visits

The literature is growing on the safety risks involved for social workers, nurses, and mental health professionals who provide treatment and interventions in homes instead of offices. Many of the recommendations for safe conduct in homes overlaps in the literature. This section will combine recommendations from the researchers who have

thought about this and put together some basic recommendations for safe conduct when conducting home visits.

Huff (1999); Burry (2002); McPhaul (2004); Lyter and Abbott (2007); Allen and Tracy (2008); Forrester, Kershaw, Moss, and Hughes (2008); Vecchi (2009); and Selleck (2010) have all done research on client violence and the risks involved in working with clients in the field. Following is a compilation of their work regarding safe conduct:

Early Warning Signs of Potential Violence

1. Name-calling, obscene language, or other abusive behavior
2. Intimidation through direct or veiled verbal threats
3. Throwing objects in the home
4. Physically touching another in an intimidating, malicious, or sexually harassing manner
5. Physically intimidating others by obscene gestures or fist shaking (Vecchi, 2009, p. 32).

Visit Preparation

1. Before going to the home of a new client, read all available records, and speak with any other professionals who may have had previous dealings with the client. Gather information about potential for violence. Assess the situation including cultural considerations (Allen & Tracy, 2008; Burry, 2002; Huff, 1999; Lyter & Abbott, 2007; McPhaul, 2004).
2. Make sure your supervisor and other coworkers know where you are going, how long you plan to stay and if it is after hours arrange to check in with a

pre-arranged person after the visit to let them know you are safe (Allen & Tracy, 2008; Burry, 2002; Huff, 1999; Lyter & Abbott, 2007; McPhaul, 2004).

3. Travel in pairs if you feel you need extra support. Frontline child welfare workers cannot always plan what time of day they will visit. Know the community and request law enforcement escort if necessary (Allen & Tracy, 2008; Burry, 2002; Huff, 1999; Lyter & Abbott, 2007; McPhaul, 2004).
4. Know your route to the home before leaving. Print out a map and review the route or review GPS before leaving the office. Make sure your car is in good working order and you have enough gas to travel to and from the visit. Make sure your cell phone is charged and on your person. Pre-program emergency numbers just in case you need them (Allen & Tracy, 2008; Burry, 2002; Huff, 1999; Lyter & Abbott, 2007).
5. Lock valuables in the trunk of your car before you leave the office (Allen & Tracy, 2008; Burry, 2002).
6. Observe your surroundings carefully before entering the home (Lyter & Abbott, 2007). Park your car so that you cannot be blocked when you are ready to leave. Look for any people or hostile dogs before approaching the home. If you are threatened by anyone outside the client's home, leave and consult with your supervisor (Burry, 2002).
7. Develop a safety plan and review it before you conduct a home visit so that the information is fresh and in the forefront of your mind (Huff, 1999).

Strategies for Safety during the Home Visit

1. Maintain a clear exit to the door. Sit closest to the door and sit in the front room. It is not advisable to go to a back room, bathroom or to go upstairs. Keep yourself positioned so that you cannot be trapped in the home (Allen & Tracy, 2008; Burry, 2002; Huff, 1999; Lyter & Abbott, 2007).
2. Conduct yourself in a confident, courteous, and assertive manner, but be respectful to the client as you are on their property. Be vigilant for signs of escalating anger including a raised voice, flushed face, clenched fists, pacing, or standing in a threatening way (Allen & Tracy, 2008; Burry, 2002; Lyter & Abbott, 2007). Be aware of your own body language and do not use language or gestures that will increase agitation in the client (Huff, 1999).
3. Politely ask who all is in the home and how they feel about your visit. Negotiate a safety contract with the client if necessary (Allen & Tracy, 2008; Burry, 2002).
4. Be on the lookout for people under the influence of drugs or alcohol or who have a history of violence or psychosis (McPhaul, 2004). If anyone displays or refers to a weapon, calmly end the interview and leave the home (Allen & Tracy, 2008; Burry, 2002; Huff, 1999).

Strategies to Help De-Escalate Potential Client Violence

1. It is important to use quite, polite voice tones. Calm and reasoned tones are best (Burry, 2002). Explain the purpose of the visit (Allen & Tracy, 2008).

2. Do not argue with the client. Validate the client's feelings even if you do not agree with the client's position. Give the client a safe way to back down or leave (Allen & Tracy, 2008; Burry, 2002). Use active listening, reflective responses and empathy to de-escalate anger (Burry, 2002).
3. Use non-threatening body posture and keep physical distance between yourself and the client (Burry, 2002).

Selleck (2010) offers the following tips for workers and their supervisors to think about when assessing for the child welfare workers safety before going to homes where there is domestic violence:

Safety Tips for Workers Going into Homes with Domestic Violence

1. Worker should seek out information on [sic] related to the perpetrator's dangerousness from multiple sources including criminal record, child welfare case records, and interviews with family members and collaterals.
2. It is especially useful for workers to ask the domestic violence survivor how she believes the perpetrator will respond to the presence of child welfare.
3. It is helpful for workers to understand the warning signs of high-risk or dangerous situations including perpetrators who have a history of assaultive and/or threatening behaviors to non-family members. Especial [*sic*] attention should be paid to perpetrators who have history of assaultive and/or threatening behavior to law enforcement, child welfare and/or other authority figures.

4. To actively seek out information regarding perpetrators access to or a history of weapon possession.
5. Workers who are aware of potentially dangerous clients may feel more comfortable interviewing perpetrators in safe locations, such as courts, police departments or in the child welfare office.
6. Child welfare staff should also have the opportunity to process their fears and concerns with their supervisors and learn about de-escalation tactics to assist them in their interviews with potentially dangerous domestic violence perpetrators.
7. Cases involving high risk perpetrators can often benefit from being teamed with in a multi-disciplinary setting that includes law enforcement, child welfare and others. (Paying attention to worker safety in domestic violence cases section, para. 7)

One of the risk factors discussed earlier in this dissertation was the increased risk of client violence when working with individuals diagnosed with a severe mental illness. Vecchi (2009) provided very clear instructions for communicating with individuals with different mental health diagnoses. These recommendations are presented here as often frontline child welfare workers must interview parents and caregivers who are diagnosed with mental illness. Knowing how to communicate with these parents may prevent crisis situations from occurring. I refer the reader to the full article for complete detail.

Communicating With Caregivers with Schizophrenic Disorders

- Avoid arguments

- Show respect and interest
- Establish a sense of security and safety
- Paraphrase without criticism
- Keep your voice calm and even
- Do not challenge hallucinations or delusions
- Allow for venting of emotions
- Beware of negative attitudes towards criminal justice and mental health professionals
- Offer help and protection
- Offer medication
- Focus on the "here and now"
- Avoid using family and clergy as third party intermediaries. (p. 38)

Vecchi (2009) stated that "it is very important to mind the tone in a way that exhibits an open and non-judgmental attitude because these individuals tend to be very suspicious of other's loyalty and motives and they can be very argumentative" (p. 38).

Communicating With Caregivers Diagnosed With Affective Disorders

- Concentrate on active listening
- Show empathy, warmth, and concern
- Use more direct or closed questions if the person is unresponsive
- Find the "hook" (what the person values and needs)
- Ask about medication

- Ask about suicide
- Expect a slow response
- Discuss concrete, real world issues
- Beware of sudden improvement. (p. 38)

Communicating With Caregivers Diagnosed With Personality Disorders

Vecchi (2009) provided the following tips to follow when communicating with an individual diagnosed with antisocial personality disorder. Vecchi stated,

> Overall, these people have the potential to be very dangerous and they are usually very intelligent and cunning. The communicator should endeavor to avoid lying to these individuals and focus on assisting them in saving face, as they tend to be very narcissistic. (p. 39)

- Use the "buddy approach" (e.g., sharing criticism and blaming others)
- Employ a non-critical, problem-oriented approach
- Promise only what you can deliver
- Expect bargaining demands
- Establish credibility
- Assist in saving face
- Avoid using third party intermediaries. (pp. 38-39)

Communicating With Caregivers Exhibiting Borderline Personality Characteristics

- Focus on active listening to establish a relationship
- Defuse emotionality through understanding
- Use a reassuring voice

- Be alert to signs of suicidal intent
- Be alert to rapid shifts in emotion
- Maintain close and ongoing contact. (Vecchi, 2009, p. 39)

Often, frontline child welfare workers are required to investigate allegations of sexual abuse to a child. Vecchi (2009) offered the following advice when communicating with individuals diagnosed with a sexual disorder.

> The best approach is for the communicator to be empathic and agree where possible. This does not imply that the communicator should agree or pretend to agree to behavior that is criminal or immoral in nature. In these cases, the communicator may respond by saying: "I don't agree that having sex with children is good; nevertheless, I respect your opinion." (p. 39)

Hopefully the aforementioned recommendations will help social workers and mental health professionals prepare for home visits and help them prepare for the unexpected so that critical incidents can be minimized.

Need for Safety Training and Child Welfare Worker Preparedness

This section will include a review of the literature regarding social workers safety training and preparedness for the job as well as what researchers are saying about what still needs to be done to improve the overall safety and well-being of child protective services workers.

Reeser and Wertkin (2001) suggested that there was a need for standards for student safety in their field placements as well as a curriculum that prepared students in the areas of assessment, prevention and intervening in potentially violent situations (p.

97). Reeser and Wertkin found that only 12% of all programs had a formal written policy on student safety (p. 100). Under half, 41% reported having some form of informal safety policy (p. 101). Why don't schools have a safety curriculum for students? Research from two decades ago recognized the need for some type of safety curriculum. Reeser and Wertkin found in their survey that a few schools reported having no intention of creating school policy because they believed it was the field practicum site's responsibility (p. 101).

Reeser and Wertkin (2001) found that approximately 38% of all programs provide students with some form of safety training. A little over half, 56% of MSW only schools offered some form of training as opposed to only one-third of BSW only programs (p. 103). What is important about this is that mental health professionals, whether their focus is on counseling, marriage and family therapy or social work are all doing the same work. The trend in California is to provide services in the homes and communities in which the clients live. Yet, students are graduating with little to no preparation as to what they will face in the field. Children's social workers in Los Angeles County must have a bachelor's degree, and they can also be hired as a Children's Social Worker Trainee with a degree in another field. This group of individuals may be at an even higher risk of danger because they may not have gotten even a minimal amount of training about safe conduct for home visits, or how to de-escalate angry clients, or handle potentially dangerous clients.

Reeser and Wertkin (2001) found that "50% of safety training programs are integrated into existing social work courses. Another 17% offer it as a special seminar or workshop and the remainder offer some combination of the two" (p. 104).

The areas covered in the safety training were, awareness of danger, assessing situations for danger, de-escalating of potentially threatening situations, and self-defense skills. Only one-third of the universities (37%) considered their training adequate (p. 104). Resser and Wertin found that 86% of the participants believed there was a need for more attention to student safety in field work (p. 105).

Spencer and Munch (2003) found in their literature review of client violence towards social workers that academic curricula varied in training. The training social workers received was not generally for their own personal safety but that of the clients. For example, they found that one school's manual mentioned safety in a policy titled "Student Insurance and Safety Preparation," (p. 536) which required students to be trained in "infection control procedures" (p. 536). Another example they found was a chapter in a new field work manual by Rothman (2000) titled "Personal Safety and Security" (p. 536) that had nothing to do with the social worker's safety but "cautioned workers on client safety and protection such as how to assess the safety of suicidal clients" (p. 536).

Spencer and Munch (2003) found that many schools leave the training up to the field placement agencies where it is unknown if they offer safety training. Given that the literature review found that social worker safety has not been a top priority in academic programs, and some suggested that social workers are socialized in professional settings and in academic programs not to report incidents of assaults and violence towards them, (Faria & Kendra, 2007; Fox & Harmon, 2008; Lyter & Abbot, 2007; Norris, 1990,) it is

doubtful that there is any type of consistency in training at the field placement level either.

In a related study, Gately (2005) used an internet-based survey to gather data regarding clinical psychology students training in the management of potentially violent clients and their actual exposure of violence and their confidence level in working with this population (p. 4). There were 202 participants that completed the survey. Gately found that little had changed in the training practices over the past 10 years. Students reported feeling unprepared and concerned about dealing with potentially angry clients. Gately found that the participants rated their training as less than adequate on every topic presented which included: "overall perception, assessing for violence, prevention strategies, workplace safety, the phases of a violent episode, intervention strategies, verbal strategies, and defense or restraint technique" (p. 7).

The student participants in the Gately (2005) study rated their training as "*virtually none and poor"* (p. 7). Further, of these 202 graduate-students, 10% reported that they had been the victims of client violence, 26% reported that they had witnessed client violence, and 26% reported that the client had verbally assaulted them (p. 5). A limitation in this study was that it was exploratory in nature as this student population (clinical and counseling graduate students) had not been previously studied. This study is relevant to the current research as graduate students holding a master's degree in clinical psychology or counseling psychology are routinely hired by DCFS and perform the same duties as graduate students holding a master's degree in social work.

Spencer and Munch (2003) suggested that cellular phones with GPS tracking should be the "norm for every outreach worker" (p. 541). In Los Angeles County, as of February 2013, this was still not the norm. Some states have adopted this safety feature for their field social workers. Wielding (2007) reported that in response to a couple of murders of social workers in 2006, Mississippi, Alabama and Kentucky provided their field workers with cellular phones equipped with GPS built in as well as a panic button for frontline child welfare workers (p. 40). Wielding interviewed Newhill for this article and quoted Ms. Newhill as stating she believes the phones are a good idea but "cautioned against using the phones as a Band-Aid for the larger issue at hand: the lack of appropriate social worker training" (Newhill as cited in Wielding, 2007, p. 42).

Forrester, Kershaw, Moss, and Hughes (2008) conducted a study where they created a "simulated client" and had frontline social workers interview the simulated client in order to assess how effective their communication skills were. They found that not many of the social workers possessed effective communication skills. They suggested that workers who have the ability to raise concerns about child safety but are not able to engage the parents in the process may actually produce harmful effects for the families (p. 49). Forrester et al. also suggested that investigators who do not possess empathy in their interviewing and fact gathering process encounter more resistance from the parents which turns the investigation into a confrontational encounter (p. 49). In light of these findings, which could not be generalized to the whole population of frontline investigators due to the small sample size (22 social workers interviewed), it may be necessary to include training in MSW programs regarding communication skills that

include empathy, genuineness and how to use reflective communication as a means to reduce resistance, control escalating situations and encourage family participation. This may reduce the risk of danger to the child welfare investigator and make the process of the investigation safer for the frontline social worker.

Respass and Payne (2008) stressed the importance of home visit safety training. Data on assault injuries was solicited for five occupations between the years of 1995 and 2002. These occupations included the following: social workers, nursing home workers, home health care workers, hospital workers, and those working in doctor's offices, and all workers. Respass and Payne found that most schools relied on field sites to teach safety (p. 146). Respass and Payne suggested the following elements should be incorporated into academic and agency ongoing training programs. The agency should have a safety manual that sets the standards for safe conduct such as notifying the social worker when they have been assigned a case where the client has a prior history of violence or may be dangerous due to high-risk factors such as substance abuse, domestic violence or mental illness (p. 140). Secondly, the social worker should receive training on their "right to self-defense" (p. 141). Just because social workers want to help people, they do not give up their right to press charges against anyone who assaults them. Third, Respass and Payne recommend that the agency establish a "buddy system" (p. 141) when workers are required to go into high-risk situations, or high crime areas. They advise training for social workers working with cases involving domestic violence (p. 141). Finally, Respass and Payne recommend the establishment of a safety committee at the agency (p. 141). In essence this would help create a culture of safety within the agency as

workers would know that it is okay to discuss situations regarding safety concerns and get help in the form of debriefing, and coworker and management support.

Criss, (2010) conducted a study of a national sample of 595 randomly selected MSW and BSW social work students from the membership in NASW. Criss found only one qualitative study that addressed the issue of client violence toward social workers beginning their field placements. Criss found that students beginning their fieldwork had a prevalence rate of 41.7% for direct client violence and 60.2% for indirect client violence during their practicum (p. 382). Even with these rates of violence, Criss found that the students had a high level of commitment to the field, mainly because it [cost of education] was too costly to quit (p. 382). In discussing the implications for education, Criss stressed the importance of social work schools making their safety policies known to the students (p. 385). Criss found in her research that debriefing helps to lessen the effects of critical incident stress. Giving social workers a chance to discuss client violence and address how to handle potential violent situations helps to reduce fears and increases the students' feelings of preparedness to deal with "breaches of their safety" (p. 385).

Hochstadt (2006) provided information on child death review teams and their purpose in relation to child protection. The purpose of the death review board is to prevent future deaths and improve systems that provide services to children (p. 663). Hochstadt reported that some review boards allow trainees such as medical residents, psychology interns, and social work students to attend the team meetings as part of their training (p. 661). This is currently not part of the core training in Los Angeles County.

Hochstadt reported that a "significant number of child fatalities occur among children known to the child protection system" (p. 656). Hochstadt found that in Illinois, "more than one-third of the 646 children reported as dying from maltreatment had prior substantiated reports of abuse or neglect" (p. 656). Hochstadt believes this number may be larger as this number does not "include children who died of abuse but whose prior reports were unfounded" (p. 656). The literature review found that child fatalities are critical incidents (Regehr et al., 2004). In light of this finding, since child fatalities are so traumatic to child protection workers, and one can never be prepared for such an occurrence, as part of new child protection worker's training they should be required to attend a child death review board.

Macdonald and Sirotich (2001) discussed the importance of the issue of client violence appearing in the "professional education curricula and agency training programs" (p. 113). Macdonald and Sirotich stated that students and practitioners need to learn the skills to predict and de-escalate client violence. As part of the "professional socialization" (p. 113) students and practitioners need to be made aware of the importance of reporting client violence. It is their "moral obligation" (p. 113) to report violence. Underreporting of client violence makes it difficult to assess the true impact it has on the social work profession (p. 113). Macdonald and Sirotich suggested it would be difficult for agencies to develop effective staff safety plans without accurate data (p. 113).

Coutois and Gold (2009), Jankowski (2010) and Pence (2011) all stressed the importance of developing a "trauma-informed" child welfare workforce. Coutois and

Gold suggested that trauma training needs to be included in the psychology curriculum, "starting at the undergraduate level" (Call to Action: A Proposal for What's Needed section, para. 1). Coutois and Gold suggest that this training is needed because the literature has shown that professionals who work with traumatized clients are at risk for developing trauma symptoms themselves. Therefore, "professional training needs to include the development of finely tuned self-care and coping abilities to recognize and ameliorate the stressful impact of responding to this population" (Some Core Training Principles section, para. 1).

Jankoski (2010) stated that everyone affiliated with the child welfare system needs to increase their knowledge about the job child welfare workers do. Jankowski called for "child welfare competency-based training program to include training on VT [vicarious traumatization] and ways to ameliorate its effects" (p. 116). Pence (2011) reported that since 2005,

> Social work publications have focused on systemic and practice changes within CW which seek to identify and reduce trauma to children and families experiencing child maltreatment or other distressing events, as well as to the agency personnel working with these clients. (p. 49)

Pence (2011) acknowledged that little research has been conducted regarding the "initial investigative response and its role in controlling for system induced trauma to the child, family, and caseworker" (p. 49). Pence suggested that social workers conducting the initial investigations need to be taught how to conduct the interviews with children and families to "minimize system induced trauma while avoiding triggering memories

and reactions associated with past trauma" (p. 52). Pence agreed with Jankowski (2010) and others who believe that "STS and its effects on investigative caseworkers [frontline child welfare workers] is an important component of child abuse investigation training" (p. 53).

Ferguson (2005) conducted a critical analysis of the death of a child, Climbie, in England in February 2000. Ferguson attempted to explain the unexplainable by evaluating the case through a psycho-social lens. Ferguson suggested that the "deaths of children in child protection cases have hung like a dark shadow over the professions who work with child abuse and especially social work" (p. 781) for three decades. Welfare states' answer to these tragic events has been a "rational-bureaucratic one of developing the law, procedures and performance management. In the process, attention to the psychological and emotional aspects of doing social work and child protection has been largely ignored and squeezed out" (p. 781).

In relation to the evaluation of the Climbie case, Ferguson (2005) spoke to the nature of the business of child protection as being one in which the "front-line workers got little support or quality supervision and were uncertain about their role in child protection" (p. 783). Ferguson stated that the "sheer scale of resistance and hostility that professionals have to bear in child protection and its implications demands further recognition" (P. 785). Ferguson sought deeper understanding of the client-professional relationship in child care services and found "high levels of resistance, intimidation and violence against social workers" (p. 785). Social workers defined the parents or caregivers as "involuntary clients" (p. 785) in 34% of their cases (p. 785). This means,

the social workers were working with parents or caregivers who did not want the services.

The essence of Ferguson (2005) finding was that the system of child protection is flawed. Performance management does not allow workers to do social work (p. 791). The social workers are working as fast as they can, but there "was a complete lack of attention to the process and feelings, no space for reflection, for slowing things down, as the social work office itself was not a safe or nurturing space" (p. 791). Implications for training according to Ferguson (2005), is that the training fails to accurately portray the "complexity of service users and the reality of involuntary clients as they are experienced in practice" (p. 793). Ferguson suggested that Rogerian style communication skills do not always work with involuntary clients which leave social workers without a strategy to do the work (p. 793). Ferguson suggested that "much more openness is required about the authoritative role and full acknowledgement of the *conflict* at the heart of such relationships" (p. 793). Ferguson suggested that social workers should be trained as "*conflict managers"* (p. 793) with clear guidelines on what is negotiable and what is not negotiable.

In a related study, Zell (2006) came up with similar suggestions for training child welfare caseworkers. After conducting research on what child welfare workers think about the child welfare systems in New York and Chicago, Zell suggested that caseworkers "may benefit from training and skill acquisition to build connections and relationships with other child welfare organizations, court personnel, and service providers to approach cases from a comprehensive, multidisciplinary perspective" (p.

99). Zell observed that "skills in negotiation and mediation are a low priority in training" (p. 99); therefore, Zell recommended that child welfare workers need to receive training in how to "mediate and skillfully intervene with various systems, as well as negotiate successful outcomes for their cases" (p. 99).

Siebert et al., (2007) suggested that social work training should include a distinction between "empathic concern and emotional contagion" (p. 55). Siebert et al. stated that social workers who are more vulnerable need to understand the difference between empathic concern and "actually feeling the negative emotions of their clients" (p. 55). Siebert et al. suggested that emotional contagion can cause depression, burnout, and professional impairment for the social worker (p. 55).

A growing number of researchers recommend that social workers receive specialized training in working with cases where there is domestic violence. Jones (2007) suggested that workers need to be trained in interventions to keep the victim safe (p. 14). This creates one of the role conflicts discussed earlier in this dissertation. The primary function of CPS workers is to ensure the safety of children. When working with children and victims of domestic violence, Jones suggested that "training of CPS workers should encourage a dual focus on both the mother and the child's safety" (p. 16). Button and Payne (2009) suggested that child protection workers need training in domestic violence because working with domestic violence cases can be dangerous. They also suggested a web based curriculum since time and distance are often cited as barriers to getting more training (p. 368). Selleck (2010) also recommends extra training in this area.

Ringstadt (2009) found that CPS staff should receive training about violence, and violence prevention (p. 140). Ringstadt suggested that "knowing the nature of the CPS workplace, agency administrators and policymakers need to consider ways to support workers to *prevent* hostility, aggression, and violence rather than merely react after an incident comes to light" (p. 140).

Kim (2010) found in her study that "public child welfare workers had the highest mean level of unmet expectations due to significantly greater role conflicts" (p. 365). Kim suggested that the inclusion of a Realistic Job Preview (RJPs) for public child welfare workers in their training programs may reduce attrition. RJPs are designed to give the prospective employee a balanced picture of what the job entails. It is hoped that the use of RJPs will present a more accurate picture of the job of child welfare workers so they will not leave due to unmet expectations (p. 359).

Theoretical Orientation

This study examined the lived experiences of a homogeneous group of frontline child welfare workers. Symbolic interactionism theory provided a conceptual framework that fit nicely with descriptive phenomenology tradition of obtaining rich, thick data. It was not the intent of this study to view the data exclusively through the lens of symbolic interactionism, but to borrow from the concepts where it made sense in the analysis of the data. Symbolic interactionism recognizes that social interaction "is the process that *forms* human conduct instead of being merely a means or a setting for the expression or release of human conduct" (Blumer, 1969, p. 8).

Blumer (1969) stated that he relied mainly on the thoughts of Mead in his formulation of the symbolic interactionism approach (p. 1). Blumer explained that his position was to "develop my own version, dealing explicitly with many crucial matters that were only implicit in the thought of Mead and others, and covering critical topics with which they were not concerned" (p. 1). Blumer contends that the development of the use of symbolic interactionism as a methodological position in empirical science was entirely his own (p. 2). Blumer suggested that symbolic interactionism rests on three main premises:

1. The first premise is that human beings act toward things on the basis of the meanings that the things have for them. These things include everything that the human encounters in the world in his daily life.
2. The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows.
3. The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters. (p. 2)

Blumer (1969) further distinguished his position on symbolic interactionism from beliefs held by psychologists and sociologists by suggesting they leave out the interaction process as the place where meaning takes place. Blumer asserted that psychologists explain human behavior by observing such factors as stimuli, attitudes, conscious or unconscious motives, and other psychological input such as perception and cognition (p. 3). Sociologists rely on factors such as social position, status demands, social roles,

cultural prescriptions, norms, and values, social pressures, and group affiliation to provide explanations regarding human conduct (p. 3). Blumer suggests that both explanations "bypass or swallow up" (p. 3) the factors used to account for human behavior. The position of symbolic interactionism is that "meanings that things have for human beings are central in their own right" (p. 3). Symbolic interactionism views meaning as "arising in the process of interaction between people…as social products, as creations that are formed in and through the defining activities of people as they interact" (p. 5).

Blumer (1969) suggested that the task of scientific study is to:

> Lift the veils that cover the area of group life that one proposes to study. The veils are not lifted by substituting, in whatever degree, preformed images for firsthand knowledge. The veils are lifted by getting close to the area and by digging deep into it through careful study. (p. 39)

A search of the literature showed that a number of researchers have used symbolic interactionism as a theoretical foundation for their studies. Following are examples of a couple of such studies. Sayman (2010) conducted a qualitative study using this perspective to seek understanding of why the nursing profession does not attract many male nurses. In this case, the researcher approached the study based on the assumption that people create shared meanings through their interactions and those meanings become their realities (p. 62). Sayman found that the public and media images of nurses were what prevented most men from choosing nursing as a profession. Sayman found that

nursing was a female dominated profession, and a major theme that arose from this study was identity and how men see the profession was an obstacle to entry.

In a related study, Wilkinson (2003) found symbolic interactionism a useful lens in which to view and understand gun violence among inner-city African American and Latino youth. Wilkinson used a qualitative approach to her study that allowed convicted youth to tell their stories. The Wilkinson study was the inspiration for this research as one of the safety risks social workers and therapist face today is gang activity and youth violence. Wilkinson suggested that to understand the dynamic of youth and gun violence, an event-based study was necessary to analyze the interactions between young males and firearms (p. 11). Wilkinson acknowledged the individual attributes that brought the people to the situations in which they described, but recognized that these situations involved other processes that shaped the outcomes (p. 11). One of the key components of symbolic interactionism is the social process. Wilkinson sought to identify the motivational and situational factors that produced violent encounters amongst the youth in her study (p. 11). Within that culture, she found there were rules that governed how disputes were settled, as well as where firearms were used or not used and explained the broader significance of firearms in adolescent culture. Her research examined both the symbolic and the instrumental meanings of firearms in the lives of young males (p. 11).

Similarly, Khromina (2007) used symbolic interactionism as one of six sociological theories to examine the phenomenon of juvenile delinquency and violence. She found that symbolic interactionism was a useful framework in which to view and try to understand the culture in which youth in underprivileged environments commit crime.

Khromina viewed symbolic interactionism as a "social-psychological perspective" (p. 96) because it deals with a person's "internal thoughts and feelings in the context of his or her interactions with other" (p. 97). Khromina suggested that youths form opinions about their own behavior based on what they observe and experience in their environments. If they observe criminal activity, drug use, and gang activity in their neighborhoods, and they develop relationships with these individuals, then they may also get involved as they look to these relationships to guide their behavior (p. 97).

Finally, Figueroa (2008) found that symbolic interaction family theory was a helpful framework to educate nurses to encourage spiritual expressions and promote coping in African American families dealing with stress due to alcohol and substance abuse.

Urdang (2010) stressed the importance of social workers developing a professional "self" as the business of helping others is a social process. Urdang suggested that self-reflection is the tool that develops the professional self. This is important because social work deals almost entirely with interactions between clinicians and clients (p. 532). This research also addressed issues of power, setting limits, control and processing the interactions.

Based on the literature review, symbolic interactionism was thought to be a useful conceptual framework in which to explain some of the themes and categories that emerged during the in-depth interviews. Norris (1990) suggested that "theories which look at the interaction between the people involved in a violent occurrence may prove particularly useful to social work…such theories try to make sense of what happens when

violence is underway" (p. 29). Ringstad (2009) also suggested a need for further research around client violence towards social workers that would "include information regarding the circumstances of the violent interaction rather than just merely reporting the experience" (p. 142). Stanley (2010) suggested that much more needs to be learned about how children's social workers experience their work. Khromina (2007) suggests that symbolic interaction theory is often used in the study of criminology as a means of explaining why individuals commit crime (p. 97). Similar to earlier researchers, I found symbolic interactionism theory to be a useful conceptual foundation in which to help explain some of the themes that emerged in this study.

Summary

The research suggested that the work of social workers can be dangerous (Norris, 1990; Newhill, 1995; Newhill, 1996; SEIU Local 721, 2009), and many public children's social workers are ill prepared for what they may encounter when they take the job (Zell, 2006; SEIU Local 721, 2009). The literature review revealed that the incidence of assaults and threats towards social workers are high, ranging from approximately 30% to 75% during the worker's career. The literature review also found that the environments in which social workers work poses additional risks such as exposure to clients with severe mental illness, substance abuse, weapons, dangerous neighborhoods, and domestic violence. The literature review revealed that many researchers believe that safety training and basic skills training is inadequate and that public child welfare workers need specialized training in the following areas: understanding violence, violence prevention, communication skills such as those taught by Rogers and used by therapist in Humanistic

therapy sessions (empathy, reflection, active listening, and non-judgmental unconditional positive regard), negotiation skills, de-escalation skills, specialized training in working with cases that have domestic violence, self-defense techniques, and overall safety training. The literature review revealed that social workers professional socialization needs to change so that new social workers know to report any incident of violence towards them. The literature suggested that agencies need to adopt a "culture of safety" and make sure that all staff are aware of their rights and know that they will not be criticized or ridiculed if they speak of their fears and anxieties about working with some of the families they will encounter. Finally, the research indicated that stories of frontline child welfare workers in Los Angeles County have not been told. This study used the critical incident technique (Flanagan, 1954) to elicit thick descriptions of the lived experiences of participants in order to help fill this gap. The CIT technique was successfully used by Savaya et al. (2011) to elicit stories from students in Israel that were meaningful to the student practitioner. This study was patterned after the Savaya et al. study.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological qualitative study was to add to the body of knowledge by examining the lived experiences of a homogeneous group of frontline child welfare workers in Los Angeles County, CA. A review of the literature revealed that social work is a hazardous occupation. Some of the issues identified in the literature that social workers face are: client violence, increased risk of violence because of the perception that social workers control resources and determine who receives services and who does not, under reporting of assaults and threats of violence, high turnover of employees, exposure to continuous trauma and critical incidents which puts them at risk for primary and secondary psychological distress, fear of being assaulted, and lack of safety training of students in their academic programs and work settings.

This study built on the current body of research in two ways. The first was to provide an analysis of the lived experiences of frontline child welfare workers using the critical incident technique to obtain rich stories from participants. I borrowed from symbolic interactionism theory as a means of explaining categories of interaction and themes that emerged in the study where it made sense. Second, this qualitative study added narrative data to the present body of research regarding the circumstances around threats to safety of the workers who had experienced them and provided information about how the workers made meaning of these events.

There was a knowledge gap in the literature regarding these details (Ferguson, 2005; Ringstad, 2009; Stanley, 2010), and this research helped fill that gap. The stories

told by participants in this study may be used by students, as well as educators and other professionals and researchers to prevent future critical incidents. The stories may prepare professionals for the eventuality of an event so that they are prepared to handle them effectively and professionally.

Research Design and Rationale

Research Design

This study was conducted using in-depth interviews with participants based on the Critical Incident Technique (CIT) developed by Flanagan (1954) and descriptive phenomenology which allowed me to listen to the lived experiences shared by participants (Kleiman, 2004, p. 8). Patton (2002) suggested that the tradition of phenomenology allows researchers to capture the stories of how a group of people experience a phenomenon and how they make meaning of their experiences. The data are collected through in-depth interviews with people who have directly experienced the phenomenon of interest (p. 104).

Given this definition of the tradition of phenomenology, I used the structure of CIT to interview the participants about their lived experiences giving careful attention to how they thought, felt, and judged their lived experiences – in essence how they made meaning of their experiences. Flanagan (1954) described CIT as a flexible research tool that outlines a set of procedures for collecting data, called critical incidents that have special significance and meet specifically defined criteria (p. 327). The definition of an incident is any observable activity performed by a human that allows those watching to make inferences and predictions about the person performing the activity (p. 327). In

order for the activity to be critical there should be no doubt in the minds of the observer what the purpose and intent of the activity is and what effects the consequences will have (p. 372).

After I obtained the data, they were analyzed for themes and categories and divided into five distinct meaningful themes that were critical to the phenomenon under study. (Kleiman, 2004, p. 8). In the final step, I discussed the most important aspects of the phenomenon and the meanings and connections they had for the participants (Kleiman, 2004, p. 8).

Research Questions

1. How do frontline child welfare workers make meaning of their experiences in the course of their jobs?
2. Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced?
3. During critical incidents, what safety issues do workers encounter?
4. What level and type of training have workers received in their education as child welfare workers to manage safety issues?

Central Concepts of the Phenomenon of the Study

I examined the phenomenon of the lived experiences of a homogeneous group of frontline child welfare workers employed by the Department of Children and Family Services in Los Angeles County. The experiences these workers encounter, the preparation they received in academic programs for the job, and the conditions under which they work is the phenomenon of interest for this study. One of the central concepts

for this research was how the participants made meaning of the events they encountered on the job. An assumption, based on the literature review, was that the frontline child welfare workers in this study would have experienced some frightening situations that included acts of violence towards them. CIT (Flanagan, 1954) was used to obtain rich stories from frontline child welfare workers that were meaningful to them in some way.

A second central concept for this study was to the help fill a gap in the literature regarding the antecedents to the acts of violence. I asked for details regarding the circumstances around the critical incidents reported by participants.

A third concept was to learn about any safety training the participants received while in school, or onsite training and whether they felt the training they received prepared them for the job. If so, what part was helpful? If not, what did they feel they needed in order to feel more safe and prepared for the work of public child welfare workers?

Research Tradition

Creswell (2003), and Brikci and Green (2007) suggested that a qualitative study is appropriate when the questions that are of interest begin with what, how and why. Patton (2002) added more clarification for the research tradition of phenomenological qualitative research. Patton suggested that when the foundational question is about finding the meaning, structure and essence of the lived experiences of a group of people experiencing the same phenomenon (p. 104), a phenomenological study is used. These types of research questions require narrative data rather than numerical data. Much of the current research is of a quantitative nature which provides good statistical data obtained from

surveys and questionnaires. The existing data suggest that social workers encounter dangerous situations in the line of duty and that between 30%-75% of social workers reported having been a victim of client violence during their career. Kleiman (2004) suggested that a descriptive phenomenology study is a good design when the researcher is interested in "discovering meanings of phenomena from lived experiences rather than universal principles" (p. 9).

Tradition of Phenomenology and Critical Incident Technique

Phenomenology is one of many focuses a qualitative study may utilize. Patton (2002) suggested that the phenomenon under study can range from a study related to emotions, to relationships, to jobs to even an organization or a culture (p. 105). This qualitative method is a flexible framework in which to approach a study interested in the lived experiences of a group of people who share the same criterion for entry into the study. The same is true for the CIT (Flanagan, 1954). Flanagan stated that CIT provides procedures for the researcher to follow to collect data through direct observation of human behavior that may be used to help solve problems or develop psychological principles (p. 327). Flanagan further stated that CIT in the current form is very flexible allowing a researcher to adapt it or modify it in order to collect the important facts for the situation under study (p. 335).

CIT outlines five general procedures that provide structure for a researcher in collecting data. Briefly, these procedures are as follows:

1. General Aim. The general aim of an activity should be a brief statement obtained from the authorities in the field which expresses in simple terms those objectives to which most people would agree. (p. 337)
2. Plans and Specifications: At this step, a researcher gives the participants the same precise instructions and obtain records of "critical incidents" (p. 338) observed by the reporting participants.
3. Collecting the Data: At this stage a researcher's observations need to be evaluated, classified, and recorded while the behaviors are still fresh in the mind. (p. 339)
4. Analyzing the Data: At this stage, the aim is to increase the usefulness of the data while sacrificing as little as possible of their comprehensiveness, specificity, and validity. (p. 344)
5. Interpreting and Reporting: At this stage, a researcher is cautioned to be careful about generalizing the data. Researcher must look at limitations and keep in mind the aim or objective of the study. (p. 345)

Given the flexibility of phenomenology and CIT, it is not surprising that a number of researchers have used this combination of methodology and technique to conduct research. Following are several examples of studies where phenomenology and CIT were used successfully. Marsham (2011) conducted a qualitative study using descriptive phenomenological methodology and critical incident technique to explore the therapeutic role from the perspective of nurses who work with adults with learning disabilities (p. 40). Dharamsi et al. (2010) conducted a qualitative study in Canada using a

phenomenological approach and critical incident technique to analyze the detailed descriptions of three medical student's experiences with the health care advocacy role. Dowding, Ash, and Shakespeare-Finch (2011) conducted a study in Australia to explore new graduate dietitians' experiences with working with clients with mental health issues. Dowding et al. used phenomenology and a 30 minute critical incident interview to gather data. Sverker, Ostlund, Hallert, and Hensing (2009) used the structure of critical incident technique to interview and capture the lived experiences (dilemmas and consequences) of adult male and female patients diagnosed with coeliac disease. Muenchberger, Kendall, and Neal (2008) conducted a phenomenological qualitative study using the critical incident technique to examine the lived experiences and identity changes in individuals following a traumatic brain injury.

This is just a few examples of those available in the literature. What all of these examples demonstrate is that each of these researchers were interested in the lived experiences of a given group of individuals. They were able to gather thick descriptions of the experiences of their participants using a phenomenological methodology combined with CIT. CIT provided a framework for exploring the experiences of the participants in each study. CIT was used in the current study to provide a framework for exploring the experiences of frontline social workers.

Role of the Researcher

I have experience as a frontline child welfare worker. I was employed by DCFS from January 2011 until February 2013 and worked in the Lancaster office of DCFS. I know many of the other frontline child welfare workers in the Lancaster office but did

not cultivate personal relationships with coworkers outside of the work environment. I approached this research as an outside observer. Scott and Garner (2013) provided useful suggestions for a researcher to follow to limit personal bias. I followed their advice.

The first suggestion was not to ask leading questions or push/pull questions that force the participant's response in a direction of the researcher's bias (p. 69). Secondly, Scott and Garner suggested that a researcher must be transparent at every step of the study. A researcher must make sure the information is recorded accurately. A researcher must be prepared to "encounter results that may diverge from their initial hypotheses" (p. 69). Scott and Garner suggested that the more transparent a researcher is regarding her inner workings of the project, her core assumptions about the world and the moral-ethical values from which the study took root, the stronger the study will be. The third suggestion was for a researcher to look for "falsifiability" (p. 69). This means that a researcher should be open to and looking for "plausible alternative explanations" (p. 69). A researcher must be able to explain the choices made in "recording and interpreting observations" (p. 69). Scott and Garner suggested that a researcher should try to think about how someone with different beliefs and values regarding the subject matter might interpret the same findings. By doing this, a researcher attempts to keep her own beliefs and values in check.

The participant pool for this study were adults. I knew all of the participants who agreed to participate in the study; however the interviews were conducted in a professional manner and the same questions were asked of all participants even though I

had prior acquaintance. I did not conduct the in-depth interviews on Los Angeles County property.

Methodology

Participants

I used a voluntary sample of public child welfare social workers employed by the Department of Children and Family Services in Los Angeles County, CA. I used a purposive criterion sample. The participants were chosen because they were most likely to be able to provide useful data for the study. This study was about the lived experiences of frontline child welfare workers; therefore, to meet entry criteria for the study, the participants had to be currently employed by DCFS as an emergency response worker (frontline child welfare worker). An eligible participant had to be a full time employee and be on rotation to receive new referrals from the Child Protection Hotline. For the purpose of this study, there was no restriction on age, years of employment or gender of the participants. These demographics were gathered, but were not a criterion for entry.

Recruitment Procedures

Participants were recruited completely independent of DCFS. I did not conduct interviews on DCFS property. I used my own contact information to place a telephone call to frontline child welfare workers inviting them to participate in the study. Phone calls were made by me. Had I experienced a difficult time recruiting, I would have used a snowball sampling technique to solicit the help of participants who had already volunteered to participate.

If more than 10 participants had volunteered to participate, I would have had a primary pool of the first 10 to volunteer, and an additional pool of volunteers on which to draw should a participant drop out of the study, or interview more if more participants were needed for saturation.

Sample Size

Ten frontline child welfare workers from the Antelope Valley, Lancaster office were interviewed. Brikci and Green (2007) suggested that the sample sizes for qualitative studies are generally small. Brikci and Green recommended a total of 15 participants. The number of participants is based on the purpose of the study and a researcher should continue to interview until nothing new comes from the data (p. 9). When no new data are collected from the interviews, a researcher will have reached a point of saturation. Saturation was obtained with 10 participants in the current study.

I began the research by inviting participants to engage in individual interviews with me. I did not have a difficult time obtaining enough participants but had a backup plan if that had been a problem. Once I obtained the name of a potential participant from their voluntary returned call to me, personal identifying information was obtained so that I could contact the participants through their personal private e-mails and telephones for all future contact for the duration of the study. This was in keeping with the ethical consideration of respecting the employer's property and the time of the staff. All interviews were conducted on non-work hours.

Data Collection Procedures

All in-depth interviews were personally audio taped and all participants were given a choice of where the interview would take place. My home is in the area where the research took place and offered the participants privacy and confidentiality. If the participant felt more comfortable having the interview at their home, I consented to that as long as there would be privacy and no interruptions during the time of the scheduled interview. I used a tablet to record face to face observations after the interview in order to maintain eye contact and avoid guiding the interviewee into my perceptions. These data were transferred to the main data collection system as soon as practicable. The in-depth interviews lasted from 45 to 60 minutes. I attempted to interview two to three participants per week until saturation had been achieved. Follow up clarification was conducted as needed. I contacted the participant and arrange for a follow up phone conversation where clarification was needed regarding statements made in the initial interview.

Ethical Procedures

A signed consent form was obtained from each participant before beginning the tape recorded interview. Volunteers were asked to participate in the in-depth interviews from a pool of frontline child welfare workers in the Lancaster office. In order to insure that the research reflects a high standard of rigor that reflects what I set out to answer, all documents used to collect data will be safe guarded and maintained for five years after the conclusion of the study.

Instruments of Data Collection

A topic guide was used to keep the interview on target. Four main topics were included on the topic guide along with probing questions to obtain more detail if

necessary. The topic guide included instructions for the participant. The tradition of a descriptive phenomenological study required that I listen attentively to the lived experiences of the participants. The topic guide included questions related to the phenomenon of interest. See Appendix A for this document. Following are the research questions and a list of interview questions that were related to each research question:

Research question 1: How do frontline child welfare workers make meaning of their experiences in the course of their jobs?

Interview questions:

1. Tell me what it is like being a frontline child welfare worker these days.
2. What is it about your work that is important and meaningful to you?
3. What about your work is the most unsatisfying?
4. What do you do to build your self-esteem?
5. How do you cope?

Research question 2: Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced?

Interview questions:

1. What critical incidents have you experienced as a frontline worker?
2. Describe the incident(s).
3. How did you manage the incident(s)?

Research question 3: During critical incidents, what safety issues do workers encounter?

Interview questions:

1. During critical incidents, what safety issues have you encountered?

2. Describe the issues.

3. How were you affected personally?

4. How did you manage it?

Research question 4: What level and type of training have workers received in their education as child welfare workers to manage safety issues?

Interview questions:

1. What safety training topics were covered in your academic program?
2. What type of safety training have you received since you became a frontline children's social worker with DCFS?
3. What are the policies and procedures you have been instructed to follow should you become a victim of physical or psychological assaults or threats?
4. Assess your level of confidence in managing safety issues.

Computer software NVivo10 was used to assist in the organization and analysis of the data. The software assisted me in coding the data and looking for themes as they developed. All data were stored on a personal computer at my home that is locked by personal private password. No participants had access to any data other than that provided by them.

Data Analysis and Coding

Moustakas (as cited in Creswell, 2003) stated "Phenomenological research uses the analysis of significant statements, the generation of meaning units, and the development of an "essence" description" (p. 191). In light of this recommended focus, I

did adhere to the six steps suggested by Creswell for analyzing and coding qualitative data. The steps are as follows:

1. The first step involved organizing the data for analysis. I transcribed all interviews. Each participant was e-mailed a copy of their interview for verification and corrections if needed. I typed up all field notes of observations noted during the interviews.
2. Step two involves reading through the data with the aim of getting a general sense of the information. I reflected on the overall meaning of the information. I jotted down notes regarding general impressions and thoughts at this stage of analysis.
3. In step three I reviewed the data again looking for significant statements. The statements (data) were organized into themes. The themes were coded with a term based on the exact wording of the participants. When each theme was found and data related to each theme was compiled in one place, then I conducted a preliminary analysis of the data.
4. In step four I used the coding process to generate a description of each participant's experiences. The themes that emerged from the study were the major findings in the study. These themes were shaped into a general description in keeping with the tradition of phenomenological qualitative research.
5. In step five I used the narrative data to discuss the descriptions and themes that emerged.

6. The final step of the analysis and coding involves making an interpretation of the meaning of the data. This stage describes the lessons learned or the essence of the experiences. Symbolic interactionism theory was used to assist in the analysis and interpretation of the themes where it made sense. Themes from this study were compared to those found in the literature.

Issues of Trustworthiness

Creswell (2003) recommended eight different strategies that may be used to increase the trustworthiness and credibility of a study. Creswell stated there was no need to use all eight strategies and that some are more effective than others (p. 196). I ensured the credibility and trustworthiness of this study by using the following strategies:

- The topic guide used for the semi-structured in-depth interviews is attached as Appendix A to the dissertation. A topic guide was used in order to show that the questions were related to the research questions. The topic guide aided me in keeping the interview on topic. Systematic use of the topic guide, where all participants were asked the same questions ensured that the research stayed focused on the phenomenon of interest. The questions used for the topic guide were preapproved by the dissertation committee. Making this document a part of the dissertation will make it easier for the current study to be reproduced.
- Creswell suggested that one way to insure the accuracy of the findings is to provide a "rich, thick description to convey the findings" (p. 196). Thick descriptions and interpretations were used so that readers would be able to

see exactly how the data were collected and analyzed. Using this strategy will allow the reader to feel a sense of shared experiences with the participants in the study.

- Creswell also suggested that another strategy for increasing the trustworthiness of the study is to spend prolonged time in the field. This allows a researcher to get an in depth understanding of the phenomenon under study and this increases the credibility of the narrative account of the phenomenon (p. 197). As mentioned earlier in this dissertation, I spent two years in the field working as a frontline child welfare worker in the same office as the workers interviewed for this study. During my employment at DCFS, I experienced two critical incidents on open referrals. These experiences gave me first-hand knowledge and understanding of the phenomenon of study.
- Creswell also states that a researcher should clarify any bias that she brings to the study. Self-reflective disclosure creates an open and honest air that will resonate with the readers (p. 196). There is no denying that I was interested in this topic due to my own beliefs, values and life experiences; however, in order to mitigate bias, I conducted the interviews using a topic guide with specific interview questions in order to avoid leading questions and push/pull questions (Scott & Garner, 2013, p. 68-69). Additionally, I was transparent about the findings, using direct quotes from participants to

illustrate the themes and categories that emerged during the analysis of the data.

- Another strategy suggested by Creswell to insure accuracy of the data is to take the themes that the researcher developed back to the participants and have them confirm if they agree with the researcher's findings. I did not take the themes back to the participants to confirm if they agreed with them; however, I did obtain confirmation from each participant that the transcribed interviews were accurate. As direct quotes were recorded into NVivo 10 by research question, the themes became apparent. An alternative solution to establish confirmability is to have a peer review the study and question a researcher regarding the findings. I reviewed the findings with a peer who was familiar with the study and had edited the proposal. The peer questioned me about the themes and how I developed the themes and categories and how the findings related to the body of research. The peer debriefing assisted me in consolidating data and minimizing bias in reporting. The confidentiality of the participants was maintained during this process, as the peer did not know the true identity of any participants.

The following experts in the tradition of qualitative study offered additional guidance. Lincoln and Guba (as cited in D.D. Williams, 1986) suggested that the issue of trustworthiness parallels conventional criteria for ensuring the study is rigorous (p. 15). Qualitative studies do not follow the conventional methods of inquiry by setting up a controlled experiment. Per Lincoln and Guba (as cited in D.D. Williams, 1986) the

conventional scientific method of inquiry includes, "exploring the truth value of the inquiry or evaluation (internal validity), its applicability (external validity) or generalizability, its consistency (reliability or replicability), and its neutrality (objectivity)" (p. 16). When these four values are controlled, it reduces the chances of errors due to confounding variables and bias of the researcher. In naturalistic qualitative studies, rigor is evaluated by trustworthiness and authenticity (p. 16). Lincoln and Guba (as cited in D.D. Williams, 1986) propose that the analogous criteria used in qualitative studies answer the questions of "truth value, applicability, consistency, and neutrality" (p. 18). Lincoln and Guba (as cited in D.D. Williams, 1986) suggest that credibility is an analog to internal validity, transferability is an analog to external validity, dependability is an analog to reliability ,and confirmability is an analog to objectivity (p. 18). Given these analogous definitions to ensure a rigorous study design, I used prolonged engagement, triangulation of data, and peer debriefing to ensure credibility. As stated earlier, I used thick descriptive data so that further researchers may determine for themselves the transferability value of the results.

Trochim (2006) gave helpful ideas for handling dependability and confirmability. Dependability was handled by describing any changes that occurred in the settings while the study is being conducted (p. 33). I also used thick descriptive narrative so that anyone who wants to conduct a similar study can follow what I did. Finally, the issue of confirmability was handled by documenting the process I used to code, check, and recheck the data for the study. I also looked for any other plausible reason the outcome may be explained differently, taking into consideration possible researcher bias (p. 33).

Ethical Procedures

The anticipated ethical consideration involved my desire to do no harm. I was aware that discussing some of the "lived experiences" may cause emotional distress for some participants. To minimize any discomfort I debriefed with each participant following the in-depth interview. Los Angeles County has an employee assistance program where employees suffering job related distress can seek counseling. I planned to recommend that participants seek counseling if they believed they needed counseling beyond the debriefing session. The informed consent included a statement regarding the risks associated with participation in the study. All participants in the study were asked to use an alias or pseudonym in order to protect their identity during the analysis and interpretation phase of the study. This research was not funded by Los Angeles County or any other entity, therefore the data are owned by me.

The participants were not considered a protected population as they were not prisoners, minors, pregnant women or individuals with developmental disabilities. The power differential was handled by making sure the participants understand that their participation in the study was voluntary. Participants were informed that any identifying information would not be made available to anyone not directly involved in the study. The participants were fully informed of the purpose of the study and were given a copy of the transcribed interview for confirmation of accuracy. Participants were informed that they could decline to answer questions and that the interview could be terminated at any time.

No research began until the proposal was approved by the Institutional Review Board (IRB). The IRB approval number is 05-27-14-0049226 with an expiration date of May, 26, 2015.

Summary

This study was conducted using a phenomenological qualitative study design. The rationale for conducting a study of this nature was because the research questions in the study could most accurately be answered using the tradition of a qualitative study. I collected data from a voluntary sample of frontline child welfare workers. The first phase included in-depth interviews with 10 frontline child welfare workers from the Lancaster office of the Department of Children and Family Services in Los Angeles County. The interviews focused on the lived experiences of the workers and explored how they made meaning of the experiences they had encountered. The study was designed to add depth and narrative data to the body of literature regarding the lived experiences of frontline child welfare workers in Los Angeles County, CA.

This study was conducted in a rigorous manner using the concept of trustworthiness to guide the methods of inquiry. The participant pool was chosen from an adult group of individuals who did not fall into one of the protected population categories. All participants were informed of the purpose of the study and were informed of the risks that may occur due to participation. The primary ethical consideration included the risk that participants may feel discomfort due to discussing events that may have happened to them personally or to a coworker. I debriefed with all participants after the in-depth interviews to make sure they were not experiencing unusual emotional

distress due to their participation. I protected the identity of all participants by assigning a pseudonym. Data were protected by storing them on a password protected secure laptop at my home. No one other than those directly involved with the research had access to these data. All audio recordings and transcribed interviews are now locked in a fire proof safe at my home and will be maintained for five years.

Chapter 4: Results

Introduction

This study was conducted to examine the lived experiences of a homogeneous group of frontline child welfare workers employed by the Department of Children and Family Services in Los Angeles County, CA. For 3 decades, researchers have reported that social work is a hazardous profession and that many workers have reported being physically and verbally assaulted or threatened on the job. The purpose of this study was to discover how a small group of frontline workers experience the job these days and how they make meaning of their experiences. This study was focused on the overall feelings the workers had about the job, critical incidents they had encountered, safety issues they had encountered, and academic and academy training they had received that they felt prepared them for the job of frontline child welfare worker. I addressed four main research questions:

1. How do frontline child welfare workers make meaning of their experiences in the course of their jobs?
2. Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced?
3. During critical incidents, what safety issues do workers encounter?
4. What level and type of training have workers received in their education as child welfare workers to manage safety issues?

The data presented in Chapter 4 reflect the shared experiences of 10 frontline child welfare workers who were actively employed by the Department of Children and

Family Services and working in the Lancaster office of Los Angeles County, CA. All interviews were conducted and verified between June, 2014 and July, 2014. The Department of Children and Family Services (DCFS) did not provide permission for this study. The department was contacted; however, they advised they do not grant permission or get involved in research that is not directly related to child safety. Therefore, this study was conducted independent of DCFS as this study was focused on social workers lived experiences rather than the children and families served by DCFS.

Findings will be presented in the following sections. The first section will be the setting. This section will describe a child fatality that received national media and public attention and appeared to have influenced the participants' experiences at the time of this study. This will be followed by a demographics section. Next will be a section describing the process of data collection. Then the process of data analysis will be reported. This will be followed by a section describing evidence of trustworthiness. Next, the results section will be presented by organizing the data by research question and themes that emerged that answered the questions. Finally, a summary of the collective answers to the research questions will be presented.

Setting

On May 24, 2013, child Gabriel Fernandez, age 8 died. The child was tortured and murdered by his mother and her boyfriend (Goldstein, 2013). This child had an open case in the Palmdale office of DCFS which is the sister office to Lancaster and in the same geographic area where this study took place. The regional administrator of the

Lancaster office is also the regional administrator for the Palmdale office. These two offices are located approximately six miles apart.

This case impacted the Lancaster office because workers were fired in the Palmdale office and some quit in Palmdale and Lancaster after this incident occurred. Due to the resulting staffing crisis in the Palmdale office, Lancaster frontline workers were required to help cover the referrals coming in for the Palmdale office territory. This incident also impacted the number of referrals being called to the child protection hotline. Participants in this study reported that this incident was still having a significant impact on their workloads, perceptions of the department and their overall job satisfaction.

Demographics

Characteristics of Participants

Ten frontline child welfare workers voluntarily participated in this study. All participants were allowed to select a unisex pseudonym in order to protect their identities. Two male social workers and eight female social workers were interviewed. The age range of all participants was between 28 and 56 years old. The average age of all participants was 42.9 year old. The range of employment as a frontline child welfare worker was from 3 years to 11 years with an average of 6 years. Table 1 provides demographics of the participant's, including their pseudonym, number of years employed at DCFS, number of year employed as a frontline child welfare worker, and the highest degree obtained by each participant.

Table 1

Demographics of Participants

Participant Pseudonym	Years at DCFS	Years as Frontline Worker	Highest Degree
Angel	9	9	Master's
Chris	9	8	Bachelor's
Kelly	3	3	Master's
Mason	10	5	Master's
Riley	4	4	Master's
Sage	5	5	Master's
Lee	13	8	Master's
Sam	4	4	Master's
Taylor	11	11	Master's
Morgan	3	3	Master's

Process of Data Collection

Type of Data Collected

Following approval of the Institutional Review Board of Walden University, I used personal contact information to call frontline child welfare workers in the Lancaster office to invite them to participate in this study. Recruitment was achieved completely independent of DCFS. At the time of recruitment, there were only about 15 frontline workers in the Lancaster office taking referrals from the child protection hotline. If the worker was not available to answer the telephone call, a message was left briefly advising the worker about the research purpose and inviting participation in a 45 to 65 minute recorded interview regarding their experiences on the job as an emergency response (frontline) worker. At the end of the call my personal contact information was provided with a request for a call back if the worker was interested in participating. Once the frontline worker made contact with me and agreed to participate, all further contact was

made through personal e-mail and personal phone numbers. This process was continued until 10 frontline workers completed the interview.

Location, Frequency, and Duration of Data Collection

I conducted seven interviews at participant's homes and three interviews at my home. All interviews were conducted on the participant's personal time. No interviews were conducted during regular business hours or on Los Angeles County property. Each interview was conducted in private in order to protect the confidentiality of the participant. Each interview lasted between 45 to 60 minutes. Only one face-to-face interview was required from each participant. Data collection occurred during the months of June 2014 and July 2014.

How Data Were Recorded

Before beginning the interview, each participant was given a copy of the informed consent. I read the informed consent aloud as the participant followed along with their copy. Signatures were obtained on both copies of the informed consent. I kept one copy and gave the participant the other copy. Participants were advised that I would be using a topic guide that had been approved by the dissertation committee in order to keep the interview focused on the research questions and timely. Participants were asked if they had any questions before beginning the interview. Once their questions or concerns were addressed, I read the directions from the topic guide to the participant.

The recording device was then turned on and the first interview question was read to the participant. The interview continued until all questions were asked and answered by each participant. Five interviews were recorded using a cassette audio taping device

and five were taped using a digital tape recording device. All recordings were immediate protected so that data would not be accidentally erased or changed in any way. Field notes were entered on the researchers tablet immediately following each interview in order to maintain accuracy of participant's behavior and reaction to the interview process. These notes were e-mailed to my personal email and then transferred to a Word document on my password protected laptop. These notes were then deleted from my tablet.

Data Analysis and Coding

The structure of the CIT (Flanagan, 1954) was used to obtain data from 10 frontline child welfare social workers. The procedures followed for this study consisted of the following steps. The first step was to articulate a general aim of the study. The general aim or objective of this study was to obtain a clear understanding of the critical incidents frontline child welfare workers encounter doing their jobs and how they make meaning of these events. The second step of CIT is to give all participants the same instructions and record the critical incidents reported by the participants. I used a topic guide so that all participants were provided the exact same instructions and asked the exact same questions. In the third step, I recorded observations of participants' behaviors while they were still fresh in my mind. Next, I analyzed the data. I followed the steps suggested by Creswell (2003) to organize and analyze the data. This process was made more efficient with the assistance of computer software program NVivo 10, a program designed to assist researchers with the organization and analysis of qualitative data. The following steps were taken to move inductively from coded data to themes to meaning

laden statements. See Table 2 for an example of how I coded raw data. See Table 3 for an example of how I progressed from raw data, to coding, to themes.

Table 2

Example of Raw Data to Descriptive Coding

Raw Data	Descriptive Code
"there is an increase in referrals because we had um you know a fatality last year in Palmdale and so they ended up Letting a lot of workers go which created more work for us"	WORKLOAD IMPACT OF CHILD FATALITY MANAGEMENT-STAFFING
"Everybody's scared…"	FEAR
"We're getting 535 referrals in a month"	WORKLOAD
"I haven't even had time to sit down and do a detention report because every time I get ready to do one, I get another crazy referral."	WORKLOAD
"If I have a kid die tomorrow, I'm quitting the same day. I'm not going through internal affairs. I'm not letting nobody investigate me because they know that we're struggling."	MANAGEMENT-INTERNAL AFFAIRS
"even with the director coming down; everybody stressed their concerns and he just seemed so, just careless…and you know he doesn't even act like he cares"	PERCEPTION-MANAGEMENT DOES NOT CARE
"Making sure the children are safe first and foremost….my whole thing is if the child is safe, then the contacts are last."	MEANINGFUL
"So you have three days that you're working, two detentions, you have this kid sitting in the office and you can't find placement. It's 1 o'clock at night. Where [do] you have to drive to? All the way to LA to the welcome center."	WORKLOAD-LACK OF RESOURSES, LONG WORK DAYS

Inductive Process of Analysis

Stage 1. I transcribed each interview and e-mailed it to the participants' personal e-mail for confirmation of accuracy and to give the participant an opportunity to make corrections if necessary. Ten participants were interviewed. Ten participants approved the transcribed interviews. Once the interviews were all transcribed and approved they were imported to NVivo 10 and organized under a folder titled interviews. All field notes of observations were also recorded in a word document and imported into NVivo 10 in a

folder titled field notes. At this stage, I also imported newspaper articles describing some of the critical incidents that participants had been involved in to NVivo 10. These articles are all external sources and did not interfere with the coding of other data.

S**tage 2.** I read through each interview and listened to the recording of each interview to get the essence of the experience of each worker. I began jotting down notes and impressions while listening for similarities and differences between the workers experiences.

Stage 3. I set up nodes in NVivo 10. There were initially four main nodes with four or five sub codes that corresponded to the research questions and interview questions. At this stage each interview was read and chunks of data (sentences, whole paragraphs, and stories) were copied and pasted verbatim into nodes. After coding all 10 interviews in this manner, the researcher read through the interviews again and coded each line. At this stage, themes began to emerge within the originally created nodes. Finally, an analysis of all of the nodes and the data contained in each was completed.

Some nodes were consolidated as the data was the same in both nodes. For example, initially a node was created for negative comments about the work. A separate node was created for “they don’t care” as seven out of 10 participants made this statement about management at some point in the interview. Additionally, some nodes were eliminated from analysis as they were not relevant to the purpose of the study. This process was continued until five overarching themes were identified that described the experiences of frontline child welfare workers and how they make meaning of their experiences. These themes are the major findings in this study.

Table 3

Example of Thematic Coding

Participant Narrative	Code	Theme
So right now we're in a place where Palmdale, our sister office in the area, has lost a lot of workers because of a crisis that happened with them a few years ago, and so we are actually receiving Palmdale referrals. So we are covering not only their area, but we're also covering our area with the short amount of staff we have. Um, which is really difficult for us and administration doesn't really hear the Lancaster office gripes because they are so focused on the Palmdale because even though their staffing is a lot less than ours, um, we are still being affected.	Staffing/Attrition Workload-Increased referrals, larger area to cover Management-Lack of support	A highly publicized child fatality had a significant impact on frontline workers morale and workloads.
And then that whole Gabriel thing happened. A year ago I believe. It was May, 2013. As soon as that child died, our director, Philip Browning went to the public and said, "Heads are going to roll." That was the first thing he said. Sure enough they found four people to let them go. And then it's like here are your bodies…Then after Gabriel, people left in droves! So, we're at half the staff we had before, and then after Gabriel, people are calling in on a regular basis… But the thing is it hasn't slowed down. You know, they are all bad now.	Management-Lack of support Staffing/Attrition Workload-Increase in referrals	A highly publicized child fatality had a significant impact on frontline workers morale and workloads.
I feel like the department in our office is driven by critical incident reports. So if they read a report about something that the critical incident committee questioned a worker about then that becomes part of what we have to do on every referral because they don't want to have to be questioned later on why we didn't do something…So new tasks keep coming up. New things that before I might have done depending on what the referral was alleging, and now it's becoming ask the question to everybody whether it really pertains to this particular incident or not…but after the Gabriel incident, and since um, everything was raised to a higher level.	Fear Driven Workload -Increased task on every referral Workload	A highly publicized child fatality had a significant impact on frontline workers morale and workloads.

Evidence of Trustworthiness and Credibility

Throughout the data collection process I followed the strategies outlined in Chapter 3 as recommended by Creswell (2003) to ensure the trustworthiness and credibility of the study. A topic guide was used in order to keep the interview focused on the phenomenon of interest. The interview questions were approved by the dissertation committee and are included as Appendix A of this dissertation.

To ensure the accuracy of the findings, rich thick descriptions taken verbatim from the interviews were used to provide the reader with a sense of experiencing what the frontline workers face on the job. I also spent prolonged time in the field so that I had a deep understanding of the phenomenon under study. I spent 2 years as an employee of DCFS on the frontline prior to conducting this study. I was familiar with the language spoken by participants to describe their experiences. As is true for many industries, there are a number of acronyms used to describe personnel titles, forms, procedures, meetings, and other facets of daily work life, which I was knowledgeable about and therefore did not need to disrupt the interview for clarification or explanation of the acronyms used.

I shared some of the experiences described by participants and also knew who some of the coworkers were who had experienced some of the critical incidents described by participants. I had some preconceived ideas of what the participants may have discussed; however, throughout the interviews, I asked follow-up questions and stuck to the topic guide in order to refrain from asking leading questions or putting words in the mouths of participants.

Confirmability

To establish confirmability, I had a peer review the study and question me regarding the findings. This process included a review of the coding, how the data were coded and how the categories were narrowed down to overarching themes. I also looked for other plausible reasons for the outcomes, keeping an open mind throughout the interview, coding and analysis process in order to keep personal bias out of the results.

Transferability

In keeping with the tradition of phenomenological qualitative studies, the small number of participants as well as the phenomenon under study does not lend the findings to generalizability. Rich thick descriptive data has been used to describe the phenomenon under study. Future researchers may decide for themselves if the findings from this study would be useful for further study.

Dependability

No changes occurred in the setting during the conduction of this study. The researcher planned to conduct interviews at her home or the homes of the participants. Seven participants were interviewed in their homes. Three participants were interviewed at the researcher's home. All IRB protocol was followed with no deviation from the plan.

Results

Findings: Identified Themes

This section will be structured by the themes that emerged from the in-depth interviews conducted with 10 frontline child welfare workers who volunteered to participate in this study. After carefully coding all data and reflecting on their shared experiences, I identified five main themes that typify the phenomenon of interest. See Table 4 for a concise listing of the factors or codes from the raw data that contributed to the development of each theme.

Table 4

Example of Inductively Developed Themes

Category	Key Terms	Themes
Workload	Paperwork, referrals, long work days, lack of resources, excessive overtime, not enough staff, no support, critical incidents	Frontline workers struggled with the challenges of the workload and job requirements.
Management	Staffing/Attrition, policies and procedures, required overtime, unrealistic expectations, no break between crisis', they don't care	Frontline workers perception of upper management was that they do not care about the workers welfare.
Publicized Critical Incident	Morale, fired workers, increase in referrals, fear driven, increase in tasks, increase in territory	A highly publicized child fatality had a significant impact on frontline workers morale and workloads.
Meaningful	Child safety, protecting children, providing services to families, assessing for danger, unexpected thank you from clients	The shared meaning of the work of frontline child welfare workers was child safety.
Socialization	Minimal safety training in academic and DCFS academy training, safety not a focus in unit meetings, expect to be assaulted, comes with the territory, unaware of policies and procedures to follow if victimized, not allowed to carry protection.	Social workers are socialized through omission of information.

The identified themes are (a) frontline workers struggle with the challenges of the workload and job requirements, (b) frontline workers perception of upper management is that they do not care about the worker's welfare, (c) a highly publicized child fatality had a significant impact on frontline workers morale and workload, (d) the shared meaning of

the work of frontline children's social workers is child safety, and (e) social workers are socialized through the omission of information. Rich thick narrative data in the form of direct quotations from participants as well as my reflective summarizations of data will inform the reader of the main findings of this study.

Theme 1: Frontline workers struggle with the challenges of the workload and job requirements. These phrases taken directly from participants in this study describes what it is like being a frontline child welfare worker in the Lancaster office of the DCFS these days. The job is "hectic", "extremely stressful", "unfulfilling", "disappointing", "difficult", "time consuming", "no support anywhere in the office", "expectations are too high", "and caseloads are too high "and," overwhelming". These were the first words given to describe the job. Following are direct quotes from participants that demonstrate some of the struggles they were having with the work.

Taylor described what the job is like these days:

> [The job is] hectic, crazy, a lot of work, no time to breath, one referral after the other, one incident after the other, um it just takes a lot of personal time. Your weekends you have to work, um a lot of overtime you have to give to the job in order to meet deadlines and do things…The work is more, the referrals are getting to be more involved. We have had a lot of domestic violence, a lot of drugs, a lot of sexual abuse, it just seems that out of 10 referrals, 9 are actual bad ones where you have to actually do something. The department, because of everything that's going on has shifted into this view of, things have to get done and if not, you don't know what you're doing, and we're going to let you go. So there is more

> fear of that, there is more fear of making sure you meet all the deadlines. Um, there's just too many things to do for one referral! And I know right now in my office, we are getting probably 17 to 25 [referrals] per day! And there is only maybe 18 people on rotation… It's getting to be, in my opinion, impossible to do the job that they want you to do.

Sage also struggled with the demands of the job and also described it as being impossible to do in a 40 hour work week. Sage added more detail about overtime. Sage said,

> It's difficult. It's time consuming. It's um, stressful. I don't really have too many positive words to say about it these days. Um, the caseloads are too high, the amount of referrals that come in daily are too high. The expectations are too high. Um, it's pretty much impossible to get the amount of work done in 40 hours a week. Um, not pretty much impossible, it is impossible…recently I worked in a pay period 35 hours of overtime, in addition to my 40 hour work week. None of that was optional. None of that was my choice. Um, so the job is difficult. Um, people are dropping like flies-whether that's on being injured or sick or quitting. Um, and there's no support anywhere in the office at all….That's pretty much where we're at.

Riley supported what Sage said about overtime not being a choice. Here is what Riley said.

> It's a lot because we even have upper management coming down on the workers like you have to work overtime. You have to do what? (Laughing) A lot of the

> workers are working 30 and 40 hours extra of overtime because you can't in our 40 hour work week, it's not enough time to see all these kids or see all these families.

Angel lamented the changes that had occurred in the department over the years. Angel described the current work environment this way.

> They are throwing policies one after the other on us and we don't even have time to read those policies…And there is so much work we put in just to write an investigative narrative. It's like hours! Before it wasn't that much. So we never get to do real social work. It's more about the paperwork.

Chris added, "I spend probably 80% of my time documenting or doing paperwork rather than actually working with families." The amount of paperwork required to complete each investigation was mentioned by every worker as a challenge and something they feel prevents them from doing real social work.

All 10 participants talked about the number of referrals coming into the office to investigate as well as the intensity of the referrals. Morgan said, "I'm going out every day on new referrals and because of that, I'm not taking care of the ones in the past."

Riley shared how much the workload has changed in four years. Riley stated,

> When I first started with the department, ah almost four years ago um, you know we would carry anywhere from six to eight referrals. At the most I think I had at one time was 10 referrals, and right now on my desk, I have 42. So, just trying to keep up with, you know all the different referrals is really, really hard. I can't tell

> you who's who… I mean you get referrals with children that are being molested, or kids that are being punched in the head or whatever the case may be. Um, it's just the environment is no longer even healthy, a healthy environment just for the workers even. You have workers breaking down and at the same time they have to go detain the kid.

Frontline workers struggled with balancing the job demands with having a life outside of work. At the time of this study, all participants reported that they were exhausted from working every day. Frontline work is unpredictable as the workers never know if a referral they receive at 5:00 p.m. will keep them out all night. Most frontline workers agree to work 10 hours per day, 4 days per week. What was happening at the time of this study was that the workers were having to work 10 hours per day or more 7 days per week. They were not able to rest and recuperate on their earned time off. Participants reported finding it difficult to schedule a dinner date with family and friends because of the job. Sam had to cancel a dinner with family and friends because of a late night referral. Sage shared a similar story. Some participants were at their breaking point as this next response indicates. Lee responded this way when offered overtime to get paperwork completed, "Well who gives a shit! Maybe I want to sleep. Maybe I want to not be out until midnight one night, maybe I want to see my family. They don't care".

Another factor that played into the challenges the frontline participates were experiencing was poor morale due to lack of support in the office. Sage shared, "it's difficult to enjoy your work. It's difficult to do a good job, and it's difficult to be there when there's no support." It appeared that the workers were not the only ones

experiencing stress as Riley demonstrates:

> And when you try to ask for you know, that support and you tell your supervisor I can't do this or you're sending e-mails like this is a lot, what would you like for me to do first? What's priority? And they can't even tell you because they're stressed out. They don't know what clients you're talking about either, so right now, at the office everybody is breaking down, you know, even your stronger workers that um, you know, [were] able to maintain their caseload you know their referral load or what not, um, they, they are crying and breaking down.

Angel added,

> We don't have any support from the department. That's what it is. The number one morale crasher. They are putting lot a lot of pressure on the worker and I can tell you one thing, if anything comes down to any level, they throw the worker under the bus.

Lee shared the stress of no support as being the biggest problem facing the workers. Lee stated,

> I can deal with the paperwork. I can deal with the clients. I can deal with the kids being obnoxious. I can deal with the late hours, the overtime, and the reports due. You know, when I'm in the middle of other things, I can deal with all that. But when you have NO support from ANYONE, and even the supervisors will even throw you under the bus in a heartbeat.

These statements made by participates further illustrate the morale of the participants at the time of this study. “I’m drowning”, “we just can’t keep up, we can’t”, “everyone I know is looking for another job”, “I’m quitting if a child dies on my caseload”, “It makes me feel bad that I can’t do my job to the fullest level”, “I can’t have the pride in my work that I would normally have”, “now when I go to work it’s just, it’s just a depressing environment period”, “it’s hard to go to work every day knowing that you’re really not doing real social work”, and “when you are working on something, they don’t give you a break!”

Research question 2. Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced? Table 5 breaks down the critical incidents the participants in this study had experienced. All of the critical incidents these workers had experienced involved the death of a child, serious injury to a child, or death of a caregiver. Participants in this study had not experienced physical attacks or assaults on themselves during the investigation of these incidents. Critical incidents happen frequently in the Lancaster office.

Sage wondered about the pressure the department puts on the workers:

> How long are [they] going to put that pressure on us? I mean, you know, we’re so, and now we’re so worried about the potential of a kid dying in the next 17 years while we have it that we open up cases and detain babies when they shouldn’t be, because we’re so worried that they’re going to say that we should have detained them and didn’t when the kid dies at 17 in a drive by… So even if you get a

> critical incident, you don't get a day to recover. You are then back and having to deal with it, the next emergency situation.

Chris also believed that critical incidents were driving the way referrals were being investigated at the time of this study. Chris said,

> I feel like the department in our office is driven by critical incident reports. So if they [supervisors] read a report about something that the critical incident committee [internal affairs] questioned a worker about then that becomes part of what we have to do on every referral because they don't want to have to be questioned later on why we didn't do something.

All but one participant had experience one or more critical incidents since becoming a frontline child welfare worker. Since the focus of this study was to provide more narrative data regarding the types of incidents the workers experienced, this section includes more of their direct telling of the incidents rather than my synthesis of the incidents. Keeping these data intact will allow the reader to feel the impact of what these workers go through when investigating the death of a child.

The most common type of critical incidents discussed by these participants were child fatalities that occurred on a referral they had investigated at some point in their careers. These participants also discussed child fatalities they had investigated when the department received the referral *because* a child had died, meaning the child had already passed, or was on life support when the worker received the referral.

Table 5

Critical Incidents Experienced by Participants

Participant	Brief Description of Critical Incident
Angel	1. Child died on an open referral. Dependency court went against DCFS recommendations and placed a fragile infant with a teen sibling. Child died at the hands of the teen sibling's boyfriend – Shaken Baby Syndrome. Worker was investigated by internal affairs.
	2. Worker received the referral after the child died in an automobile accident. Required to investigate parents for negligence.
	3. Child was on life support when the worker received the referral. Child died from trauma inflicted by the mother's boyfriend.
Chris	1. Worker received a referral because a twin brother had died. The living twin died due to medical complications a year later. Worker was investigated by internal affairs.
	2. Toddler was stabbed to death shortly after the worker had completed an investigation and referred the family for community services. Worker was investigated by internal affairs.
	3. Worker had one caretaker commit suicide during an investigation.
	4. Worker had a parent die an accidental death during an investigation.
Kelly	1. Child had a seizure and drown in the bathtub on a case the worker had investigated and promoted to a case. Worker was investigated by internal affairs.
Mason	1. Child was shot by gang members at a gas station where the parents were getting gas. The worker had investigated a referral on the family 7 years earlier. Worker was investigated by internal affairs.
	2. A teen (almost 18-years-old) died in an automobile accident. The worker had completed an investigation on the family a year prior to the accident. Worker was investigated by internal affairs.
Riley	1. Worker received a referral after a teen committed suicide by jumping in front of a train. Worker was required to investigate the caregiver for negligence or abuse.
Sage	1. Worker had investigated a referral on the family of a teen who committed suicide by jumping in front of a train a year prior to the suicide. Worker was investigated by internal affairs.
Lee	1. Worker received a referral when the child was still on life support. There was an open case with the department and the family was receiving services at the time the child was murdered by the mother's boyfriend. Worker was involved in the internal affairs investigation.
Taylor	1. Worker received a referral of a teen who shot and killed himself accidentally. Worker was required to investigate the parents for negligence.
	2. Worker received a referral of a child death where the mother accidentally rolled over on the baby while sleeping and suffocated the baby. Worker required to investigate the parent for negligence.
Morgan	1. Child had been seriously injured by a caregiver on a referral the worker had investigated before. Worker was investigated by internal affairs.

One worker discussed the experience of having a child die while the family was being investigated. One worker spoke about the death of two caregivers who had died either by suicide or accident during an investigation. These situations are less common but can be traumatic for the worker. Three sub-themes emerged upon analysis of the critical incident data. This section will be broken down by these three sub-themes. The first is how the participants felt about interviewing parents who had lost a child on the same day. The second sub-theme is how the workers felt about being investigated by internal affairs when there was a critical incident, and the third sub-theme was the emotional toll these investigations have on the workers. All of these situations are challenging and create a great deal of stress for the social workers.

Sub-theme 1. Participants shared how it felt having to interview parents who had just lost a child. Taylor discussed having to investigate a referral where a 16 year-old boy accidentally shot himself:

> This parent is hurt-is hurting and you have to go and do this! We have to go and find out whether it was intentional. How intentional is it going to be for the child to pick up a gun and shoot himself accidentally? It was a freaking accident! I hate those. I hate when DCFS gets involved in those. And I understand that maybe, you know the parent was neglectful, but come on, you can read the referral, you can see that it's not any neglect. The parent did not leave the gun there for the child to use. So, you know, those I think are the worst. Those really upset me

where somebody has died and you have to go and talk to the parents. I'm very sorry this happened, but were you neglectful in any way?

Angel echoed similar feelings about having to investigate a child fatality within hours of the child dying. Angel shared this critical incident.

Going to the home. This is something like you know, [is] challenging. Challenging for the department-like for the social worker when there is a fatality. … It was a worker whose day off was like you know Friday and I happened to be there. And a kid died on his caseload. He just closed the investigation a day ago! There was like you know, baby was 2-months-old I think…They sent me out on that one. And you can imagine- they [the parents] lost the child in the morning. It was kind of like five-ish, you know at 5 o'clock time referral…whoever reported this said the father was kind of very violent and very kind of an aggressive person. …So I said like, what should I do? I told my supervisor, look I'm going to go with my gut feeling. If they want to talk to me that's fine, if they don't, at least we made an attempt. So I went there. Dad was sitting outside the house. Very sad. Red eyes and all that. So I introduced myself and I told him who I am. He was kind of very courteous- he said like yeah, we were waiting for you because he knew they always get cross reported. So when I went there, mom was totally devastated. So I went there and told them like you know, I made my condolences, and then I apologized why I'm here and those people were really devastated. And now we're talking about this referral. I'm talking about the allegation. Do you

> think they are listening to me? Now the department had to question why I did not interview the parents separately. They were not in that state of mind. They needed each other at that time. So how could I tell them I want to talk to you separately? We are human beings. They think like we don't have emotions. They just want the paperwork, you know if anything happens. I think like those people were good enough to give their permission [for me] to enter the house.

Riley had a referral to investigate where a 17-year-old girl committed suicide. Riley had this to say about what that was like.

> There was a referral that came in for a fatality where I had a little girl that stood on the train track and killed herself, and that was one that really kind of hit me because um the way the department treated the situation. This kid she decided she was going to commit suicide for whatever reason. Um, the department, their whole thing is; Oh! There's abuse going on. There has to be abuse. This kid was placed with her sister and ah, she ah stood on the train tracks out here, and they immediately wanted me to just interrogate this family. There was no funeral. The mom; she called her mom but it was her sister, but they didn't even have a funeral for the girl because they were just so fed up with the department. They had me at these people's house every day asking them questions. They didn't have a chance to grieve, and it was like Oh, you need to find out what this mom did to make this girl commit suicide. This mom had to have been doing something. You need to

> figure it out…I'm like if you guys want me to investigate this, let me do my job and investigate. If I don't find anything, let it be.

Sub-theme 2. Participants shared feelings about having internal affairs investigate them when a child dies regardless of the circumstances. Sage was investigated by internal affairs and written up for missing documentation when a teen committed suicide by jumping in front of a train a year after an investigation had been closed. Sage investigated a referral on a family alleging emotional abuse because the caregiver allegedly allowed her pit bull to eat her poodle. Sage was new to ER and was not aware that attempts to see the family and any collateral contacts needed to be documented. The referral was a 5-Day referral which means the worker has five days from receipt of the referral to make contact with the family. Sage attempted to make contact with the family on the fifth day but was unable, so did not document the attempt. Sage was able to make contact the following day, completed the investigation, found the allegation unsubstantiated and closed the referral. A year later a teen in the family committed suicide. This is what Sage shared about the department's internal affairs treatment of this incident.

> I come in in 2011 and I get pulled into somebody's office. I can't remember if it was the supervisor or ARA. Um, and I get told that the girl who was about 16 at the time of my referral, who would have been 17 or so at the time, November, had killed herself. She had jumped in front of a train about a month before this. But it took them about a month or something, a few weeks to identify her, because it

was that bad. So the coroner had finally identified her and it comes back to our office that I had had the referral. Um, and so it was a critical incident involving me, involving supervisors, involving a back end worker that had had this girl when she was 5-years-old. 5-years-old!

Well they decided that I was at fault. And what they described to me as me being at fault was two things. One is that my face to face contact with this girl happened on the 6th day, not on the 5th day and I had no evidence that I had been there on the 5th day. Okay, that's one. The other one was I never called animal control. Except for I did. I just didn't put in my attempts. I got written up for this. Um, I was told that it was a lack; against; I didn't follow policies and what not. Well, my question for that is…had I of seen her on the 5th day, had I of talked to animal control 27 times, would she still be alive? Pretty sure she wouldn't be. I was at fault. Now they also, I believe they also wrote up the back end worker who had missed a contact or something when the kid was five.

Kelly was also investigated by internal affairs when a child died on a case in which Kelly had conducted the frontline investigation and opened a case. Kelly shared this.

I had a child fatality on one of my caseloads. Of course um, you know internal affairs investigates us. I was blamed. Basically this particular child, he had sickle cell disease and a seizure disorder and then um, mom was not following up with the medical treatment...She just does not have like the means to take the child for

> treatment. Like she just needs support. So what I did is we just ask one of our HSA's to take the child down there [to Children's Hospital] so he can get a blood transfusion. Um….but then we opened a case just to keep an eye on the family. And it turned out that child had a seizure and then drown in the bathtub. So yes. And then he was 8-years-old. Um, so of course they send these questions and then they try to blame you for not doing the right thing.

Mason had three critical incidents in 6 months but shared details of only two. The children who died in these critical incidents had nothing to do with the referrals Mason had investigated 2 to 7 years before. Internal affairs investigates a worker if a child dies on a case or referral a worker has ever touched. This is an example of what that is like as shared by this participant.

> In the last 6 months, I had three critical incidents. One, I was um…back end worker and I had that case seven years ago. The child got shot by some gang members or these guys….the family was getting gas at a gas station and they started fighting with the mom's boyfriend and then they left, but they were looking for them and they started shooting-so a seven year old got shot and she died instantly. So I seen [*sic*] it on the news. The incident, it happened and I remembered that was my family 7 years ago.
>
> And a week later I get an e-mail saying respond to these questions. What did you do? Why did you return the child to the mom? Why you didn't offer services? And it was like probably over 20 questions regarding that case that

happened eight years ago...The child died and now I'm being investigated of what I did at the time…Now they want to investigate me. Why I didn't refer the kids to Regional Center. Why I didn't do this, or why I didn't do something else, and one of my mistakes that I guess it was um, brought up right away; I didn't document that I speak to the parole officer when she [the mom] got released.

Mason shared these feelings about the investigation.

So it was stressful. I didn't like being just accused of why are you returning kids. I mean 7 years later the kid dies in an accident so we're not going to return kids ever because maybe that's going to save kids from dying? I don't know, it was just really; it had nothing to do with child safety. It didn't make a difference. So, I was really upset because I just thought it was a waste of time because I had many other things to do, and wasting my day reading old files; and what did I do? It wouldn't change the outcome. It was an accident.

Then the second incident that I had shortly after that one…it was another accident. The child was almost 18 and he died in a car accident. And at one point last year, the year before, we had an investigation with his family. I got the referral. The father was arrested or was incarcerated. Mother did not have custody, so that child was living with the father but because he got arrested and he was not stable, he ended up having a family friend keep him and eventually I guess she got legal guardianship of the child, and I was questioned about that too. Why didn't I talk to the father? Why didn't I do services for him? A lot of

questions, which again, the child died in a car accident with the legal guardian's daughter. There was nothing else. It was an accident!

But hear again we have to respond to a lot of questions about what was asked during the interviews, what services, what was different, and different things, and again it was no meaning to it because the child died in a car accident. That had nothing to do with what I investigated two years ago…

And the third one I guess there was another incident-critical incident in San Bernardino with a case we had here. I was just told, but at that point it was really nothing that I did it was mostly administration. So they had to answer the questions.

Sub-theme 3. Frontline workers experience emotional distress when investigating child fatalities or learn that a child in a family they had investigated is murdered. Chris shared stories about four critical incidents, but one where a baby had been murdered still caused Chis to become teary eyed and choked up during the recall of this critical incident.

The toughest one was one that; it really wasn't even my referral anymore. I had a referral with domestic violence with kids-with a kid. It was like a nineteen year old dad and a seventeen year old mom. And um they had; there was domestic violence and it was one of those ones where I had to hunt her down. I couldn't find them. It took me two weeks to find them-to find her. And, anyway put it all together. I found them. I worked with them. The dad had anger issues. And I

> ended up not opening a case but sent; referring them to PFF services which is a service giving families a lot of tools without opening a case. Um, I did have her go to family law court-get custody of the baby, and the dad had only monitored visits. So I actually had closed that [referral] and was out of it and three weeks later the dad went to mom's sister's house; the maternal aunt to see the baby. And she took a shower or was taking a shower and he took the baby and he ended up stabbing the baby to death [worker teary eyed]… He was about 6-months. You know, and they were, they had found him. The Sheriff was out chasing him. The detective was calling me and asking me if I knew where they might be and then he ended up [worker clearing throat] they were following him and you could hear the deputy say "he's stabbing the baby" and then they moved in, but it was too late. So, it wasn't even mine anymore, but the families are your families even when you're done.

Angel reported having three or four critical incidents in one year. Angel discussed how difficult it is to investigate the death of a child and the impact it has on the worker. Angel reported the following.

> Last year was the like most hard thing one because I, I had you know maybe three or four; but the last one is the one that like left so much on my heart and my soul that was um, he was 2-years-old. Mom's boyfriend dropped him or shook him. Something did to him. Um, his retina was detached and he was like, you know on life supports by the time I went to the hospital…And the hardest thing was like

mom was on the floor talking to somebody about her relationships. So I met the nurse and the nurse told me, oh here is mom she's talking on the phone to somebody on the phone about her relationship. And I saw like you know nurses, doctors standing there with the child on life support. And ah, just like, I couldn't control myself. First like, you know, I cried. It was a baby. It was my first reaction. And I cried and I told the nurse, I said, "I'm sorry, just give me two minutes." So I went to the side and she said, "Oh God, you guys do such a tough job." I said, "No just like give me a second." So I just got myself together and then I went to mom. I said, "Do you understand what's going on with your child?" She says, "Yeah, I know that he got hurt." I said, "You should be by his bedside rather than just standing here." I said, "What kind of thing you; what kind of mom you are?" I was just kind of going off on her. So then I made her realize. I told her, "Your boyfriend has to be out of the house. She said, "Are you going to pay for the hotel room for him? Oh God! That was the kind of thing! I said like, do you understand that at this point he is the suspect on this? The police is like doing it; he's the suspect. And she said, "No-I don't believe he can do it." So I met the doctor. Doctor kept addressing the child as the dead child because the doctor was thinking he's not going to make it, because for him, when he's on life support, he said like, "I would really be more interested to see his autopsy." That was kind of very heavy on me-very heavy on me...The doctor talked to me. He told me very clearly that this is not accidental.

Lee also had to investigate a child death where the child was brain dead and on life support when the child protection hotline received the referral. Lee described the critical incident and the lasting emotional impact this way.

> Well, I remember I was involved in several dead child referrals. Um, and one of them was very well publicized…Everyone who touched that case f***** it up. Everybody, from the very first ER worker through the Family Preservation (FP) worker. It was in FP and I was the ER worker assigned after – well the child was brain dead, but still on life support when I got the referral. But starting from the beginning and just listening to all of it, it was like where the hell were these people's minds. The kids were detained initially because mom and the boyfriend were in a high speed chase with the police down in Hollywood. [Police] pulled the car over, [parents] jumped out and ran, left the kids in the car, right. There was two kids then. Third child was born like three months later. Kids were in FR (Family Reunification). Nobody did anything with the baby. Nobody opened a case, nobody detained. They just acted like it wasn't there. So they get to court in December and her attorney does what he's supposed to do. Well, if it's safe for an infant, why isn't it safe for these other kids? So the judge sends all of these kids home…The grandmother had called in referrals repeatedly about bruises on these children. Mom was with this guy who was known for DV [domestic violence]. We had substantiated physical abuse against him. Now people were going into this home, the worker was going into this home, the IHOC was going in the home, the FP people were all going in. Okay, so July the Sheriff's deputy calls in a

> referral on the 2-year-old. They were six, no this makes number four. The baby was number four. They were 6, 4, 2, and newborn. Okay. Deputy calls in a referral for a hand print bruise on the 2-year-old. Okay. They evaluated it out because the FP worker said, "Oh, I saw him today and you couldn't really tell if it was a hand print." I don't give a shit what she thought she saw, it should have went to an ER worker. A month later the 6-year-old was dead. Beaten to death by the man who left the hand print on the 2-year-old.
>
> So, it's like everybody f***** this case up. Everybody. Nobody looked at these kids back and chest. The child had so many injuries on his brain, they had to send it to a special lab to get them all dated. The guy kicked his freaking teeth back up into his gums. It's like there were belt buckle imprints in the walls…Then IA (Internal Affairs) got involved because they needed to determine if DCFS was responsible for the death. And I told them everything. It's like you know what, we are responsible. They did this. The department allowed this to happen… I had to drive down to LA that night and see that child on life supports.

Investigating the death of a child takes a toll on the workers as the stories shared above illustrate and, these statements made by participants demonstrates. Lee said, "I broke down. Damn near wrecked the car. It was horrible [worker crying], just horrible…[worker crying] what that poor baby went through. I'm telling you, it's like I can't imagine…" Another worker said, "It's very sad for us, we all cried", and "it's very

exhausting. Emotionally, it gets very exhausting." Kelly added a little more about the experience,

> Actually it was difficult time for me because no matter what, even if you did everything right, you haven't done this and that. You are always going to feel like guilty probably, even though it's not your fault. But sometimes you feel like oh, maybe I could do something different just to save this child. I don't know.

Theme 2: Frontline workers perception of upper management is that they do not care about the workers welfare. The perception that upper management did not care about the workers was expressed by every participant at some point during the interview. The shared feeling came from various things the department required of the workers, to the way management handled the death of child Fernandez with the public and internally, to the lack of staffing to handle the volume of referrals. These situations gave the participants in this study the impression that the department does not value them as people. Several workers expressed the same sentiment that Taylor does in the following passage. The feeling that it did not matter how stressed the workers were, how much over time they were having to work in order to keep up with work, or how late at night-into early morning hours they worked, that the only thing that mattered to management was the "numbers – the statistics".

Taylor stated,

> I just feel like we are working under a lot of pressure and a lot of fear. That if we do something wrong they're not going to back you up. They are just going to

> accuse you… No-it's not a job that values you…They [management] don't value you, they really don't. If you do the numbers and minimize the problems, and make them [management] look good, oh you're wonderful. But if there's something going on, or you miss something, or something happens - you're incompetent! You can go from being the best to nothing in zero seconds…It's all about keeping DCFS out of trouble. Minimizing the law suits. They tell us in trainings, minimize law suits, we don't want to get sued, don't bring us problems. They don't care-you are very replaceable. You're here today, gone tomorrow. You're just a number. You are there filling a void. You're sitting at a desk, you know running, numbers and running cases and then you're done. The next person will come and take the job.

Riley shared disappointment about feeling that they don't do real social work anymore. That the job is all about pleasing upper management. Riley put it this way.

> It's [the job] not hard to do, but when you think that you're, you know hired somewhere and you're going to do social work, it gets to the point where it's no longer social work, it's all about um, policy and procedure and making sure that you meet certain deadlines. Everybody at that point becomes involved in as long as it's documented, as long as it's done, as long as you see the children, then um, everything's fine. There's no, we're not really helping our clients at this point. It's just making sure that upper management is satisfied. Making sure that um, numbers are being met.

Morgan felt support from coworkers and supervisors but did not feel support from upper management. This is what Morgan shared.

> I feel comradery with the people at my level, in management-I feel no support at all! And no understanding at all. And instead of appreciating the stresses that we're under and trying to find a way to solve the problems, it feels like they are completely ignoring it. And saying all the problems are our fault, and so it's just a no win situation.

Theme 3: A highly publicized child fatality had a significant impact on frontline workers morale and workloads. Earlier in this chapter the tragic details of the murder of 8-year-old child Fernandez was shared. This child's family had an open case with the Palmdale office of DCFS when the murder took place. The incident had occurred a little over a year before this study took place, but the impact that critical incident had on the Lancaster and Palmdale offices of DCFS was significant. The frontline workers were still suffering the consequences of that incident. The impact was expressed by comments such as, "after the Gabriel incident…everything was raised to a higher level" and "mandated reporters [are] making more reports than they would have before", and "the reaction to it seems to be um, mountainous". Another worker summed it up this way, "our department has done nothing but go downhill since that. I mean it's been awful."

Understaffing and attrition was a problem that was mentioned by most participants as a major consequence of the death of child Fernandez. Keeping frontline

workers in the Lancaster and Palmdale offices has always been challenging due to the distance these offices are from Los Angeles; 70 miles one way and over an hour drive. After the Fernandez incident, this issue became a crisis for both offices. Taylor shared,

> We have a lot of people who are quitting also, leaving. We've had a lot of problems with the Palmdale office being understaffed. I mean we're talking five case workers in ER because everybody just left. They just figure, you know, I'm done! In my office, everybody you talk to is looking to get out.

Lee shared what was happening in this way.

> We've had people quitting, two to three people a month quitting, and they're not replacing them...They are saying they don't want any new workers on the frontline. But they are not moving anybody from the back end to the frontline. So, we get new workers that go to the backend, stay for a couple of months and walk out.

The solution to not having enough staff in the Palmdale office to cover the referrals coming into that office was to have the Lancaster office frontline workers do more. Sam described the impact it this way.

> We are actually receiving Palmdale referrals. So we are covering not only their area, but we're also covering our area with the short amount of staff we have. Um, which is really difficult for us and administration doesn't really hear the Lancaster office gripes because they are so focused on the Palmdale [office] because even though their staffing is a lot less than ours, um, we are still being affected…We're

> sacrificing, we're picking up a lot of the burden, um, but that's not being recognized and honored compared to our colleagues in other areas of the country… but I do know after that [the Gabriel incident] a lot of the workers in the Palmdale office started leaving because the morale was so low, they didn't feel supported so they did leave and that ended up with them having a crisis where they only had a hand full of workers left. So now there was a limited amount of workers in that office, so the Lancaster office had to fill in the gaps.

Taylor attributed much of the staffing problems and the increase in referrals coming into the office to the child fatality in Palmdale.

> And you know, they complain that we have over 60's, over 90's – we are over, we probably have right now 300 or more over 30's, and I think they were saying that the increase in referrals has been like 18%. It's huge! When you think 18%- it's no big deal, but it is. When you're going from getting 7 a day to 17 to 25 a day!

According to every participant, the climate in the office changed after the child Fernandez incident. The morale of the staff was hurt by the way the incident was handled. This is evidenced by these comments and the number of staff who quit the job after the incident. They spoke about the way the director handled the situation in this manner. Lee stated,

> And Browning [the director] got on television and told the whole world we're untrained, we are uneducated, and we lack common sense, but he's going to fix

> that!... Yeah, Browning was on a witch hunt. Somebody was going to get fired. No matter what the incident was… We are just the worst, and Browning confirms it every time he opens his mouth…I mean, there are so many people just breaking down. We had in just within like 2 months after Browning pulled his crap over Gabriel, we had three ER [frontline] workers breakdown, couldn't stop crying, walked out and never came back. They just can't do it.

Morgan shared a similar story and also noticed an increase in the number and intensity of referrals after the Fernandez incident. Morgan shared the following.

> As soon as that child died, our director, Philip Browning went to the public and said, "Heads are going to roll." That was the first thing he said. Sure enough they found four people to let them go. And then it's like here are your bodies…Then after Gabriel, people left in droves! So, we're at half the staff we had before, and then after Gabriel, people are calling in on a regular basis… But the thing is, it hasn't slowed down. You know, they [the referrals] are all bad now. [Worker clapping on the words *all bad* for emphasis]

After the child Fernandez death happened, the department also increased the amount of paper work required to complete a referral. Lee said, "They've changed the amount of paperwork required for each one [referral] as well as the number of people we have to talk to."

Theme 4: The shared meaning of the work of frontline children's welfare workers is child safety. Ten participants described what was important and meaningful

about their work. The themes that ran through this discussion were a desire to protect children, making a difference in the lives of children and families, and linking families to community services that the department and worker believed would help them with whatever dysfunction brought them to the attention of the department. Even as participants talked about how stressful the job was, they still found meaning in the job as phases like these demonstrate. Chris stated, "I guess the first word that comes to my mind is stressful and we keep very busy but at times it's still rewarding when you feel like you're helping people." Other participants said, "I take the job of protecting children very seriously", "I know that I am somehow making a difference somewhere", "this is our assessments that makes a difference" and, "It's about the child safety. The most important thing for us is the child safety."

Taylor shared,

> I like interacting with the families. When you have a family that you actually see the difference, or you run into them on the street and they give you a hug…you don't expect that. When you notice that you've actually done good [*sic*]. You've taken a child out of a mess, you know, a home that's abusive. That helps.

Chris shared a similar feeling.

> I truly like it when on the occasion when I'm at Vons or something… I've had people come up to me and thank me for getting them help or for getting them services. Those are times that feel good. And really kind of the opposite note of that, there's been times when I've removed babies from homes that I think could

have saved their lives because their parents just couldn't handle taking care of a baby.

Lee stated,

The kids. That's the only reason most of us come back. Because somebody has to get out there and say you know what, that's not okay. And whether we're in trouble for it or not, we do it. [Worker teary eyed]

Sam shared this feeling.

Often I get to help families and bond with families and really see them make a difference, and being in the front end I don't always see the happy endings. But sometimes I get to see the happy endings-sometimes…The reason why we take this position is because we have a passion and a heart to help families but that doesn't somehow get communicated to the public.

Kelly found meaning and satisfaction from building relationships with children and giving them a voice.

Um, honestly I really, when I look at these children, when I give them like a voice because some of them are really being abused and some of them are so scared to tell. Like when you build the relationship that to the point that the child can trust you and tell you that, oh my God, this particular person is abusing me. That's when you get that satisfaction. That's when you really tell yourself, but I'm the person who can give a voice to these children. That's the main reason that keeps me going, honestly.

And finally, Morgan elaborated on what others had already said and added the feeling that they were doing something important. That what they were doing was making a difference in the lives of families and children. Morgan stated the following.

> That I am helping some families and children ….I go out every day on a new one…and I do feel I'm very good at identifying problems, emergencies, and what not, and so I work on the fires…So I do enjoy what I do. I like working with children. I love investigating problems and getting to the root of it. And, I do feel some pride that I feel I can get to the root fairly quickly and identify real risks and real problems…And I like working with people. And I enjoy the majority of the people I meet, and working with them. So, I do feel I am a service, a big service, an important service to the community, and that makes me feel good.

In addition to the good feelings the workers shared from making sure children were safe, these participants also found comfort and meaning from being able to talk to coworkers and share experiences with them. Because of the confidential nature of the work, workers are not able to discuss much of what they experience with family and friends; therefore they reported relying on coworkers to process their fears and struggles.

Research Question 3. During critical incidents, what safety issues do workers encounter? Ten participants were questioned regarding safety issues they had encountered during critical incidents. All 10 participants answered the question. No participants encountered safety issues during critical incidents. Participants talked about encountering safety risks while conducting home inspections and during detentions but

not when they were investigating critical incidents. These issues will be discussed further in chapter five.

Sage stated, “I don’t know that in the critical incidents I’ve had any safety concerns or issues.”

Riley shared, “Well a lot of this has to do when you’re detaining kids. Sometimes, like I mentioned earlier that a lot of these parents don’t have anything to lose.”

Chris said, “Hm. I rarely feel in danger.”

Angel responded, “I don’t know. I’ve been doing this job for 9 years. Nobody has every threatened me physically.”

Theme 5. Social workers are socialized through omission of information.

Research Question 4: What level and type of training have workers received in their education as child welfare workers to manage safety issues? Ten participants were asked about their safety training in two different venues, and all 10 participants responded. Most participants did not recall a specific class that covered safety training in their academic programs. Some recalled tips and advice they had received by professors during their academic training. A couple recalled safety tips they had received at the academy after being hired by DCFS. Table 6 provides a visual of what all participants recalled regarding safety training they received in academic programs and since they had been employed as frontline child welfare workers. This table also includes information about these participants knowledge of policies and procedures to follow should they

become victims, and finally the workers self-assessment of their confidence level in handling safety threats.

The following safety tips represent the sum total of what these participants could recall about how they were prepared to be safe in the field. These are the tips the participants recalled from their academic programs and training they received at the academy after being hired by DCFS. They were advised, “Don’t be confrontational”, “if you have a bad feeling, go with that feeling [and] leave if you don’t think you can handle [it], “where to stand when you knock on the door” so you will not be in the direct line of fire if the client has a gun, “always ask who else is in the home”, “sit closest to the door or stand closest to the door”, “start heading for the door if someone is getting angry”, “be careful out there”, “never park going into a cul-de-sac, always park going out”, “never park in front of the house, so they don’t know your car”, “don’t make notes when you leave the house, just get in the car and leave”, “when you’re in the house, they recommended not sitting on the furniture because there could be lice or dirt”, “don’t bring your purse in there[in the home]”, “don’t wear certain jewelry and clothing”, “if you feel a situation is not safe, take law enforcement with you” and “if you ever feel you’re not safe, you’re not, end the interview and leave immediately”.

Table 6

Example of Participants Safety Training

Participant	What safety topics were covered in your academic program?	What type of safety training have you received since becoming a frontline worker with DCFS?	What policies and procedures have you been instructed to follow if you become a victim of physical or psychological assaults or threats?	Assess your level of confidence in handling safety issues. Scale 1-(not confident) to 10 (very confident)
Angel	Do not recall any safety training topics.	Law enforcement taught where to stand when knocking on the door of client…	They have EAP.I don't know what procedures. Topic is not discussed in unit meetings	4 or 5 –Clients try to intimidate
Chris	Do not recall anything.	"Be careful out there", and don't park in front of the house. Park three houses down.	I don't know what they are.	9- I'm fairly good at reading people and reading situations.
Kelly	Do not remember.	Only remember that you should control the exit when you are interviewing your client.	None.	5- Because I think I'm naïve and probably need training.
Mason	None really.	None when transferring to ER.	We don't fight back. I never had an incident, so I can't really tell you.	I think I have pretty good common sense.
Riley	None	Not much, nothing current.	No instruction	8 – I have good judgment
Sage	I really don't remember anything.	We were taught to always ask who else is in the home…to sit or stand closest to the door, leave if client gets angry	I know that there's some kind of safety, some kind of incident report or something like that you're supposed to fill out..	6 – I can de-escalate people a lot of the time. I have good rapport with my client.
Lee	None	Never had training on personal safety. We've had training on paperwork.	I know there's a policy, but I've never been informed what it is	8 or 9 – Because there are very few things I forget to check.
Sam	Very little.	On the job training. No set curriculum.	Not instructed what to do if I get violated or my safety (is threatened].	7 or 8 – I know how to engage people and talk to people to de-escalate stuff.
Taylor	I don't think anything. I remember teachers saying "don't be confrontational" and if you have a bad feeling about a situation, leave.	There is no safety training.	I think you just report it to your supervisor, but nothing is done.	5 – I think it's because of the way I approach people and approach situations. It fluctuates. Depends on the situation.
Morgan	Don't recall safety being talked about.	Safety tips regarding where to park your car, where to stand when you knock on the door, have a clear exit, and don't write notes in your car when you leave the home.	I have received nothing.	10- I'm pretty confident. As soon as I sense danger, I'm out.

What was striking, were the recollections that participants shared regarding their *lack of safety training* and their *inability to carry anything for self-protection*. Angel said, "The times have changed. Um, so much unrest in the people. The people are getting more aggressive towards us, but we don't have any tools-anything that we can just protect ourselves."

Sage responded as follows.

> Okay, for my college degree I don't really remember anything. Honestly I don't remember them ever really focusing on worker safety or how to be safe in the field or anything like that. I don't recall. They very well could have gone over things like that but I don't remember.

Another participant who had completed a Master's degree in Social Work with an emphasis in child welfare had not received safety training. Mason shared the following about the academic program.

> Well, I mean because they're so ah, broad and depending on what field you wanted to…like mine, my emphasis was child welfare. Ah, we talked more about you know, policies, and laws, and creating, and advocating, and what to expect, but not so much issues I mean of safety and what you can encounter…I mean most of it I think, is common sense. You're going to call 911 you know. You're going to do whatever. You need to know where you are. Your safety first…I mean the department doesn't really allow us to carry anything to protect ourselves.

Riley had not received much safety training either but wasn't sure an academic program could prepare a worker for what they would face when they work for DCFS. Riley shared the following thoughts.

> To be honest, school doesn't prepare you to work for DCFS. Um, the academic part of it you learn about different things, but you will never fully be prepared to work for DCFS until you actually work there. You need to work for DCFS. It's the best training. I mean, you are going to encounter every type of situation, but school doesn't prepare you for it. So school and a book can't prepare you for this. This is real life stuff. Like we deal with serious, you know serious situations and um, it would probably take a worker or a group of workers to write a book that needs to be issued out in school in the MSW programs to get a clear and better understanding of what you are going to deal with if you come work for the department.

Sage recalled having some training at the academy which is mandatory for all new children's social workers in Los Angeles County. Sage recalled the following.

> I remember being told that we are not allowed to have any kind of weapons, so this is an opposite safety intervention or something. I was told we are not allowed to have any kind of weapon, you know, pepper spray, I can't have steel toe boots. I was even told, I believe it was at academy um, if I went to batting practice on Sunday, on Monday my bat better be out of my car because if there is a bat in my car it can be construed as a weapon in this line of work. And that's ridiculous to

> me. And you know, we're supposed to be these safety agents or whatever, yet we have nothing.

Chris and Angel also commented on the department's policy about not allowing the frontline workers, or any social workers to carry anything to protect themselves. Angel elaborated more in the following passage.

> We are not allowed to have any pepper spray. We are not allowed to have any recorders. We are not allowed to have anything but ourselves. [Laughing] There's nothing that's kind of safety for us. We do this job with gut feeling. They discourage us to do everything to just save ourselves…People leave [sic] dogs on us! [Laughing] So I don't think there is any safety thing that has ever been taught to us. The thing is like okay, if we cannot carry anything, what is that kind of safety? The police have guns, you know. We are not allowed to carry anything. So what if we are not like Judo or Karate expert or anything like that? Especially, sometimes your size, you know, it matters. But then again, no, the department is not concerned about that [worker safety].

Lee also did not recall any safety training since being employed by DCFS. Lee stated the following.

> I can't say I've had any safety training. We've had training on paperwork. We've had training on how not to piss off the judges. We've had training on how to not piss off the clients. Never had a training on personal safety…Even in academy I think they have a half day on personal safety, but what they cover is, you should

> have extra clothes in your trunk. You should have bottled water. Really, what do I do when they sic the dog on me, you know?

Sam recalled that an instructor at the academy downplayed new staff questions about safety and how to handle different situations. Sam shared the following recollections.

> Yeah, I remember people specifically asking the instructor what if scenarios…And the underlying concerns of all the what if questions that the people were asking about was I want to make sure I'm safe or make sure in these crisis situations I know, how do we handle ourselves. And the blanket statement, it sounded like they just didn't know the answer to all these things, was that I've worked in the field for X amount of years and it never happened to me, and you guys will be fine. Yes, so they weren't really addressing our concerns, they were just saying they are rare situations that rarely happen, that never happened to me, so it might not happen to you. So don't worry about that, nine times out of ten you'll be fine, [laughing] but train us for the one out of ten…I want to know if I'm safe, you know.

Riley had experienced a gun incident. Riley had not been trained on what to do if that happened. Riley said, "You know, they really don't tell you that you're going to go out and somebody may pull a gun on you. They leave all that out. You learn that as you're out there".

Similarly, these participants were not aware of the policies and procedures to follow should they become a victim of physical or psychological assaults or threats. Most workers believed there must be policies and procedures to follow but were not aware of what they were. Some guessed at what they believed they were supposed to do. They made comments like, "I think we just report it…to your supervisor", and "Couldn't tell you…there's probably policies there, but I don't know what they are. I would imagine report it to your supervisor".

Taylor added,

> You can go to the employee assistance. Yeah, that's going to go on your record. Everybody is afraid to do that. I don't want to go spill my guts out and complain about the job and what they made me do to somebody I'm there working for. So you have to do it yourself with someone else. There is no actual follow through or policy or procedure where you're out there in the field and something happens and you can come back and say okay, this happened, you know let's take care of it, let's help you out. There isn't…There's nothing like that.

Sage came within inches of being choked by an angry parent when detaining children. Sage did not make a report. Sage stated,

> I know that there's some kind of safety, some incident reports or something like that you're supposed to fill out. I've never filled one out…I've never been told to or asked to and I don't have time to. I wanted to do one for that lady that tried to choke me. I didn't have time. I didn't press charges. I didn't do a police report.

> You know, she didn't touch me. Had she put her fingers on me; if anyone ever puts their fingers on me I will absolutely press charges.

Lee as well as some of the other workers expressed the feeling that being threatened and cussed out comes with the job. Lee believed there is a policy but did not know what it was. Lee replied, "I know there's a policy. But I've never been informed what it is. I know they frown upon you making any kind of police report against anybody."

Sam also denied knowing what the policy was and echoed a similar sentiment of other participants that there is no time to file a report. Sam initially stated, "No. I've never needed, nor do I have the time to know that. And the way policy changes..."

Kelly was not aware of the policies and procedure even though there had been an incident. Kelly shared this story.

> Actually one time one of my clients threatened to kill me because I detained her kids. She came to our office and she started yelling about, telling everybody she is going to kill me, um, because when I detained she wasn't at home. I detained from her sister. Um, but yeah, nobody told me anything…I got the feeling that some of my coworkers told me because I wasn't at the office when that happened. Um, I was on my way with the kids to the office. Some of my colleagues told me she was yelling and telling things like that to me, about me. But when I got to the office…I got the feeling that everybody, the management was trying to cover it up…it [the threat] happened last year. Two months ago I learned that one of my

> coworkers got threatened in a similar way and she went on a stress leave. So probably there is something in the policy that lets them do that [Laughing]. I think the management is so careful not to bring that up to your attention so you won't take any stress leave or you won't do anything…And then, I haven't seen any policies. Probably there is, but I haven't seen any.

Mason responded to the question as follows.

> Pretty much we don't fight back. We don't have pepper spray or nothing like that. I guess you just have to leave and run, and just hope you make it.

Finally**,** 10 participants were asked to assess their level of confidence in handling safety issues. The researcher asked participants to rate their level of confidence on a scale ranging from 1 to 10. 1 meant the worker did not feel confident in handling safety issues. 10 meant the worker felt very confident about handling safety issues. No worker rated themselves below 4.5 to 5 on this 10-point scale. These participants attributed their ability to stay safe on the job to using good common sense when assessing situations, and approaching the family under investigation with respect. Most attributed managing safety issues to how they entered the homes of the families and how they interacted with them.

These are the most relevant statements made by frontline workers about how they stayed safe during investigations. Taylor stated, "I think it's also because of the way I approach people and approach situations." Sage attributed safety to skill and rapport with the clients. Sage stated, "I can deescalate people a lot of the times. If they are just yelling and screaming, I can deescalate them. I usually have good rapport with my clients." Chris

attributed good communication skills to staying safe. Chris said, “I think I’m fairly good at reading people and reading situations. I think that I can talk to people and I think most of the clients I work with would feel that I am not threatening them.” Sam also attributed staying safe to knowing one’s skill set and using good communication skills. Sam said, “I know how to engage people and talk to people to deescalate stuff...” Mason added that using good common sense is important. Along the same line as using good common sense, Riley added using “good judgment” and, the way one enters the home as important factors in keeping safe. Riley elaborated,

> The way that I enter; you know families homes. The way I talk to them. Um, it’s all about how you go into the home too with these clients, because when they feel like you’ve taken all their power, it’s like oh, you are not going to do this. And when I go into the homes, I’m explaining things to them. I’ll let them know, hey I’m not going to lie to you these are my concerns. Um, help me help you pretty much.

Summary

The first research question was interested in learning about how frontline child welfare workers make meaning of their experiences in the course of their jobs. The rich thick descriptions provided by the frontline workers in this study show that being on the frontline investigating allegations of child abuse and neglect can be very stressful. The work was reportedly more stressful at the time this study was conducted due to a highly publicized child fatality that affected staffing in the two offices in the area, the number of

referrals being called into the Child Protection Hotline, and the number of additional tasks required to investigate before a referral could be closed or promoted to a case. All participants reported that while the work is very stressful they continue to do the work because they were passionate about making sure children were safe. The workers continue to do the job because it is fulfilling to them when they are able to protect a child from further abuse, and when they see that the interventions they provided actually made a difference for the families. Workers reported feeling unsatisfied with the job because their days are spent doing tasks other than social work. They reported understanding that documentation is important, but the ratio of social work to paperwork is skewed heavily on the paperwork side. Some workers reported spending as much as 80% of their time doing tasks that have nothing to do with child safety. The most unsatisfying aspects of the job was the paperwork and not getting the support they felt they needed from management in the form of staffing. There are not enough workers to do the amount of work within the timelines required by the department. The frontline workers reported relying on fellow coworkers, supervisors and family members and friends to cope with the stressors of the job.

The second research question sought to determine what types of critical incidents these workers had experienced. Nine of the 10 participants in the study had experienced one or more critical incidents. The majority of the critical incidents these workers were exposed to were situations where they were required to investigate parents to determine if there was abuse or neglect on their part after a child had died. Frontline workers were also exposed to critical incidents where a child died on a referral or case that they had

touched at some time in their career with the department. Workers reported that these situations were stressful because they were investigated by internal affairs and required to explain why they did or did not do something on a case they investigated years ago. The stories shared by these frontline workers indicated that the deaths of the children had nothing to do with their prior investigations. These stories provide readers with a glimpse of what investigating child fatalities is like for a frontline workers and how the workers coped with these situations.

The third research question was interested in discovering what types of safety issues frontline workers had encountered during the investigation of critical incidents. None of the participants had experienced safety risks while they were investigating a critical incident. The 10 participants reported safety issues when conducting home inspections and when detaining children, but not while investigating the death of a child. These issues will be discussed more in chapter 5.

The fourth research question was related to the level and type of training the workers had received in their education as a child welfare worker to manage safety issues. These 10 participants did not feel they had received adequate training in their academic programs or at the DCFS academy to prepare them for safety issues. These participants reported not being told what policies and procedures to follow should they become a victim of physical assaults or threats. These workers reported that they are cussed at and threatened, but none had been physically assaulted by an adult. One worker had been hit by a 3-year-old child. One worker almost got choked by an angry parent

during a detention, two workers had their lives threatened during detentions, and one was subjected to a third party pulling a gun on them during a detention. The frontline workers in this study reported a high level of confidence in managing safety issues. The findings in this study share similarities and differences with the findings from the literature review. The findings from this study will be compared to the research in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This phenomenological qualitative study was conducted in order to add to the body of knowledge by examining the lived experiences of frontline child welfare workers in Los Angeles County. The literature lacked stories related to what frontline workers experience. This study will help fill the gap by adding rich thick data to the existing body of research. The data provided by these workers will enhance the statistical data that is available in the literature. Qualitative data were collected from 10 frontline child welfare workers employed by the Department of Children and Family Services in Los Angeles County, CA. Ten participants were interviewed about their experiences. Their responses were recorded, transcribed, verified and then analyzed for themes using the assistance of NVivo10, a computer program specifically designed to assist in this process.

The four research questions addressed in this study were as follows:

1. How do frontline child welfare workers make meaning of their experiences in the course of their jobs?
2. Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced?

3. During critical incidents, what safety issues do workers encounter?
4. What level and type of training have workers received in their education as child welfare workers to manage safety issues?

The results from this study revealed that being a frontline child welfare worker in the Lancaster office of Los Angeles County, CA can be a very stressful job. The main reasons given for the level of stress were inadequate staffing due to attrition and management not replacing workers quickly enough, long work hours due to the unpredictable nature of working on the frontline, required overtime in order to keep up with the demands of the job, too much paperwork, and lack of support.

A tragic child fatality occurred in May, 2013 in the Palmdale area. It is important to discuss that incident in the context of this study because the public's response and, management's response to the incident profoundly affected the workers in the Lancaster and Palmdale offices. Past researchers have found that a highly publicized death of a child creates an enormous amount of stress for the frontline workers and their supervisors (Dill, 2007). Frontline child welfare workers are charged with the duty of assessing for child safety. This involves conducting a risk assessment that is supposed to help workers determine the present and future risk of child endangerment. The risk assessment process is often completed solely by the workers as there is little to no time to process every situation with supervisors (Ferguson, 2005; Littlechild, 2008). Crea (2010) found that

> Workers assessed risk based on a small amount of evidence, ignored significant information known to other workers, and favored evidence based on whether it was the first or last information received, or whether it aroused emotion. In

addition, when presented with disconfirming evidence, professionals tended to be slow in revising their initial judgments. (p. 201)

The public was outraged when child Fernandez was murdered because his family was known to DCFS. They had a long history with DCFS and had an open case with the department at the time of his death, but in this case, the risk assessment process failed the child. The statements made by the workers interviewed for this study demonstrate how an incident like this impacts their jobs on many different levels.

All of the participants reported believing that the way in which the department handled that situation was affecting the workflow of the office, the moral of the staff, and the staff's perception of the department and upper management. Despite all of these stressors, these participants unanimously reported that they feel the job is important and meaningful to them because they sincerely believe someone has to make sure children who are being abused or neglected are protected. They found the job meaningful when they could see that their interventions were making a difference for the children and families.

Nine of the 10 participants had experienced one or more critical incidents which they all defined as having to investigate a family due to a child fatality. The frontline workers had mixed feelings about this process. Some felt that the department should not get involved in investigating a child death when law enforcement deemed the loss an accident. Some workers felt that the departments' internal process of investigating the worker when a child dies, if they had ever been associated with the case did not serve a productive purpose. All 10 participants in this study denied physical assaults or threats to

their safety as a critical incident, although Regehr et al. (2004) defined critical events for social workers as including threats of violence towards themselves and physical assaults against themselves (p. 337). None of these workers had experienced a threat to their safety during the investigation of a critical incident. Finally, the frontline workers did not recall receiving safety training in their academic programs that prepared them for the job. The frontline workers also did not recall receiving much safety training in the academy; which they all attended when they were hired by DCFS. Despite the lack of adequate safety training in educational settings and at the department, most frontline workers reported a high level of confidence in managing safety issues in the field.

Interpretation of Findings

The findings from this study will be interpreted as it relates to the larger body of literature. Each research question will be stated and then interpreted using findings from the literature review and the theoretical foundation of symbolic interactionism where it is helpful in explaining how workers made meaning of their experiences.

Research Question 1. How do frontline child welfare workers make meaning of their experiences in the course of their jobs?

Ellett et al. (2007) conducted a study addressing organizational factors contributing to employee turnover that consisted, in part, to large caseloads requiring frontline workers and supervisors to work 50 to 70 hours per week, an atmosphere and organizational culture of tension and fear, criticism from the media, courts, public and other professionals, fear for personal safety, second guessing case decisions about child safety, noncompetitive salaries, no career path, feeling unvalued by DFCS, policy makers

and the general public, inadequate resources, inadequate training , and unstable central leadership (p. 273). The findings from my study are consistent with research conducted by Ellett et al. Many of the same topics were discussed by the frontline child welfare workers in the current study. Being a frontline child welfare worker in the Lancaster office of Los Angeles County, CA these days is reportedly very stressful, hectic and overwhelming.

The themes that arose from the interview questions were entirely organizational factors. The most common responses were related to workload, which included too many referrals per day, long work days, being required to work overtime on regular days off and weekends, and lack of support. The next theme that emerged was the impact understaffing and attrition had on the workers. This was followed by comments about feeling not valued by the public, media and management and, a general feeling that management does not care about their personal safety and well-being. Due to the office being understaffed, all workers were required to work many hours of overtime in order to attempt to keep up with the demands of the job. The increased level of stress arose from a number of different factors.

The participants in my study reported that there is a culture of fear that permeates the work environment. Workers reported that they fear they will be fired if a child dies on current or past referrals that they investigated. This does not appear to be an unrealistic fear as four staff were fired when child Fernandez was murdered by his mother and her boyfriend in May 2013. That incident caused the department to write more policies and procedures for workers to follow; increased public awareness contributed to an increase

in the number of referrals coming into the hotline, and made supervisors afraid to close referrals without delving further into the family history of every family referred to the department.

The participants in the current study were given an opportunity to speak openly about their experiences on the job. These workers shared their experiences investigating child fatalities. They shared their feelings about being investigated themselves by internal affairs. They talked about their frustrations with the job as far as having lack of foster homes in the area to place children that have been removed from their parents. They spoke about incidents that happened to them when detaining children. They spoke about why they continued to do the job and what was fulfilling to them.

The rewarding parts of the job is where the frontline child welfare workers in my study found meaning. Symbolic interactionism recognizes that "social interaction is the process that *forms* human conduct instead of being merely a means or a setting for the expression or release of human conduct" (Blumer, 1969, p. 8). These participants shared their experiences with human contact-the good and the bad. The frontline workers unanimously expressed the importance of the interaction with the families as a means of keeping themselves safe as well as being able to assess for the safety of children and implement services for families.

Chapter 4 documented what these workers found meaningful about the job. In sum, the shared meaning for these workers was the feeling that they were doing an important job keeping children safe from abuse and neglect. They were rewarded when they could see that the families functioned better after receiving services. Several workers

shared the good feeling they had when they would see a client in the community and the client would approach them and thank them for helping them. This was unexpected as working with the department is generally seen as an adversarial interaction. These workers felt good when they were able to overcome the adversity with the client and help them get services that would improve the families' level of functioning.

The experiences of these workers were partially consistent with finding reported by Savaya, Gardner, and Stange (2011). Savaya et al. used CIT (Flanagan, 1954) to learn about the experiences of social workers in Israel. Four main themes emerged from their study. The first theme was "client hostility and aggression toward the workers" (Savaya et al. 2011, p. 65). Social workers in Israel experienced physical violence as well as verbal aggression and hostility. The frontline workers in Los Angeles experienced verbal threats and hostility but no physical assaults were reported. This was an unexpected finding given what other researchers had reported.

Newhill (1996) reported that the highest incidents of client violence occurred in "criminal justice services, drug and alcohol service and child protective/children and youth services settings" (Type of Incident by Primary Area of Practice section, 1996, para. 1). Newhill reported that 75% of 1,129 participants from California and Pennsylvania reported having "experienced at least one incident of client violence" (Type of Incident by Primary Area of Practice section, 1996, para. 1). Weilding (2007) reported that a study conducted by NASW (National Association of Social Workers) in 2006 of 10,000 social workers revealed that 44 %reported facing safety issues on the job (Safe and Sound section, para. 3).

Handon (2010) conducted a study for her dissertation with public child protection workers in North Carolina. Handon conducted focus groups and a survey questionnaire to gather data related to safety issues for the workers. Handon found that 25 of 57 respondents had experienced client violence (p. 86). The difference in findings may be the result of differing definitions of client violence or it may be that when workers are allowed to tell their stories and describe what actually happened they reported that clients did threaten, yell and cuss at them and they did feel scared sometimes, but they had not been physically touched or injured.

The second theme Savaya et al. (2011) found was client behaviors that violated the unwritten rules of the profession or the workers' expectations" (p. 65). This theme involved working with clients who attempted to engage the worker in unethical activities (p. 67). This theme did not arise with frontline child welfare workers in Los Angeles County. The third theme Savaya et al. found was "inherent professional dilemmas" (p. 65). These incidents were described as conflict the worker felt when having to betray confidentiality of a client in order to protect the client (p. 68), or "having conflicting needs or exceptions of the parties in a situation" (p. 69). This theme did not arise in the current study. The forth theme found by Savaya et al. was "workers' personal issues" (p. 65). Three categories that were very difficult for the social workers in Israel were (a) client's discussion of sexual problems or childhood incest or rape, (b) disrupted pregnancies, and (c) being present when a child was removed from the custody of their parents. Being witness to the pain and cries of the family members when this happens was difficult to these workers. This did not emerge as a theme in this study; however

frontline child welfare workers must deal with this anger and pain regularly. It is this intense pain and grief that causes families to strike out at the worker during detentions. Findings in the present study indicate that the workers who had been threatened, had been threatened as a result of a detention.

The partial consistency with the research regarding client violence towards social workers included confirmation that social workers do face hostile and aggressive clients and they are subjected to threats, anger, and verbal abuse on a daily basis. What was different from the research findings with this small group of frontline child welfare workers was that none of them had been physically assaulted. They had faced potentially volatile situations when detaining children, but this group of workers attributed their communication skills, ability to diffuse situations, and a reliance on their "gut feeling" about dangerous situations as the key to avoiding physical assaults.

Research Question 2: Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced?

Eight of the 10 participants in the study reported having investigated one or more critical incidents during their employment at DCFS. All critical incidents discussed by these workers involved investigating the death of a child. The frontline workers in this study were working under the black cloud of the recent death of child Fernandez. The feelings expressed by workers regarding how the morale of the workers changed after this incident are reminiscent of the analysis Ferguson (2005) did after a highly publicized child fatality in the UK.

Ferguson (2005) conducted a critical analysis of the death of a child, Victoria Climbie, in England in February 2000. Ferguson suggested that the "deaths of children in child protection cases have hung like a dark shadow over the professions who work with child abuse, and especially social work" (p. 781) for three decades. This sentiment was true for the workers in the current study too. Ferguson suggested that welfare states' answer to these tragic events has been a "rational-bureaucratic one of developing the law, procedures and performance management. In the process, attention to the psychological and emotional aspects of doing social work and child protection has been largely ignored and squeezed out" (p. 781).

The participants in the current study confirmed through their statements about how the department handled the fatality of child Fernandez that the same bureaucratic procedures are alive at DCFS. Performance management is alive and well at DCFS. Internal affairs investigates the workers performance on prior referrals when a child dies and workers are written up and reprimanded for missing documentation. The department's solution to the public outrage is the write more policies and procedures and punish the worker, even when missed documentation would not have changed the outcome. In relation to the evaluation of the Victoria Climbie case, Ferguson (2005) spoke to the nature of the business of child protection as being one in which the "front-line workers got little support or quality supervision and were uncertain about their role in child protection" (p. 783). The findings in the current study are the same as Ferguson, as one of the themes found in the current study was the lack of support by supervisors and managers.

The essence of Ferguson (2005) findings was that the system of child protection is flawed. Performance management does not allow workers to do social work (p. 791). The social workers are working as fast as they can, but there "was a complete lack of attention to the process and feelings, no space for reflection, for slowing things down, as the social work office itself was not a safe or nurturing space" (p. 791). Frontline workers in the present study shared similar feelings.

Research Question 3: During critical incidents, what safety issues do workers encounter?

A surprising finding in this study was that none of the participants had experienced client violence as a critical incident. During the investigation of critical incidents, workers were not physically assaulted or threatened. Some earlier researchers had suggested that learning more about the circumstances around client violence perpetrated on social workers was needed (Ferguson, 2005; Ringstad, 2009; Stanley, 2010). The frontline workers in the current study who had experienced threats to safety reported that the threats happened because they had removed a child or children from the home of an abusive parent. Law enforcement frequently is not with the worker when a child is taken into protective custody. It is during these times that the worker is vulnerable.

Based on data in the literature review, I expected to hear stories from workers regarding physical assaults or threats to their safety during critical incidents. It could be that parents expect that a social worker from DCFS is going to pay a visit to their home if there is a child death. During these times, parents are grief stricken so it is possible that

this deep emotional grief prevents them from being aggressive towards the worker. Alternatively, social workers investigating the death of a child feel that they are intruding on a family and it is possible that the empathy shown by workers during these difficult investigations prevents parents from striking out at the worker.

The frontline workers in my study had encountered risks to their safety when responding the allegations of abuse and neglect when there was domestic violence in the home. Two workers spoke about going to homes where the perpetrator was violating the restraining order and was actually at the home when the worker arrived. One worker also responded to a referral on a ranch where an auto repair shop was used to cover up a large scale methamphetamine production lab. The paraphernalia was hidden in the trunks of cars when the worker arrived to do the home inspection. Luckily, no workers were injured during these investigations, but the risk of injury is real.

Research Question 4: What level and type of training have workers received in their education as child welfare workers to manage safety issues?

Kelly (2010) reported that even with the increased knowledge of the dangers that exist in the field of social work that, "Safety is not a topic that is comprehensively covered in social work school, and social workers are not typically prepared with adequate self-defense training, conflict resolution techniques or resources to prevent violence" (p. 2, para. 4). These concerns were echoed by a number of researchers. For example, Gately and Stabb (2005) found in a survey study of 202 psychology student participants that their safety training ranged from "virtually none and poor" (p. 7). The number of participants was small in my study, but they confirmed what the literature

review found. Participants in my study could not recall specific safety topics that were covered in their academic programs. They also reported having very little training on safety issues since being hired by DCFS. These finding suggest that workers are being socialized at their colleges and field placements through omission of information that may be beneficial to them.

Limitations of the Study

Limitation regarding the researcher: I had a background and prior employment as a frontline child welfare investigator; therefore it was assumed that I may have a degree of bias towards the participants in the study. I was careful to follow agreed upon protocol of trustworthiness in order to minimize bias. A topic guide was closely adhered to in order to keep the interview focused and minimize the chance of asking leading questions. Researcher bias is always a legitimate concern when conducting a study where a researcher has worked in the field with participants in the study. In this case, I believe the data obtained was more detailed and rich because the participants were comfortable sharing their experiences with me.

Implications for Social Change

The positive social change implications include information that may help facilitate a paradigm shift in the professional and academic socialization of social workers. Earlier researchers had suggested that the professional socialization of social workers needs to change as many workers have reported thinking that physical and verbal assaults are part of the job and they are not taught what to do if or when they become a victim (Fox & Harmon, 2008; Faria & Kendra, 2007; Lyter & Abbott, 2007; Macdonald

& Sirotich, 2001; Norris, 1990). Criss (2010) stated, "Students need to understand student rights, including the right to refuse to proceed with a potentially dangerous encounter with a client" (p. 385). Criss also stated that "field agencies must intentionally address ways to both prevent client violence and to address the effects when it has occurred" (p. 385). The findings from my study are consistent with what the above researchers suggested.

It is ironic that none of the participants in this study were aware of the policies and procedures they should follow should they become a victim of client violence towards themselves. They reported thinking there must be policies but had never been specifically told what to do. They also did not recall much safety training in their academic programs or since being hired as a frontline child welfare at DCFS. They did recall that they were instructed that they are not allowed to carry anything to protect themselves when going out to investigate allegations of child abuse and/or neglect.

The perception that workers shared regarding this DCFS policy is that the department does not care about them or their safety. Many times workers reported investigating allegations where there was real criminal activity going on and they felt at risk. The geographic area in which the participants in this study work is broad and in some cases isolated from telephone reception and immediate help from law enforcement should they need backup. One worker recalled that the instructor at the academy downplayed the risk and suggested that nothing would happen; however, all of the participants in this study had been subjected to verbal abuse in the form of name calling, and being cussed out by clients. Two had been followed by parents whom the workers

had detained children from. One was inches from being choked by a parent in the Sheriff station during a detention. Two workers lives were threatened by angry parents after the workers had detained their children. One worker had a gun incident. All workers in the study reported knowing coworkers who had experienced client violence in one form or another. None of the participants in this study talked about threats to their safety as a critical incident. This is how one worker summed it up when specifically asked about threats to personal safety, law suits, or assaults. Sam stated,

> I think that's like every day. So it's not even, so when you asked me that, it didn't even cross my mind. But yeah, I get cursed out. I feel like if I don't get cursed out at least once a week I'm not doing a good job. So people threaten me, they cuss me out. They say they're going to sue me. Or you know, they call me every name under the sun.

This was not a unique sentiment. The frontline workers interviewed for this study did not feel they needed to worry about it unless the client touched them. Chapter 4 documents statements made by other workers that suggest they believe client violence on social workers is expected.

Another positive social change implication is that the stories provided by the frontline child welfare workers in this study may help prepare students who are considering careers as public child welfare workers. The participants in this study were forthright in sharing their experiences as a frontline child welfare workers. The stories shared by these workers may provide a more realistic view of what some workers experience. These experiences cannot be generalized to the whole population of frontline

child welfare workers, but the information may enhance their safety and preparedness for the challenges they may face as they begin their field placements and assignments to various child welfare offices in Los Angeles County.

Recommendations for Action

This phenomenological qualitative study has generated questions for future research beyond the scope of this research. The first question concerns the areas of socialization of social workers in their academic programs regarding safety issues and socialization of workers in field placements. Avoiding these issues in training does not prepare students for what they can reasonably expect to face in the field working as frontline child welfare workers. Students should have a reasonable expectation so that they can make an informed decision as to whether to pursue child welfare social work as a career. This is a topic that has very little research and further quantitative and qualitative studies would add to the body of knowledge.

Secondly, DCFS has an internal affairs department that reviews all child fatality cases. As part of this process, they take every case and review it against the thousands of pages of policies and procedures to see if there is anything the worker should have done to prevent the child fatality. This could be a valuable training tool for new staff if they find egregious mistakes made by workers. However, why does the department investigate frontline workers prior investigations when a child dies when the child death was accidental, or the prior investigation had nothing to do with the child's death? This policy creates a culture of fear as well as a "them against us" perception of the department. These concerns may be addressed using a mixed methods approach, or case studies that

delve more into how social workers cope with this procedure. This study touched on how this process affected some of the workers who had been investigated after a child died on a referral but it was not the primary focus of the study.

Finally, there is still a need for the development of a formalized safety curriculum for all professionals who provide services to children and families in their homes. These professionals run the gambit from home health care workers, nurses, therapist, and social workers who work in many different capacities. The risks need to be openly discussed and acknowledged instead of pretending they don't exist, or that one will never be victimized. Preparing professionals by roll playing events such as what to do if a dog attacks you, or what to do if a client pulls a gun on you, or how to assess for potentially dangerous situations may save lives. Ignoring these topics for fear that workers will not want to become social workers is reprehensible.

Conclusion

As the findings from this study indicate, being a frontline child welfare worker these days can be very stressful work. The job of protecting children has to be carried out by someone when the family unit fails to do so. The workers interviewed for this study were all passionate about making sure children were safe and were deeply saddened and heartbroken when a child died or was murdered despite their efforts to protect them. This failure does not appear to be an individual failure, but a systemic failure on the part of DCFS. Having frontline child welfare workers spend 80% of their time doing paperwork instead of being out in the homes checking on the safety of children and providing crisis interventions to families referred to the department seems to be a poor use of resources. It

is clear that writing more rules and regulations every time a child dies is not enhancing their safety. The participants in this study lamented thinking they had been hired to do social work and to protect children and find themselves doing neither. An adjustment in this area may actually attract and keep workers at the department. If the real goal of the department is child safety, then it is suggested that the ratio of paperwork to social work should be reversed; 20% of their time should be spent documenting activities, and 80% doing real social work.

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Appendix A: Topic Guide – Interview Questions

Demographics

Name: Age: Gender:

Number of years working as a frontline child welfare worker:

Read instructions aloud to participant

Thank you for participating in this study. The study is interested in learning about the meaning that frontline child welfare workers give to their experiences on the job. The interviewer will ask you to remember and reflect upon your experiences as a body of work as well as those that stand out as particularly meaningful. In addition, you will be asked about critical incidents within your experience. Critical incidents are those experiences that you recall as being more intense, significant, provocative, or appealing. As you share your experiences, you may be prompted for detail, clarity, or context regarding the meaning you are conveying. Do you have questions before we begin?

Research questions and related interview questions

Research question 1: How do frontline child welfare workers make meaning of their experiences in the course of their jobs?

Interview questions:

1. Tell me what it is like being a frontline child welfare worker these days.
2. What is it about your work that is important and meaningful to you?
3. What about your work is the most unsatisfying?
4. What do you do to build your self-esteem?

5. How do you cope?

Research question 2: Within these experiences, what critical incidents have frontline child welfare workers in Los Angeles County experienced?

Interview questions:

1. What critical incidents have you experienced as a frontline worker?
2. Describe the incident(s).
3. How did you manage the incident(s)?

Research question 3: During critical incidents, what safety issues do workers encounter?

Interview questions:

1. During critical incidents, what safety issues have you encountered?
2. Describe the issues.
3. How were you affected personally?
4. How did you manage it?

Research question 4: What level and type of training have workers received in their education as child welfare workers to manage safety issues?

Interview questions:

1. What safety training topics were covered in your academic program?
2. What type of safety training have you received since you became a frontline children's social worker with DCFS?
3. What are the policies and procedures you have been instructed to follow should you become a victim of physical or psychological assaults or threats?

4. Assess your level of confidence in managing safety issues.