Insult and Injury: Exploring the impacts of intimidation, threats and violence against social workers

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Intimidation, threats and violence – incidents which endanger personal safety are familiar to many social workers.

In supporting and safeguarding the most vulnerable people in society, social workers can become targets for abuse and violence. This is often at the hands of the individuals they are working to protect, or those close to them.

On hearing from members who have experienced aggression and violent behaviour in their professional roles, BASW Northern Ireland conducted research to examine the extent to which social workers have been subjected to intimidation, threats and violence and to ascertain the support provided by employers.

Our findings paint a troubling picture of both the scope, and the nature, of incidents experienced.

Close to nine out of every ten social workers (86%) who participated in our survey have experienced intimidation, three-quarters (75%) have received threats, and half (50%) have been subjected to physical violence.

The associated impacts on social workers’ emotional, mental and physical wellbeing, their performance in work, and their family lives is deeply concerning.

BASW Northern Ireland recognises aggression, both veiled and overt, directed towards social workers is often prompted by stress and worry caused by problems facing service users and their families. Nevertheless, it is essential that social workers can work free from intimidation, threats and violence.

As well as detailing the types of incidents encountered by social workers and exploring the associated impacts, this report presents a series of recommendations aimed at improving social workers’ safety. BASW Northern Ireland looks forward to working with its partners across the health and social care, criminal justice and education sectors to see these solutions implemented.

Colin Reid
Chair, BASW Northern Ireland
The research was conducted via an online survey questionnaire and participation was open to all registered social workers in Northern Ireland.

The questionnaire comprised a series of open and closed questions, collecting qualitative and quantitative data about social workers’ experiences of being subjected to intimidation, threats and violence related to their professional role.

Two hundred and twenty complete responses and thirty-nine partially complete responses were submitted.

To ensure consistency throughout the quantitative data analysis process the data set was restricted to the two hundred and twenty complete responses. However, answers provided to open questions submitted in the partially complete responses were included in the qualitative data analysis.

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1 A further one hundred and thirty-one responses were submitted which answered only the first question: *In your role as a social worker have you experienced intimidating behaviour intended to make you worried or afraid despite no explicit threat being made against you?* The overwhelming majority of these responses indicated the respondents had experienced intimidating behaviour. However, because the respondents did not answer any further questions – opting to exit the survey at this early stage – they were excluded from the data set.
Demographic Information

Respondents were asked how long they have worked as a social worker: 2% have worked for less than one year, 14% for one to five years, 16% for six to ten years, 20% for eleven to fifteen years, 15% for sixteen to twenty years, and 32% for more than twenty years.

The following table details the service area respondents currently work in:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Children and Family Services</td>
<td>51%</td>
</tr>
<tr>
<td>Mental Health Services (adults)</td>
<td>12%</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>10%</td>
</tr>
<tr>
<td>Older People’s Services</td>
<td>7%</td>
</tr>
<tr>
<td>Physical Disability Services</td>
<td>5%</td>
</tr>
<tr>
<td>Learning Disability Services</td>
<td>4%</td>
</tr>
<tr>
<td>Mental Health Services (children and adolescents)</td>
<td>2%</td>
</tr>
<tr>
<td>Hospital Social Work</td>
<td>1%</td>
</tr>
<tr>
<td>Academia / Research</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

It should be noted the service area a social worker currently works in may not be the service area in which they experienced intimidation, threats and violence. Identification of areas where intimidation, threats and violence appear to be most prevalent has been undertaken via analysis of the responses social workers provided to open questions.

Over three-quarters (77%) of respondents are female, 21% are male, and 2% declined to provide information regarding their gender.

Most respondents (89%) work in the statutory sector, 9% work in the voluntary sector, 1% in the private sector and 1% work as independent social workers.

It is recognised that the sample for the research was self-selecting and it is not claimed to be directly representative of the social work population in Northern Ireland. However, the extent of the intimidation, threats and violence experienced by the sample group is an indicator of the problems faced by social workers more widely.

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2 Percentages do not add to 100 due to rounding.
Survey responses suggest intimidation of social workers is widespread.

The vast majority of respondents (86%) said that in their role as a social worker they have experienced intimidating behaviour intended to make them worried or afraid, despite no explicit threat being made against them.

Respondents were asked to provide information regarding the incidents of intimidation which had the greatest impact on them. The responses were many and varied, identifying a range of issues encountered.

By its nature, the intimidating behaviour reported ranged from subtle yet pernicious attempts to undermine and discredit social workers, through to thinly veiled threats to cause harm.

Respondents recounted a growth in abuse via social media, with examples given of service users or their family members spreading false and malicious information about social workers via Facebook pages and YouTube.

Associated with, but not limited to this activity were accounts of social workers having home visits recorded and photographs taken of them or their vehicles, which was noted to cause significant stress and anxiety.

An issue frequently cited as intimidating by respondents was the misuse of complaints processes. Various examples were provided of vexatious complaints made, usually to the Northern Ireland Social Care Council, but also to the Health and Social Care Trusts, elected representatives and the police. This was highlighted as a key factor in undermining social workers’ confidence in performing their duties. Information was also provided concerning service users using information regarding social workers’ personal circumstances or phobias in attempt to discredit and undermine them.

“The complaint resulted in a meeting with the parents at which one of them said that they would ruin my professional reputation. The complaint procedures were followed and it did not go further but I felt very scared that a lifetime’s good work for vulnerable children, could be wiped out by a lie” (Education Welfare Officer)

Many social workers recounted instances of verbal abuse, swearing and name calling. Some also provided accounts of being subjected to sectarian or racist abuse.

Respondents who experienced particularly severe verbal abuse noted feeling “mentally battered” or “harangued”. Although some respondents appeared to accept these types of behaviour as part of the social work role, many others described experiencing negative impacts as a result.

“It wasn’t so much being threatened by the young person, it was in fact the relentless abuse of myself and my colleagues, on a daily basis, that was difficult to deal with” (Residential Childcare Social Worker)
Implied threats included service users referring to personal information about social workers, for example detailing knowledge of their home address, car registration or information about their children’s schools. Examples were also provided of service users loitering outside social work offices, as were cases of service users following social workers or their family members in their cars.

Intimidating behaviour which is more overt in its nature includes service users behaving in an aggressive and confrontational manner, social workers being deliberately intimidated by large groups of people, and service users making aggressive or silent phone calls to social workers. Instances were also cited of service users expressing aggressive or violent views about social workers who had previously worked with them, with details given of the violence the service users wished to mete out.

In certain cases, the intimidation was intended to pressure social workers to falsify case recordings in favour of the service user.

Social workers also provided examples of service users and family members invading social workers’ personal space and demonstrating aggressive body language. In several cases a focus was placed on the challenges associated with working with service users who have mental health problems.

Included in the cases cited were examples of service users refusing entry to their homes, hampering social workers from exiting, and deliberately blocking vehicles to prevent the social worker leaving or create the potential for a collision.

Several responses highlighted intimidation as a result of service users implying an association with paramilitary groups. Some cited individuals referring to their “connections” in the community while others noted experiences of being “advised” by service users to stay out of specific areas.

Finally, a small number of respondents highlighted instances of harassment and mistreatment from managers, noting the extent to which this affected them given the power imbalance inherent in the situation.
Three-quarters (75%) of respondents stated that in their role as a social worker they had experienced a threat of violence made against them, a family member, an organisation they have worked for, or a colleague they have worked with.

The type of threat most frequently encountered by respondents is a threat made against a social worker either in person or by telephone. Two-thirds (67%) of all respondents had experienced this type of threat at least once. However, social workers who have experienced this type of incident are likely to have done so multiple times throughout their career. Only 6% of respondents experienced a threat made in person or by phone as a one-off incident. This compares to over one-quarter (27%) who noted they had been subjected to this type of threat more than ten times.

Approximately one-quarter (23%) of respondents stated they had experienced at least one threat made in writing, or via text or email, and 15% said they had received multiple threats via these methods.

Again, nearly one-quarter (23%) of social workers surveyed explained a member of their family had received a threat related to their role made in person or by phone; 15% had experienced this more than once.

One in nine (11%) respondents had received a threat directed at them via social media, and 4% had a family member who had been threatened in this way. While the number of respondents in these categories is small relative to the number of social workers that have been threatened in person, the qualitative data collected indicates threats via social media are distressing and have a strong destabilising effect on the individuals who receive them.

Threats were most often made by service users or a member of their family, however, examples were also given of threats communicated to social workers via third parties not directly involved in the social worker’s caseload.

The nature of many of the threats received are deeply shocking. Respondents noted receiving death threats, threats to torture and threats to rape. While most frequently directed at social workers, threats of these type were also intended for the partners and children of social workers.

Two separate accounts were submitted detailing incidents where social workers were sent death threats accompanied by bullets in the post. A third respondent cited their experience of being told a bullet had been “marked for me”. The threat was made by an individual the social worker knew was heavily involved in paramilitarism. An example was also provided of paramilitary related graffiti carrying a threatening message targeting all social workers in the area, as well as singling out a specific social worker by name.

“On one occasion when trying to remove a child from a house with police, a service user threatened to get his gun and shoot my colleague and me. Fortunately the police removed the weapon” (Children’s Services Social Worker)

A significant number of the threats reported by respondents included a paramilitary link. When asked if they had ever worked for an organisation, in a team, or with a colleague that had been subjected to a threat by a criminal or paramilitary group, 40% of respondents said they had.
Paramilitary threats were cited frequently by criminal justice social workers, notably due to the dissident republican threat made against Probation Board for Northern Ireland (PBNi) employees in September 2017.

Probation Officers explained PBNi had advised each member of staff, and their families, to check under their cars every journey for car bombs, and to avoid home visits in certain areas.

Probation Officers also highlighted the stress and anxiety caused as a result of a dissident republican bomb attack on a PBNi office in 2015.

> “Following the paramilitary threat, I cannot guarantee my family’s safety, and no one cares about probation officers or social workers” (Probation Officer)

Threats involving paramilitaries were also recounted by social workers working in Children’s Services, Mental Health Services and Older People’s Services.

> “I worked in family support service in the voluntary sector and was threatened by masked men because I was a gay Catholic. I didn’t know the men, but the family I was supporting were known to have paramilitary links. The men had baseball bats, hoods and one had a knife” (Social Worker)

Threats of physical violence and threats to kill were reported as particularly prevalent in Children and Family, Residential Childcare, and Mental Health Services.

Among the most distressing incidents recounted by respondents were threats to burn down social workers’ houses with them and their family inside, or to set fire to a social work office while staff are in the building. Several examples were provided by social workers, pregnant at the time of the incidents, who were told that their babies would be killed.

> “I experience extreme verbal abuse and threats of physical violence on a daily basis, such as threats that I’ll be stabbed or have my head kicked in. This results in me feeling like I work in a domestic violence type situation” (Residential Child Care Social Worker)

Examples of other threats of violence cited by social workers include threats to: attack with weapons or boiling water, poison, attack with dogs, or assault by throwing down stairs or out of windows. In one example, a social worker working in residential child care who had received threats to kill explained that knives were found in one of the residents’ bedrooms.

> “The perpetrator was a client and I had to continue working with him despite him making a threat to assault me” (Youth Justice Social Worker)

Social workers recounted incidents of being constantly harassed or stalked, and threats of damage to their cars or property. Examples were also given of social workers being threatened with sexual violence, both in person and via text message.

Social media was highlighted as playing a role in enabling threats against social workers. Several examples were given of social workers being threatened with physical violence, including graphic threats to murder, in which the geographical area the social workers worked in was named.
Violence

Exactly half (50%) of all social workers who participated in the survey explained they had been subjected to physical violence.

Physical assault is the form of violence respondents were most likely to have experienced; 42% of respondents reported being physically assaulted at least once.

Particularly worrying is the occurrence of multiple physical assaults. Of all the social workers surveyed, 15% explained they had experienced physical assault between two and five times during their career, 5%, six to ten times, and 10% reported being assaulted more than ten times.

One-third (33%) reported witnessing damage to their employer’s property, while 28% had their own property damaged at least once in their role as a social worker.

Although it was the least common form of violence reported by social workers, one in eleven respondents (9%) stated that during their career they had been attacked by a dog or other animal, where the attack was either incited by an individual or resulted from negligence to restrain the animal. One respondent recounted an incident in which she was bitten by a dog while she was pregnant.

Social workers’ responses suggest incidents of violence are widespread despite more than half (57%) of respondents having received training from their current employer about how to protect themselves when working with intimidating, threatening or violent individuals.

Social workers recounted multiple incidents of being subjected to physical assault. Examples of the violence experienced include: being pulled to the floor and kicked in the head, being punched in the face, being grabbed by the throat and choked, being bitten, having bones broken, and being pushed around and manhandled.

Respondents also recounted experiences of being attacked with knives or improvised weapons, for example, chairs, fire extinguishers, and hot liquids. Numerous incidents of being spat upon were cited in social workers’ responses.

Several social workers described needing to receive hospital treatment for their injuries. One individual reported being left unconscious as a result of an assault, while two cited experiences of being assaulted when pregnant.

“I was out socialising in my local area and was physically assaulted by a former client who left me unconscious. I required 15 stitches to my eyebrows. A few years later she was in our building and informed me she had made a video of the attack” (Children and Family Services Social Worker)

Respondents expressed feeling vulnerable to attack, especially when undertaking home visits with service users on their own. This is often cited by Children and Family Services Social Workers and Mental Health Social Workers, particularly Approved Social Workers.
Several respondents reported being held against their will by service users during home visits. In some cases the social workers were assaulted and threats were made against their lives.

Intentional damage to vehicles was reported as a common occurrence. Respondents gave examples of having their car tyres slashed or studded with nails, windows smashed, body work damaged, and paintwork destroyed. One respondent noted their vehicle was stolen and examples were given of cars being attacked while the social worker was in the vehicle. Another cited an incident in which they were involved in a car crash as a result of a service user, who was travelling as a passenger, deliberately engaging the handbrake while the car was moving.

A social worker working in Family Intervention provided an example of an attempted kidnap of a baby which had been taken into care. Other social workers reported attempted sexual assaults by service users.

Social Workers working in Residential Child Care explained the highly distressing impacts of witnessing residents self-harming and from preventing suicide attempts by young people in their care.

Incidents of violence were cited by social workers working across a wide range of service areas, including Children and Family Services, Mental Health Services, Older People’s Services, Learning Disability Services, Physical Disability Services, and Criminal Justice. However, both the qualitative and quantitative data suggest violence is a particular problem for staff working in Residential Child Care Services – 93% of respondents currently working in this area report having been subjected to physical violence.

“The assault was by a 13-year-old girl. You feel people’s perception is ‘how did I allow a young girl to do this?’ However, I am powerless to push away or defend myself in fear of accusations of assault by the service user” (Residential Child Care Social Worker)
Impacts of Intimidation, Threats and Violence

Impacts on health and wellbeing

Social workers were questioned on the impacts they experienced as a result of incidents of intimidation, threats or violence they had encountered.

The respondents were asked to explain whether they had experienced ‘no impact’, ‘minor detrimental impact’ or ‘serious detrimental impact’ to each of the following: physical health, emotional wellbeing, mental health, performance in work, and family life and relationships.

The most prevalent consequence of intimidation, threats and violence is a detrimental impact on social workers’ emotional wellbeing; 93% of those who had experienced intimidation, 86% of those who were subjected to threats, and 94% who experienced violence reported a detrimental impact in this area.

The harmful effect of intimidation is underscored by the finding that of all the experiences examined, intimidation is the most likely to cause a serious detrimental impact to emotional wellbeing. Approximately one-third of respondents (32%) subjected to intimidation experienced a serious detrimental impact.

Unsurprisingly, social workers who have been subjected to physical violence were the most likely to report a detrimental impact to their physical health. Nearly three-quarters (73%) of respondents who had experienced violence were impacted in this way, compared to 46% of respondents who were threatened and 56% of those who were intimidated. Analysis of the qualitative data indicates the stress and anxiety caused by intimidation and threats is largely responsible for the detrimental impacts on respondents’ physical health.

No questions were asked regarding the exact number of intimidating events respondents had encountered throughout their careers. However, qualitative data provided in response to various questions indicates frequent and ongoing verbal and emotional abuse over many years is common. This may be the reason why social workers who have experienced intimidation are the most likely to report a detrimental impact on their mental health.

Three-quarters (75%) of social workers who experienced intimidation reported a detrimental impact on their mental health. This compares to 66% of respondents who received threats and 67% of those who were subjected to violence. However, social workers who experienced violence were those most likely to have experienced a serious detrimental impact to their mental health.

Social workers who had experienced intimidation were also the most likely to report a detrimental impact in terms of their performance in work. Over three-quarters (77%) experienced a detrimental impact, compared to 71% of respondents who had experienced threats or violence. However, social workers who had experienced violence were the most likely to report a serious detrimental impact concerning their work performance.

Finally, a detrimental impact to family life and relationships is most frequently experienced by social workers who have been subjected to physical violence. Three-quarters (75%) of social workers who experienced violence reported a detrimental impact. This compares to 69% of respondents who had experienced intimidation, and 63% of those who had received threats.
**Time off work**

Despite the severity of the threats received by social workers, and the extremity of the violence many have endured, the number of social workers that have taken time off work as a result is surprisingly low.

Only 25% of those who have received a threat or threats have taken time off work as a consequence. Of the social workers who have been threatened, 6% were off work for less than a week, 8% between one week and a month, and 8% between one month and six months. Only 3% reported being off work for more than six months because of a threat or threats received.

Social workers who have been subjected to violence are more likely to have taken time off work. Overall, 38% of respondents who have experienced violence have taken time off as a result. Of the social workers who had been subjected to violence, 11% were off work for less than a week, 12% between one week and a month, 10% between one month and six months, and 5% reported being off work for more than six months.

**Exploring the impacts**

There are significant similarities between the impacts felt by respondents who have experienced intimidation, those who have received threats and those who have been subjected to physical violence. This underscores the severity of the impact of intimidation and threats experienced by social workers, even when violence is not experienced, the consequences for the social workers involved can be severe.

Given the seriousness of the incidents recounted by respondents, it is unsurprising that many described feeling fearful, stressed and anxious as a result.

Examples were given of social workers being frightened to come to work, feeling a sense of dread, and being unable to socialise in the locality they worked in. Cases were also cited of social workers fearing they and their families would be physically attacked.

> “At times it has felt as if the Trust’s view of assaults on residential social workers is that this is part and parcel of the job… At times I have dreaded coming into work for more of the same. It can create apathy and a sense of helplessness in the team. I feel this has significantly impacted upon my well-being through long periods of managing inappropriate levels of stress” (Residential Children’s Service Social Worker)

While some respondents who had received a death threat queried whether the individual who made the threat was capable of carrying it out, or even whether the threat was genuine, others reported feeling very afraid that the threat was real, and believed they would be killed.

Respondents frequently cited having difficulty sleeping as a result of their experiences, some experiencing nightmares or night terrors. Social workers also reported a disruptive impact on their families and home-lives. Examples were given of respondents being unable to “switch off” and stop thinking about their negative experiences, resulting in them becoming distracted, stressed, and irritable with family members.

One respondent noted it had become difficult to sustain a healthy work-life balance, while others noted having to introduce new security measures at home and enforce security procedures to safeguard their own children. One respondent who had experienced repeated violent incidents noted her relationship broke down because of the stress caused.
Poignant references to these impacts are demonstrated by one respondent’s explanation that as a result of their experiences they were “less fun to be around”, and by another who noted they now had less joy in their life.

Social workers gave examples of experiencing low mood, anxiety, and in cases, depression, with the prescription of antidepressants deemed necessary. A number of social workers cited suffering from post-traumatic stress disorder as a consequence of intimidation, threats or violence they experienced.

In terms of physical impacts, respondents variously noted experiencing: headaches, eczema, panic attacks, high blood pressure, digestive problems, vomiting, back pain, hair loss, over-eating, and loss of appetite. In some cases, social workers were required to take sick leave as a result.

Social workers who were subjected to physical violence also experienced injuries as a direct result of the assaults they endured, with several citing the need for hospital treatment.

Some respondents provided examples of how the incidents they experienced had negatively impacted on their social work practice. A social worker with experience in Children’s Services and Mental Health highlighted concern over social workers attending call-outs alone in crisis situations. Others noted exercising undue caution in interactions with all their service users, feeling a loss of confidence in their professional ability, feeling suspicious of other people, or of behaving with hyper-vigilance.

Overly focusing on problem cases to the detriment of the rest of their workload was cited as a consequence of experiencing threats, intimidation or violence, as was questioning whether to remain in the profession.

Other impacts included: feeling tearful and emotional, constantly feeling on guard and not wanting to be alone, feeling powerless, experiencing a loss of confidence, and feeling worthless or lonely.

One respondent explained that they had simply carried on without fully appreciating the severity of the situation they had experienced until they later reflected on the issue, while another noted experiencing unexpected flashbacks.

A number of respondents expressed they felt unprotected and unsupported by their employers, with one social worker explaining that they felt they were simply expected to deal with intimidating behaviour as part of their job. However, other respondents accept the situation as intrinsic to the role of a social worker and described coping strategies they have developed to deal with the associated stress.
A number of impacts were mentioned only by social workers who had experienced threats of violence. Respondents in this category highlighted the stress and anxiety caused by feeling unable to share information with their families regarding the threats they had received. For some this was because they did not want to cause fear, however, one respondent explained they did not want to leave their job and believed their family would insist on this if they knew about the severity of the situation.

Other respondents highlighted the distress caused to their family as a result of sharing information about threats. In one instance, a respondent noted they and their family were forced to move to a new house, change their car and more closely supervise their children’s movements as the result of a threat received.

Respondents who have received threats also noted avoiding use of social media to prevent information about them being accessed online.

While many respondents indicate threats to social workers are rife across various areas of practice, the prevalence and frequency of threats appears to have desensitised some social workers to their impact. Others, however, consider this objectionable and argue social work managers must not accept threats received by their staff to be a normal part of social work practice.

Several issues were also cited only by respondents who had experienced physical violence. These included feelings of intense anger towards the perpetrators of attacks, as well as feelings of guilt resulting from an inability to forgive attackers.

Some who had experienced violence described feeling they were to blame for the incidents. Others felt responsible for not handling situations differently in order to have prevented the violence.
Respondents also provided examples of feeling their trust in their employer had been damaged because of how the employer had handled the situation, and one social worker reported the need to hide their fear, believing their manager would perceive this as a sign of weakness and of inability to correctly do their job.

A respondent working in a residential child care setting noted physical assaults had resulted in them feeling constantly apprehensive that an attack is imminent. Another social worker who had experienced physical violence explained that when undertaking home visits they are at pains to ensure their colleagues are aware of their location and when they are due to return.

“Waiting for the physical violence to occur was the worst bit with traumatised young people. Knowing the theory behind their behaviours does not always help you to deal with it on a personal level” (Children and Family Services Social Worker)
Reporting Threats and Violence

Most respondents (88%) who have been subjected to a threat have, on at least one occasion, reported a threat to their employer.

Of those who have reported a threat, 54% were satisfied with their employer’s response and 46% were unsatisfied.

Nearly all respondents that have been subjected to physical violence (95%) have reported an incident of violence to their employer at least once. However, fewer than half (47%) of those who reported a violent incident were satisfied with their employer’s response.

Respondents that have been subjected to violence were also more likely to have reported an incident to the police than social workers who have been threatened. Two-thirds (67%) of respondents who have experienced violence have made a report to the police, compared to 55% of respondents who have been threatened.

Social workers’ views on employers’ responses

Central to responses provided by social workers who felt satisfied with their employer’s handling of a reported threatening or violent incident was the employer’s willingness to listen to their fears and anxieties and implement measures to mitigate them.

Social workers with positive experiences noted their employers did not consider the incidents to be an accepted aspect of social work practice, and focus was placed on supporting the social worker to continue in their role while taking steps to safeguard them from further harm in future.

Key to this was ensuring the social workers’ complaints were taken seriously by managers, with appreciation that the impacts resulting from incidents may require continued support beyond the period immediately following the incident. In certain cases, social workers noted the benefits of counselling offered by their employer or being supported to take time off work.

“My employer listened to my distress, clearly heard my fears and put in place both emotional supports and practical supports to assist me to reduce the likelihood of any of those fears being realised. They returned to the issue regularly in supervision and with time I feel I made a full recovery. Being able to talk about the incident, and my fears, allowed me to get them in perspective” (Mental Health Social Worker)

Social workers gave examples of receiving support from managers to make complaints to police. Instances of managers speaking to service users to outline the unacceptability of various incidents and explain Health and Social Care Trust zero tolerance violence policies were also cited as helpful.

Respondents provided examples of employers supporting staff in the development of safety plans, with practical measures including covering the cost of security measures, for example, changing home phone numbers and going ex-directory, or installing CCTV cameras at social worker’s homes.

Numerous cases were cited where decisions were taken by managers to ensure home visits to certain
service users would be conducted by social workers in pairs, and of other staff being made aware of the risk posed by the service users. An example was also provided where an employer agreed Approved Social Workers should not attend calls alone.

Other examples were provided of cases being reallocated to different members of a social work team to prevent the social worker who had experienced the threat or violence from having ongoing involvement with the service user.

“I felt I was listened to and provided with emotional and practical support” (Children and Family Services Social Worker)

In comparison, social workers dissatisfied with their employer’s response often cited managers failing to adequately support them or expecting business to resume as normal following the incident.

Some respondents noted the absence of policies or procedures determining how staff should be supported, while others felt undermined by employers comparing their experience to that of colleagues who were not subjected to threats or violence.

“Mental health colleagues dealing with the client did not experience any physical situations therefore my manager considered I should have dealt with the situation differently. I did not feel supported by management at all” (Children and Family Services Social Worker)

An example was provided by a respondent who considered their manager’s concern was not for the social worker’s wellbeing, rather the focus was solely on when they could return to work to ensure the team was not left with a vacancy. Other respondents suggested, however, that managers were at times unable to provide appropriate support as they were under undue pressure themselves.

In other instances, respondents cited examples of employers: taking no action in response to the reported incident, insufficiently exploring threats made, providing tokenistic support, and failing to ease caseloads.

Several social workers who felt unsupported by their employer when reporting an incident to the police noted a reluctance from management to criminalise the service user.

An example was given by one social worker who was warned that reporting the incident would antagonise the service user involved. Another respondent noted they were unsupported by their employer when taking a case to trial following an assault by a service user. The respondent explained they were required to take annual leave to attend court.
Conclusion and Recommendations

Social work is a vital public service performed by staff dedicated to improving life opportunities for the people they support.

However, this report has detailed challenges and hardships – emotional, psychological and physical – faced by many social workers in Northern Ireland. All too often the impacts of abusive and violent incidents experienced are felt not only by social workers, but also by their colleagues, partners, children and friends.

The research has highlighted a culture of perseverance, with few social workers taking time off work as a result of threats, intimidation or violence they have experienced. This is often despite staff receiving insufficient support from employers.

In some instances, this appears to be the result of professional resilience. However, in many cases perseverance has concealed significant personal impact as social workers have described feeling a pressure to continue with their work under the perception that threats, intimidation and violence are an unavoidable part of the job. This should not be the case and minimising risk requires a cultural shift.

Given social workers engage with people who are often vulnerable, fearful or distressed, it is unrealistic to believe they will ever operate in an environment where there is no risk of intimidation, threat or violence. However, it is reasonable to ensure the risk to staff is minimised and steps to achieve this must be taken. Practical actions include provision of appropriate staff training, improving staff management and service planning, and implementing safeguarding measures.

In light of the depth of trauma experienced by many social workers who have been subjected to violence or abuse, employers must commit to respond to situations in a compassionate and consistent manner. When incidents occur, social workers should be encouraged to report them, and subsequently be supported by their employers, including when it is necessary to take legal action against the perpetrators.

Service users also have a responsibility. It is essential they, and the wider public, understand it is never acceptable to subject social workers to intimidation, threats or violence. Employers must communicate – publicly and unambiguously – that they will not tolerate these types of behaviour directed against social workers.

Many social workers who participated in the research cited helpful safeguarding measures implemented by employers. These have contributed to the development of the following recommendations.

The recommendations are a first step towards addressing the dangers faced by social workers. If significant progress is to be made, social work employers in all sectors must demonstrate leadership by prioritising protection of their staff. Doing so will take us closer to the ideal scenario in which social workers can improve the wellbeing of service users, while suffering no ill-effect to their own.
Recommendations

1. The unacceptability of intimidation, threats and violence against social workers must be highlighted via a public awareness campaign led by the Department of Health and including all relevant Northern Ireland Executive departments and agencies.

2. Employers must provide social workers with mandatory skills training for dealing with potentially violent or dangerous situations, and include frequent refresher training.

3. All social work staff who work in a community setting must be provided with a personal safety alarm or a smartphone and lone worker safety app.

4. Social workers must immediately report all incidents of intimidation, threats and violence to a manager.

5. Employers must have clear reporting mechanisms in place and support any social worker who reports intimidating, threatening or violent behaviour. Supervision must be utilised to agree and review risk management plans and address impacts on social workers’ wellbeing on an ongoing basis. Referrals for counselling must be offered following any reported incident of intimidating, threatening or violent behaviour.

6. Employers must encourage staff to report intimidating, threatening or violent incidents to police. Where an incident reported to police is taken to court, employers must support social workers throughout the legal process, and facilitate them to attend court proceedings within work time.

7. All social work employers must have robust safety at work policies. These must include lone worker policies which recognise the unique role social workers undertake working in the community, often alone and in hostile environments, and specific lone worker policies for Approved Social Workers. Employers must ensure policies are communicated to all staff, utilised as part of everyday practice, monitored, and audited.

8. Where there is a risk to staff safety, employers must ensure social workers are enabled to undertake home visits in pairs or facilitate office-based contact with service users. This will require the prioritisation of adequate staff resources.

9. Where a social worker has experienced intimidation, threat or violence, employers must facilitate the transfer of cases if this is the preference of the social worker.
Recommendations continued

10 Employers must conduct an audit of the security features of social work workplaces and implement practical security measures to improve staff safety where failings are identified.

11 Where there is evidence of risk to a social worker’s safety outside of the workplace employers must cover the cost of appropriate home security measures.

12 BASW Northern Ireland will produce a practice guide for social workers aimed at safeguarding those working in intimidating, threatening or potentially violent situations.

13 BASW Northern Ireland will host a UK-wide symposium to examine the potential benefits of governments introducing legislation across all UK regions to increase penalties for criminal offences against social workers.
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