

Social Workers' Experiences of Psychological and Physical Violence at the Workplace

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Abstract

Physical and psychological workplace violence perpetrated against social workers by clients and their acquaintances is a global reality. However, it is rarely discussed as social workers are trained to be client-centred, meaning that they prioritise the care and well-being of others above all else. In South Africa, the awareness of, and academic interest in, workplace violence and aggression are growing, particularly because employees are experiencing increased psychological distress and frustration. Despite this, there remains a dearth of research that investigates workplace violence perpetrated against social workers by clients. This qualitative study explored the experiences of 15 social workers and 3 key informants regarding workplace violence at a South African State Department in the Limpopo province. The study used interviews guided by a semi-structured interview schedule. Purposive sampling was used, and data were analysed using a thematic content analysis. The findings reveal that the participants understood the concept of workplace violence and had directly and/or indirectly been exposed to physical and more frequently psychological forms of workplace violence. Interventions and prevention mechanisms include increasing security in workplaces, training, counselling and education on workplace violence.

Keywords: social worker; psychological and physical distress; social development; workplace violence; workplace aggression

Introduction

Workplace violence came to the fore in the early 1990s predominantly in the United States of America where it attracted interest both in public and private sector



organisations (Foster 2012). In August 1994, an American social worker, Teri Zenner, was killed while conducting a home visit (Blank 2005). Teri's death is viewed as a stark reminder that social workers are not taught to recognise and avert potential workplace violence. As a result of Teri's death, the Teri Zenner Social Work Safety Act, 2007, was promulgated to ensure greater awareness of the safety of social workers (Criss 2010). In South Africa, workplace violence against social workers is under-reported and most research focuses mainly on healthcare personnel in the workplace (Kennedy and Julie 2013; Terblanche and Borchers 2018).

Contributing to the under-reporting is the lack of clarity on the terms used to define workplace violence, and workplace incivility adds complexity to research on this social problem (Ringstad 2005; Terblanche and Borchers 2018). Workplace violence is often narrowly interpreted as referring only to physical assault, whereas it encompasses any incident in which individuals are maltreated, terrorised, frightened or beaten during their work, in their place of work (Steinman 2003). A more inclusive definition of workplace violence is "violent acts directed toward workers, which includes physical assault, the threat of assault, and verbal abuse, and it is widely recognised as having far-reaching consequences for workers' health and safety" (Magnavita and Heponiemi 2011, 203). In South Africa, terms such as "bullying", "abuse" and "harassment" are incorporated as elements of the workplace violence (De Wet and Jacobs 2018).

Workplace violence occurs in any work setting or occupational group. Research suggests that occupations where workers interact with the public are likely to experience incidents of violence in the work environment (Di Martino 2002; Kennedy 2004; Steinman 2003; WHO 2002). Despite that, physical workplace violence seems to be most common in occupations such as law enforcement, in service delivery areas in which theft is widely reported, and in the mental health sector where patients are difficult to subdue (Burden 2017; Malangu 2012). However, psychological workplace violence is under-reported (Arnetz et al. 2018).

The phenomenon of workplace violence in South Africa is a concern considering that in the year 2016/2017 there were 2 129 001 serious offenses reported to the South African Police Service (SAPS), 35 per cent of which were contact crimes. Contact crimes are those that involve the use of violence or intimidation against a person (Crime Registrar 2018). Though it is not clear how many of these incidents happened within the workplace, the high figures are worth noting because these statistics suggest a violent society which spills into the social work environment.

Workplace violence tends to have negative effects on the employer, employees and the service consumers. In a study conducted in the Limpopo province, Malangu (2012) found that workplace violence by clients or people accompanying patients against professionals such as social workers, nurses and doctors has a negative impact on employee productivity and service delivery. In South Africa there are no definite statistics projecting the actual financial implications of workplace violence or the

number of workplace violence victims annually. Nevertheless, Kennedy and Julie (2013) confirm that workplace violence has reached epidemic levels even though there is under-reporting.

Since social work is a practicing profession (Teater 2013) that often requires direct public interaction with clients, the aim of this study is to gather information on social workers' experiences of workplace violence in the line of duty, perpetrated by clients, their family members and community members, in order to understand the extent to which it affects social workers.

Theoretical Framework for the Study

The theoretical framework that underpins this study is the “two-factor theory” of Frederick Herzberg (Johnson et al. 2018) which suggests that security is one of the factors which may contribute to job satisfaction or dissatisfaction. Employees are less motivated to provide effective service delivery when they fear for their safety. Service effectiveness is affected when there is a lack of understanding of the rights, responsibilities and relevant interventions available to prevent workplace violence (Terblanche and Borchers 2018). The two-factor theory mentions two important aspects which have relevance to the study: satisfaction and dissatisfaction. Circumstances relevant to overall satisfaction include a safe working environment, fair remuneration, effective supervision, effective relations with co-workers, and organisational policies (Arendse 2013). Unfavourable conditions perpetuate workplace violence by clients towards social workers. This is because dissatisfied and highly stressed clients are more likely to act aggressively towards social workers. In extreme instances, clients may threaten, assault or kill social workers as a consequence of extreme agitation caused by structural problems (Tzafrir, Enosh, and Gur 2015). Unsafe working conditions were raised as a concern by social workers at the 2015 national social work indaba in Durban, South Africa (Sithole 2017).

Understanding Social Workers' Experiences of Workplace Violence

Social workers are trained to be client-centred and to develop an unconditionally positive regard for clients. Therefore, they find it hard to understand how the very people they are helping may become aggressive towards them (Enosh, Tzafrir, and Gur 2013; Grobler and Schenk 2009; Tzafrir, Enosh, and Gur 2015). Feelings expressed by social workers when exposed to workplace violence by clients and community members include self-blame, hurt, anger and even shame. Considering the absence of a clear understanding and description of workplace violence as a construct (Tzafrir, Enosh, and Gur 2015), this is unsurprising. Client aggression towards a social worker results in mental and physical health concerns of the social worker such as hyper-vigilance, anxiety, depression and physical pain. Moreover, when client aggression occurs frequently, social workers may experience an additional blunting of emotions and a disregard of danger signs (Enosh, Tzafrir, and Gur 2013). Social workers can be caught

in the crossfire between conforming to governmental and legislative requirements and client needs on the one hand, and interacting with frustrated, violent and aggressive clients on the other (Wiskow 2003).

The reality is that social workers and all other employees who deal with the public are at risk of being victims of workplace violence (Terblanche and Borchers 2018). Significantly, the literature highlights that the intent to harm, whether physically or psychologically, is at the core of any definition of workplace violence (Ariza-Montes et al. 2013; Rippon 2000). The workplace violence that employees experience from clients can be either physical or emotional and can be placed into two categories, namely physical and non-physical (psychological) (Luck, Jackson, and Usher 2006).

Despite social workers experiencing some form of physical or psychological workplace violence daily, many violent interactions remain unreported (Kvas and Seljak 2015). Consequently, the exact frequency of the occurrence of workplace violence is not known. In addition, the potential scope for violent interactions during the course of work is broadened by the nature of typical social work duties, which include conducting home visits and attending court cases. Social workers are therefore likely to be exposed to potentially violent clients without the relative safety of an office environment where colleagues and security might be present (Boyle and Wallis 2018).

Contributing Factors to Workplace Violence

Exploring workplace violence inherently presupposes a desire to understand what causes people's violent reactions. Although such a full understanding is beyond the scope of this article, it is, nevertheless, helpful to identify work-related factors that may create a work environment conducive to violence. In order to prevent workplace violence, its causes, risk factors and background must be understood. Kennedy (2004) categorises influential factors of workplace violence as situational, individual, organisational and environmental factors.

Chappell and Di Martino (2006) suggest that some work situations appear particularly to be associated with an enhanced risk of violence. The risk of violence is increased when direct contact with the public is an inherent requirement of work (Mayhew and Chappell 2007). Examples of such occupations include the health services, local government, passenger transport, banking institutions, hotels and the catering industry (Mayhew and Chappell 2007). Employees who frequently encounter workplace violence are those working in an enforcement capacity, including child welfare workers, probation officers and security guards (Malangu 2012). Considering that workers in such professions interact with people in distress, it is unsurprising that clients often express anger and aggression, and workers in these environments typically consider workplace violence to be part of their job. Within this group of employees, social workers, psychiatric nurses, and prison or probation officers commonly face frequent exposure to workplace violence.

Implications of Workplace Violence

Any form of violence can have a serious effect on the workforce, the employer and the victim. Exposure to violence tends to have psychological consequences, such as depression, stress and stress-related illnesses. When this results in absenteeism, organisational costs escalate and productivity and profitability decline (Randall 1997). Financial implications associated with the aftermath of violent events may include additional security immediately following a violent event, building repairs, salary continuation for those who are injured, employee turnover, increase in workers' compensation claims, attorney fees, and long-term counselling care for the remaining employees (Giga, Hoel, and Lewis 2008; Hoel et al. 2011; Najafi et al. 2018).

Intervention Programmes to Prevent Workplace Violence

Environmental risk factors, training and communication are three areas in which programmes can be developed to prevent workplace violence (Wiskow 2003). Environmental factors may include conducting a risk audit of the physical space to review aspects such as adequate lighting, decor and furniture, especially in the areas that are accessed by the general public. Adequate security that includes alarms and closed-circuit television can be ensured. Training can result in increased and improved knowledge around workplace violence. A training programme that was developed in South Africa for the Gauteng Department of Health included topics such as understanding workplace violence, the rights and responsibilities to prevent it, recognition and assessment of workplace violence, and plans to reduce it (Terblanche and Borchers 2018). Given the nature of social work, particularly the frequent need to assist clients outside of the office environment, social workers should receive comprehensive training on the risk factors associated with their work and should have knowledge of emergency procedures.

Clear communication facilitates improved reporting and assessment of workplace violence. Ensuring organisational integration through transparent communication enables managers to adequately assess needs and facilitate intervention and debriefing programmes (Kvas and Seljak 2015). This enables appropriate policy formulation and procedural clarity for the creation of a safe workplace (O'Rourke, Wrigley, and Hammond 2018), thus aligning with the two-factor theory of motivation that underpins this research.

Research Design and Methodology

The study adopted a qualitative approach using an exploratory case study design that focused on a single social phenomenon over a bounded time frame (Babbie 2013). The population was defined and social workers employed at district offices of the Limpopo Department of Social Development were recruited through an information session during a monthly meeting and were asked to make direct contact with the researchers. Non-probability purposive sampling was used to select 15 permanently employed social

workers. The inclusion criteria required all participants to be registered as social workers, with more than one year's work experience. The participants self-identified as having been exposed to physical or psychological violence perpetrated by clients. Table 1 categorises the participants in terms of gender and experience.

Table 1: Profile of participants

Demographic factors	Sub-category	
	Participants	Number
Gender of social workers	Male	7
	Female	8
Years of experience	2	9
	3	4
	4	1
	5	1
Key informants	Male	1
	Female	2
Years of experience	5	1
	6	1
	10	1

In addition, three social work supervisors (two females and one male) also took part in the study as key informants. The key informants were selected because they occupy managerial positions at the municipalities within which the researchers conducted the study and allowed for triangulation (Creswell 2007). The researchers believed that the key informants were of value as they inhabit social and professional roles.

Data Collection

Data were collected using two semi-structured interview schedules for the participants and the key informants. The interview schedules were pretested with social workers who were not part of the sample. Face-to-face interviews were used for the data collection based on a predefined set of broad questions (Nicholls 2009). The semi-structured nature of the tool allowed for probing and an exploration of the topics, and to elicit thick descriptions of the participants' experiences of workplace violence (Rossetto 2014). Interviews were conducted at mutually agreed times in offices that ensured confidentiality. While English was predominantly used during the interviews, some participants were more comfortable with expressing themselves in their mother tongues which were Sepedi, Xitsonga and Tshivenda.

Ethical Considerations

Ethics clearance for this study was obtained from the Non-Medical Ethics Committee of the University of the Witwatersrand, and permission for the study was granted by the

Department of Social Development, Limpopo province. As workplace violence is a sensitive topic that may cause psychological distress to participants, the counselling services of a social worker in private practice based in the Limpopo area were offered. All the participants were given an information sheet on the study and they all provided written consent. The identities of the participants were protected by using pseudonyms.

Data Analysis

The method of data analysis used in this study was a thematic content analysis, which is a descriptive presentation of qualitative data (Creswell 2007). The researchers compiled verbatim transcriptions of the audio-taped interviews. Subsequently the data were converted into themes or categories to extract relevant information and to extrapolate findings (Boeijie 2010).

Trustworthiness included credibility and was achieved through triangulation of the data from the participants and the data of the key informants, which was carried out by the researcher (Smith and McGannon 2018). Confirmability was ensured as the first author of this paper was an employee of the Department of Social Development at the time of the research and adopted a reflexive stance when analysing the data. By keeping a reflexive journal this author was able to interrogate the data thoroughly and obtain an understanding of context in order to avoid personal bias (Alvesson and Sköldbberg 2017; Babbie 2013). Dependability was achieved by providing rich information on the process of the study so that it could be replicated in another setting (Pandey and Patnaik 2014).

Presentation and Discussion of Results

Where relevant, verbatim quotations were relied on to illustrate the participants' perceptions and to corroborate relevant literature (Creswell 2007). Themes were identified to ensure that all the significant aspects pertinent to the research questions were covered. The discussion below is guided by the six themes in Table 2.

Table 2: Summary of themes

Themes
Understanding workplace violence
Physical incidents of workplace violence
Psychological and emotional incidents of workplace violence
The effects of workplace violence
The lack of reporting or under-reporting of workplace violence
Organisational factors that contribute to workplace violence

Understanding Workplace Violence

During the interviews the participants were asked, “What is workplace violence in your own understanding?” Their responses indicated an awareness and understanding of the construct of workplace violence. For example, one participant when defining workplace violence said:

Any form of violence that occurs within the premises of work or outside the premises of work but in relation to work. (Jo-Anne)

Another participant demonstrated a similar understanding by defining workplace violence as:

Those kinds of acts that are committed, it can be from employee to employee or just people surrounding the workplace or it could be people from outside the agency coming to violate you during working hours. (Jacky, social worker)

In defining the concept of workplace violence, 13 participants indicated that it refers to being physically, psychologically or emotionally attacked by another person while on duty during official office hours, which are between 08:00 and 16:00. Considering that social workers are not exclusively office bound, workplace violence may be encountered during home visits or at other locations where they are performing work-related duties. The two-factor theory states that factors in the workplace such as safety in the workplace and working conditions may cause job satisfaction or dissatisfaction (Arendse 2013). It was interesting to note that the key informants confirmed the suspicion that social workers encounter workplace violence on a daily basis. For example, when asked to define workplace violence a key informant started by saying:

Workplace violence does exist and is happening daily, social workers are being attacked by clients. Workplace violence is when you are being insulted or physically attacked by the client or colleagues in relation to work issues while on duty. (Thapelo, key informant)

This quote demonstrates the perception by the key informant that workplace violence within the South African context, specifically in the Limpopo province, is likely to occur often. This frequency is similar to the findings by Gaudine, Patrick, and Busby (2019) which reported increasing prevalence of workplace violence despite minimal research into this topic.

All 15 participants were able to define some of the critical aspects of workplace violence such as being physically or psychologically attacked. The participants did not use the World Health Organization’s (WHO) (2002) definition of workplace violence, but they signposted a similar understanding of the concept. The WHO’s definition emphasises the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high

likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. These elements were highlighted in the participants' definitions of the concept.

Physical Incidents of Workplace Violence

Most of the incidents described in the interviews were of psychological violence, but two male social workers, Fulufhelo and Mareda, narrated their experiences of physical violence. Fulufhelo indicated that he had experienced physical workplace violence twice and one incident was with a client who was mentally ill. Mareda described being hurt in the following quote:

I once had this joint interview, male and female, couple. So this gentleman was saying err [taking time to think] he wants his property from the wife. It's like this man went to Johannesburg for a while, the wife had to support children, buy furniture for the house by herself but the husband wants to claim them as his. He said he wanted the house ... it is his house and everything in the house. He mentioned that he married his wife and paid everything. So his wife was having this letter written 'I will pay this much and later will come and finish so much lobola [bride price]'. So that lady produced that letter and then the man saw that there is evidence to prove him otherwise and that he was lying. After that the gentleman wanted the letter and the lady instructed me not give the letter to her husband. So they started to fight over the letter and then when I was giving back the letter to the lady, the man grabbed my hand, twisted it and took the letter and started fighting physically with his wife. I managed to escape, went to the supervisor so that he can intervene.

Both social workers recounted experiences of being physically hurt by their clients, and in Mareda's account he became distraught in retelling the incident. These two incidents emphasise the fact that social workers are assaulted in their line of work. Both these incidences of physical violence by clients on male social workers may suggest that male social workers are at greater risk. Nontshimudi in her response to Mareda's ordeal indicated that

... we, in many times, put our male social workers in trouble because we seek protection from them when clients are aggressive to us, this compromises their safety but we are left with no any other option as the department is doing very little to protect us.

Thus male social workers need additional protection and training as when they try to assist their female colleagues they are more likely to become victims of workplace violence, which is similar to the finding in a study by Jayaratne, Croxton, and Mattison (2004) that found male social workers were more likely to experience workplace violence.

Psychological and Emotional Incidents of Workplace Violence

A total number of 15 social workers experienced emotional violence, which they perceived as excessive. One participant, Kgalema, spoke with a sad, low voice:

Sometimes, the clients' responses can be very harsh and hurting especially that we do not expect them to be harsh to us.

One of the key informants, Ms Matakana, indicated that, based on the complaints she had heard from her subordinates, the violence they perceived was mostly emotional violence:

... in most cases, complaints I get are those which clients insults or shout at the social workers and this is what I think an emotional abuse by clients towards social workers.

One female participant, Phuti, experienced vicarious trauma when clients were assaulted in her presence:

I remember when I was with clients, a couple, so I was writing everything they were saying. While I was writing I just heard the husband slapping the wife. When I asked him what is happening, he started swearing at me and said I don't know anything and that this is his wife. I was stuck there in the office and if he had something dangerous like a knife or an object, he would have done something bad to me.

Phuti's response demonstrates the type of vicarious trauma to which social workers may be exposed, which was also noted by Lanctôt and Guay (2014).

Effects of Workplace Violence

The participants stressed that the exposure to danger related to workplace violence also affects their immediate and extended families. During the interviews some participants explained how emotional stress develops as a result of verbal and non-verbal abuse by clients or members of the public in the form of open or veiled threats, insults and hostility. A participant said:

Workplace violence has got bad effect, because at the end of the day, one goes to home not being happy, when you arrive at your place you will still be not happy, and it then affects your family. (Joseph, social worker)

Workplace violence could result in social workers isolating themselves and disengaging from the public or service consumers owing to fear. Four of the participants stated that they feared for their own lives or those of their relatives. They reported having to keep their children away from public places and sending them to private schools. The perception by the participants was that their profession puts them at risk since any dissatisfied client might hurt them or their family. Thus, workplace violence not only

impacts negatively on the emotional and psychological well-being of social workers, but also on that of their families.

Lack of Reporting or Under-reporting of Workplace Violence

The key informants admitted that no records of workplace violence were being kept. In addition, seven of the participants decided not to report such incidents of client aggression, saying that even if they were to report such incidents to the supervisor, nothing would be done. Lungile mentioned that:

I am not sure what the other social worker did with the matter but with me I only tried to calm the clients and did nothing after they have left. I kept the matter within me.

Considering the seriousness of workplace violence, management and social workers need guidance on the significance and implications of legislation and policy, such as the Occupational Health and Safety Act. This would presumably facilitate accurate record-keeping of incidents of psychological and physical workplace violence.

Organisational Factors that Contribute to Workplace Violence

The participants noted a distinct disparity between security and environmental safety precautions that are in place at the regional offices of the Department of Social Development, and those in place at provincial and national offices. The absence of adequate security measures at the regional offices resulted in workplace violence at the hands of clients. The only security measure taken at the regional offices of the Department of Social Development were security guards at the gates of the premises. These guards did not possess the appropriate equipment to search for dangerous weapons when people entered the premises.

Participant Gabautlwane responded angrily by saying:

Firstly, the client can even enter the premises without any source of identification. So the first thing is to ensure that whoever enters the premises is known to the security through identification card, ID or so and if that is not corrected then we have a problem. Tightening security will mean having CCTV cameras.

The need for effective and efficient security at the offices that social workers operate from is seen as an essential preventive measure. In addition, the lack of operational and capital resources was found to be another concern raised by the participants, as this created an unwarranted impression that social workers were ineffective:

Mostly because of lack of resources, clients come to us and insult us for not doing our jobs. [Participant speaks with an angry voice]Some cases need you to visit the family and how do you go without transport? Some of these cases requires you to write reports and without computer you can't type a report to court, and all these cases if are being

delayed, influence clients to conclude that we are not working then violence start.
(Modjadji, social worker)

Dlamini and Sewpaul (2015) echoed this concern, noting that inadequate resources create an unhealthy work environment. The lack of resources is regarded by the two-factor theory as one of the factors leading to employees' demotivation. When the researchers explored which resources social workers believe are fundamental in enabling them to provide better services, most of the participants mentioned computers, transport, stationary, printers, photocopiers and telephones. The literature, in support of what our study found, shows that the lack of resources impacts negatively on service delivery, which indirectly leads to frustrated clients, thus adding to the probability of aggressive behaviour and workplace violence perpetrated against social workers (Alpaslan and Schenck 2012).

Conclusion

Workplace violence has a devastating effect on the social and psychological well-being of social workers as well as that of their families and relatives. This article documented how social workers in the Limpopo area often fall victim to psychological or physical workplace violence perpetrated by clients. It further illustrated that workplace violence is often under-reported or not reported at all. As a consequence, organisational awareness of this concern is low, and appropriate measures by means of policies and procedural guidelines are not implemented. Of additional concern is the fact that there appear to be no intervention strategies in place to debrief affected social workers, and no apparent attempts to engage in preventive measures.

Client-initiated violence has a significant physical and emotional impact on social workers, the organisation and society at large. At a structural level consideration should be given to the environmental factors within the workplace, which include reviewing social work resources as well as appropriate safety measures. Key stakeholders such as policymakers, education content developers and professional bodies need to understand that exposure to workplace violence is an inherent risk associated with social work as a profession. Prospective social work students and registered social workers should receive appropriate training in this regard, and the profession should strive to develop a comprehensive body of knowledge on personal safety and protection.

In addition, the apparent lack of appropriate professional resources provides a substantial constraint on social workers, who find themselves incapable of rendering professional services as a direct consequence. Inadequate budgetary allocations and poor organisational planning exacerbate the problem, cause friction between social workers and clients, and provide fertile breeding grounds for client resentment and frustration, which are likely to be directed at the social worker as the primary point of contact for social services. Other necessary preventive initiatives include ongoing employee wellness programmes and ongoing training and education at all levels in the

organisation. Further research on the topic of social worker exposure to workplace violence is needed beyond the Limpopo area to include various other non-governmental social services. Nationally, better strategies should be developed to ensure adequate and comprehensive reporting and record-keeping practices for all instances of violence between social workers and clients.

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