South African Social Workers' Lived Experiences of Client Violence

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Abstract

Studies on the workplace protection of social workers indicate that this group is at high risk of being subjected to client violence during their careers. In this article, we report on the qualitative phase of a larger study investigating client violence among South African social workers. The objective of this study was to explore South African social workers' experiences of client violence. We used a purposively selected sample to identify participants for semi-structured qualitative interviews. The data were analysed by implementing Tesch's approach of thematic analysis. The primary themes that emerged are normalising client violence, identifying precursors to violence, defining elements in the process and the aftermath of client violence. These themes and related subthemes were used to construct a conceptual model to better understand the client violence in the delivery of social work services in South Africa. We conclude with recommendations for further research in this area.

Keywords: social workers; clients; workplace violence; client violence

Introduction

Violent conduct refers to the act of using power to establish dominance over another (Minayo et al. 2018). Client violence can be defined as "any incident in which a social worker is harassed, threatened or physically assaulted by a client during the worker's performance of his or her job" (Field 2011, 8). These types of violence have become a prominent challenge in the broader context of workplace violence in the health and social service sectors (Du et al. 2020). Although some studies have examined client violence against healthcare providers, most of these studies were conducted in developed countries with established policies and guidelines to safeguard healthcare providers against client violence (Ant et al. 2020; Hinsenkamp 2013; Noak et al. 2002; Van Leeuwen and Harte 2011).

In recent years, researchers such as Ashton, Morris and Smith (2018), Avander et al. (2016), Han et al. (2017), Hassankhani et al. (2018) and Mento et al. (2020) have made significant contributions to our understanding of the effect of client violence on healthcare providers. Those who have previously been exposed to client violence often describe tension, vulnerability, anxiety and fear as a result of the experience. Physical symptoms such as headaches, stomach pain, sleep disturbances, lack of appetite and difficulty concentrating were exacerbated by the stress. Influences on physical and mental health affect overall functioning in the workplace, meaning that those affected by client violence also experienced difficulties with absenteeism, turnover intentions, and actual resignations from employment (Kim and Hopkins 2017).

Despite these valuable contributions from the international community of health professionals, few studies have been conducted in developing countries, and even fewer have focused on client violence against social workers. This article forms part of a larger, multi-phased study titled, "A policy framework to enhance the protection of South African social workers against client violence." The first part involved a quantitative survey among South African social workers to establish the nature and extent of client violence. The findings indicated that client violence is common in the South African social work setting. Pretorius (2021) found a positive correlation with large effect sizes between perceived risk in office interviews and during home visits. Social workers reported incidents of client violence of verbal abuse, emotional abuse, physical abuse, property damage and sexual abuse.

In order to gain a deeper understanding of the phenomenon of client violence in South Africa, a thorough literature review was undertaken, but it was found that very little qualitative evidence has been documented to date. The underlying factors, personal experiences, reporting practices, consequences and measures to protect social workers against client violence are still underexplored. In this article, we therefore describe the lived experiences of South African social workers relating to client violence. The study contributes to a better understanding of the nature, extent and effects of client violence on social workers in South Africa. It has the potential to aid in the development of

practical and transferable policies, strategies and procedures for the social work profession.

Research Methodology

Since limited data are available on client violence, the full population of South African social workers was targeted in the overall study (Grinnell, Gabor, and Unrau 2019). The population consisted of all 31 682 South African social workers registered with the South African Council for Social Service Professions (SACSSP) at the time of the study. It excluded student social workers, auxiliary social workers, and social workers who practiced abroad at the time, but included social work educators in South Africa. The first part of the overall study consisted of an online questionnaire, completed by 125 social workers.

In this article, we report on subsequent qualitative research using a phenomenological method. A purposive sample was drawn from the social workers who had completed the questionnaire and had indicated experiencing client violence (Strydom 2021, 227. These social workers were invited to participate in semi-structured interviews to explore their lived experience and their opinions on this phenomenon (Nieuwenhuis 2019). Since the participants had already provided written informed consent for the quantitative questionnaire, the research assistant contacted the participants to explain the interview process and associated risks and to verbally confirm informed consent for the interview process. During this process, the administrative preparations (days, times and the preferred interview platform) were also confirmed.

A total of 16 social workers (15 females and 1 male) engaged in the telephonic and online interviews. The participants were employed in diverse settings, including correctional services ($n = 1$), social work in health settings ($n = 1$), higher education settings ($n = 2$), child protection services ($n = 3$), the employee wellness sector ($n = 3$) and private practice ($n = 6$). Before the start of the interviews, the participants were requested to share their understanding of client violence with the research assistant. During the interviews, the participants' perspectives on the extent of client violence among South African social workers and the relative risks of social workers experiencing client violence were explored. The participants additionally reflected on their own experience with client violence incidents and those of their colleagues. The final topic covered during the interviews was the existing safeguards to protect South African social workers and the participants' recommendations for protective measures. After the interviews, all of the participants were provided with an opportunity to consult with an independent mental health counsellor and they were provided with a resource list for further support.

The transcriptions of the recorded interviews were analysed using Tesch's approach to thematic analysis (Creswell and Creswell 2018, 198; Levitt et al. 2021, 363; Poggenpoel 1998, 339). The rigorous and methodical processes contributed to trustworthy results

(Nowell et al. 2017) and data saturation was reached (Guest, Bunce, and Johnson 2006, 74).

The study was approved by the Human Research Ethics Committee of the North-West University (NWU-00935-19-S1) and the Research Ethics Committee of the Department of Social Development of the Western Cape Government (12/1/2/4). Goodwill permission for this study was granted by the governing authorities of the social work profession, including the SACSSP, the Department of Social Development and the Association of South African Social Work Education Institutions.

Findings

Four main themes and related subthemes emerged from the data. Table 1 provides an overview of these, whereafter each is discussed in more detail.

Table 1: Themes and subthemes of client violence experiences

Theme	Subthemes
Normalising client violence among social workers	Minimising the seriousness of client violence Insufficient workplace support Denying the psychosocial impact of client violence Stigmatisation of the social work profession
Identifying precursors to client violence	Factors relevant to the South African social work culture Perceived vulnerability of social workers Client characteristics
Defining elements of client violence	Aspects related to client responses Aspects related to social workers' responses Aspects related to relationship dynamics
Aftermath of incidents of client violence	Individual aspects Professional identity

Theme 1: Normalising Client Violence Among Social Workers

Many participants described incidents of client violence in different work settings as an intrinsic part of the social work profession in South Africa. Subthemes deriving from the theme of normalising client violence included: minimising the seriousness of violent client behaviour, insufficient workplace support, denial of the psychosocial impact of violent incidents and ongoing stigmatisation of the social work profession. It was

deducted that the realities of incidents of client violence are often ignored, denied and maintained in a society in which the social work profession is often stigmatised.

Minimising the Seriousness of Client Violence

The frequency of violent behaviours towards social workers increases the tolerance threshold among social workers and causes them to minimise the seriousness of incidents of client violence.

> I think we are a violent nation in general, and sometimes that which is defined as client violence is not even being noticed by social workers due to the fact that we became desensitised. None of these incidents made much of an impact on me. (SW053)

Insufficient Workplace Support

The participants in this study experienced insufficient workplace support and noted that social work supervisors and employers who were informed about incidents of client violence reinforced the belief that violence is to be expected within the client typology.

> They were just pleased that I came through it and that I was okay. They said if there was any future danger or threats to let them know . . . They expected me to get through it and manage it. I never got the sense that they even had a thought beyond the event. There was more an expectation to get it handled and come out of it intact, because that's kind of what we do. Brush off the dust and go on. (SW032)

Denying the Psychosocial Impact of Client Violence

As a result of the participants' own perceptions and their experiences of insufficient support, it is evident that they consider incidents of client violence as a typical part of their job description. This causes them to underestimate the effect such incidents have on their personal and professional lives.

> I think social workers act as if it does not affect them, because you have to go back to work and do things immediately after. But actually, the impact is huge . . . especially long term. (SWS013)

Stigmatising the Social Work Profession

The participants experienced that the social work profession in South Africa is often viewed as unimportant and subordinate by clients and other professionals. The reality of being stigmatised by other professionals while being victimised by clients often causes social workers to normalise the circumstances to such an extent that they become less cautious and oblivious to the risks of client violence.

> The treatment that we get from clients and other professionals . . . um, you just never know how you are going to be treated and you often are treated quite badly and made to feel like you are incompetent. (SW033)

Normalising client violence in South Africa is collectively caused by (a) social workers who minimise the seriousness of violent incidents and deny the psychosocial impact thereof, (b) social work organisations offering insufficient workplace support, and (c) the general society and other professionals continuing stigmatising the social work profession while maintaining a perception that violence towards social work professionals is acceptable.

Theme 2: Precursors to Client Violence

The participants highlighted aspects pertinent to the South African social work culture, perceived social worker vulnerabilities and individual client characteristics as precursors to client violence incidents in South Africa.

South African Social Work Culture

Howell (2019, 94) states that South Africa's violent history continues to define the present and the future of the country. This inherent violence consequently forms the backdrop of social workers' work environment.

> I think that we are in a violent society, the way things are dealt with historically is with violence, through violence and, and force. There's a whole lot of helplessness and powerlessness going on. (SWS051)

Clients are already entrenched in this environment of historical violence when they experience situational, interpersonal or intrapersonal difficulties that warrant the involvement of a social worker. If the exact role of the social worker or the extent of involvement is not clearly defined, it may illicit an unfavourable response.

> I think many times the clients do not understand our role. Many times, the social worker is just the executor of, for example, an order, an order from someone to do an investigation. In such cases the violence is wrongly directed at the social worker.(SWS001)

The social worker therefore becomes the target of a client's emotional response in their role as mediator between clients and the social work system.

> Everyone has that one point of contact where they can take out all of their frustration. And I think, unfortunately, the social worker is that point of contact where clients just explode. Social workers are like shock absorbers in a car . . . so they absorb a lot of the conflict and just carry that. (SWS032)

Perceived Vulnerability of Social Workers

In the South African context, identifiable demographic elements, underdeveloped personal qualities, and work-related factors were identified as the perceived vulnerabilities of social workers that are precursors to client violence.

The participants described specific demographic characteristics as vulnerabilities to violent incidents. Generational disagreements, which emerge from age disparities between the social worker and the client, can pose a risk in service delivery.

> If I'm young in age and I'm attending a client that's above 60, that client will say to me 'because you are young, you can't tell me what to do in the house'. (SWS031)

Similarly, both male and female participants noted the gender vulnerability of social workers and the possibility that clients use this demographic characteristic to unconsciously target social workers.

> It's mostly women who are social workers, a woman might just look a little more vulnerable. The type of client that we are dealing with, it might be easier for them to appear confident, to try to intimidate or bully if it's a woman, than it would be to do with a man. Men as social workers, so it might be a gender story. (SWS036)

Poorly developed skills and abilities were also indicated as a perceived vulnerability. Some participants noted that social workers do not conduct risk assessments before responding to crisis situations. Others emphasised that inexperienced social workers may lack skills in conflict management and unintentionally escalate situations where the clients are already frustrated.

> I also think that social workers sometimes do not have the skill to handle a situation properly or to defuse a situation, and that the way they sometimes deal with a client, can trigger a client more. (SWS001)

The participants explained that they would routinely be expected to provide social work services alone in high-risk settings with no backup or protection. With regard to perceived work-related vulnerabilities, this was undoubtedly the most significant risk revealed.

> We go alone for home visits, you know, you get an address, and you go. You do not have a clue what you will find when you get there. I think it is one of the high risk factors, because we are put into a situation where we are quite possibly exposed to any type of violence. (SWS049)

Client Characteristics

The data obtained revealed key client features such as the developmental stage, degree of coping abilities, overall mental health condition, potential substance use, and motivation for interventions that could be regarded as precursors to client violence.

A recurring theme was the significance of identifying the developmental stage of the client who is receiving social work services. Referring to clients' physical, verbal, intellectual and cognitive development, the majority of the participants emphasised the importance of cognitive development. The participants perceive a link between lower

cognitive functioning and heightened aggressiveness, implying that such clients are more likely to engage in violent behaviour towards social workers.

> We work with every kind of person out there, there is no category that is really cut out of service delivery. Lower cognitive level of functioning, um, makes them more violent. It is a risk factor. (SWS004)

The strength of a client's coping abilities can often influence their capacity to deal constructively with stress and conflict. More than half of the participant group indicated that clients typically come from backgrounds where they have never learned to manage their emotions, leaving them vulnerable to reverting to violence.

> They have fewer coping skills, so they have fewer ways to channel that aggression. The bottle overflows quickly, they quickly lose their temper and become violent. (SWS036)

All of the participants mentioned that clients exposed to mind-altering substances or those with active or underlying mental health challenges have a distorted sense of reality and/or decreased cognitive capacity, which may contribute to challenges with impulse control and violent behaviour.

> Alcohol, substances, or mental illnesses that do not enable them to deal with anger. Or their sense of reality is distorted. (SWS036)

The participants raised the motivation for clients to participate in service delivery. According to some participants, clients are periodically involved in social service delivery involuntarily, especially when referred by an authoritative entity, which may lead to an explosive situation when all of the above factors are considered.

> The people who are there are not necessarily always people are 'willingly' there, and you have to talk to them about a lot of touchy subjects, which they may not always be willing to hear. (SWS004)

Client violence incidents in South Africa can therefore be predicted by considerations such as the South African social work culture, perceived social worker vulnerabilities, and particular client characteristics.

Theme 3: Defining Elements in the Development of Client Violence

The participants identified elements that may play a role in client violence as aspects related to the client's response, the social worker's response and relationship dynamics.

Aspects Related to Client Response

Referring to the precursors of violence (Theme 2), clients may already feel inherently frustrated and powerless when becoming involved in the helping process. The participants indicated that clients who responded with aggression or violence often

continue to experience a sense of despair and hopelessness in the service delivery system.

> It's like social workers are often the last stop and when the disillusionment is lost at that point, I think the sense of despair and hopelessness in the person who becomes violent is extreme. (SWS032)

The data signified that the management of the client's behaviour and the emotional responses should be highlighted at this point in the relationship. However, most of the participants noted that a client's family can also contribute to the behaviour and emotional response.

> A family member who is aggressive and who makes threats, shows up . . . and they become aggressive. So, in our case, it is not only the patient who is violent, it's often the families as well. (SWS036)

When managing a violent client, social workers therefore have to consider their current behaviour, emotional states influencing the behaviour, and the likelihood that the behaviour and emotions are heightened by their external family members' influence.

Aspects Related to Social Workers' Responses

In direct contrast to clients who sometimes have family members who become involved, the participants described an unsupportive work environment with insufficient resources to protect them from client violence.

> Resources plays a big role. Even simple things such as office supplies and vehicles. We need support and that kind of stuff. There are not always necessities, the necessary resources for us are not there, and that increases risks. (SWS061)

Aside from a lack of resources to safeguard social workers, all of the participants agreed that there are no clear, practical mechanisms to report client violence occurrences and to receive support. Some participants indicated that even in cases where incidents had been reported to management or authorities, there were no immediate consequences for the client.

> There was always an attempt to make peace, there was never an attempt to put the client in his place, if I can put it that way. (SWS004)

Aspects Related to Relationship Dynamics

As outlined, client violence is frequently enhanced by a lack of resources, constrained reporting methods, and an unsupportive work environment. The participants described either empathy or feeling compelled to terminate the helping relationship after an incident of client violence or client hostility. The participants mentioned that their ability as social workers to understand and share the client's sentiments influence variables outlined in Themes 1 and 2 and features related to the clients' responses

(Theme 3). As a result, there are times when social workers allow client violence to continue and when they tolerate the related assault and abuse.

> Social workers are mostly empathetic; we try and understand. So, instead of just attacking back or screaming and shouting back we are empathetic, and we allow this abuse to happen to a certain extent. (SWS008)

However, there are some circumstances that compel the participants to end the helping relationship. The fact that employers advocate that service delivery should continue after incidents of client violence further validates social workers' perceptions of an unsupportive work environment.

> They expect you to still continue with service delivery after your life has been endangered by a specific client. (SWS013)

Clients frequently have an entitled attitude towards service delivery, according to the participants. Any hesitance on the part of the social worker to keep the relationship going could lead to power disputes in the helping relationship, which could progress to further violence.

> The clients form a kind of dependence towards you and there are many requirements that they basically start to expect that you must solve their challenges. And you must do it immediately when they request you to do it! There's a large sense of entitlement. (SWS061)

The client's response, features connected to the social worker's response, and aspects related to relationship dynamics may all play a significant role in whether the client violence incident escalates or subsides.

Theme 4: Aftermath of Incidents of Client Violence

After the incident of client violence has subsided, the immediate and long-term consequences for social workers seem to centre on individual physical and psychological symptoms, and aspects related to their professional identity.

Individual Aspects

At an individual level, the participants reported that they suffered physical or psychosomatic effects (headaches, muscle aches, stomach ulcers) after the incidents, often coupled with psychological stress responses such as affective reactions (anger, fear, anxiety, stress, sadness), cognitive responses (apathy, difficulty concentrating, demotivated) and behavioural reactions (avoiding situations, less efficiency at work).

> I could not sleep, I was terribly scared, I was anxious. Um, my physical health started to suffer from it . . . it made me physically sick, stomach ulcers, I did not want to eat, did not sleep, did not want to go into the office, wanted to get out of town. It had an

impact on many levels of my functioning. It was a lot more than just being a little scared. (SWS061)

This often led to difficulties in their family lives and interpersonal relationships. A third of the participants noted that there had been occasions where they were afraid for the safety of their families.

It influences everything, especially your relationships. Um, you cannot really explain to your family what happened, you know, and you are also afraid for their lives. (SWS049)

Professional Identity

In addition to physical and psychological symptoms, participants also reported that incidents of client violence changed their professional identity in that it changed their view about the client typology and the social work profession in general.

In fact, it was just that realisation that you must always have your guard up. Have your guard up, wherever you are, whichever client, always have your guard up . . . you do not trust any of the clients. (SWS028)

Some participants blamed themselves for incidents of client violence and changed careers as a result.

It's a pity that I did not have more skills to handle this better. I just completely cut myself off from that environment. I kind of wanted just to lead a life where you deal with normal people and normal issues. (SWS004)

Other participants stated that they found meaning in the incidents of client violence and improved their service delivery after this experience.

It created agility. It also has a huge impact so that you are more aware. Um, in terms of making sure that you are able to provide a service professionally, yet taken into account that the risk of violence is there. (SWS037)

It seems as if there are definite immediate and long-term consequences after experiencing incidents of client violence. These consequences are related to physical and psychological symptoms and often have an effect on the social worker's professional identity. Whether this effect is positive or negative seems to be a somewhat subjective and individualised experience.

Discussion

The study described the lived experiences of South African social workers who have dealt with client violence. The social workers who were interviewed were all familiar with the phenomenon of client violence and had personal experience of physical assault, emotional abuse, verbal abuse, property damage or sexual harassment by a client in a

work-related setting. Consistent with previous studies (Tabane 2017; Tzafrir, Enosh, and Gur 2015), the habituation or normalisation of client violent occurrences (Theme 1) was widespread among the participants as they would downplay these incidents as "part of the job" and understate the psychosocial costs of incidents. Within each primary theme (Themes 2–4: precursors to client violence, defining elements in client violence, and aftermath of incidents of client violence), interrelated factors connected with both clients and social workers were identified as subthemes.

The concept of client violence as a result of societal and situational factors is not new. Ramacciati et al. (2017) present the environmental stimuli theory and the social–ecological model to explain the social and cultural origins of violence. These theories are supported in a study conducted in the United States by Rey (1996), who found evidence of clients' inability to cope with societal and institutional macro-issues. Social workers are frequently required to follow bureaucratic regulations to deal with these issues resulting in a perception that social workers are merely fulfilling a role in the system and not really helping. Clients who are already angry, anxious or afraid of this complex interchangeable societal system might vent their anger to a social worker (Zimunya, Hashim, and Alpaslan 2022). Several other elements that have been identified as risk factors in previous studies correspond with those mentioned by the interview participants in this study. Pathological conditions and alcohol or substance addiction have been associated with an increase in clients' violent behaviour (Bresler and Gaskell 2015; Egerton-Warburton et al. 2016; Ramacciati et al. 2018). Clients' mental health status or cognitive impairments could be additional personal attributes that signify a risk for aggressive behaviour (Flynn 2019; Pollack 2010).

Zillerman's (1988) excitation–transfer theory proposes that one stimulus would build on another, triggering new conditions that may lead to violent conduct. When managing violence in an already stressful situation, the social worker must have a thorough understanding of the social psychology of aggression, the risk factors, and the client's reaction. Social workers therefore need to navigate these difficult situations through effective management and moderation of their own and their clients' responses to such behaviour (Beattie et al. 2018). According to Johannes (2014), a positive workplace culture and organisational support may help support social workers in this process. Similar to our findings, social worker characteristics such as age, gender and experience were associated with higher risk for client violence, and younger inexperienced social workers, particularly female social workers, may benefit from greater workplace support to manage both client behaviour and their own responses (Johannes 2014).

Enosh, Tzafrir and Gur (2013) emphasise that whenever an incident of client violence occurs, the social worker–client relationship is likely to change substantially. Based on studies that explore the short- and long-term emotional, cognitive and behavioural cumulative impacts, client violence pervades the work environment, home, family and social life of the social worker (Enosh, Tzafrir, and Gur 2013; Kim and Hopkins 2017; Pacheco, Cunha, and Duarte 2016; Yang and Kim 2015). Tzafrir, Enosh and Gur

(2015, 74–75) also found that social workers frequently downplay client violence or blame themselves for lacking the skills to manage client behaviour. The experience may additionally lead to the re-evaluation of social workers' beliefs, attitudes and values about the social work profession. The experience may also cause social workers to reconsider their views, attitudes and values regarding the social work field. Johannes (2014) emphasises the significance of employer support to discourage social workers from perceiving this experience as a typical aspect of their job and instead obtaining psychosocial support and remaining in the social work profession.
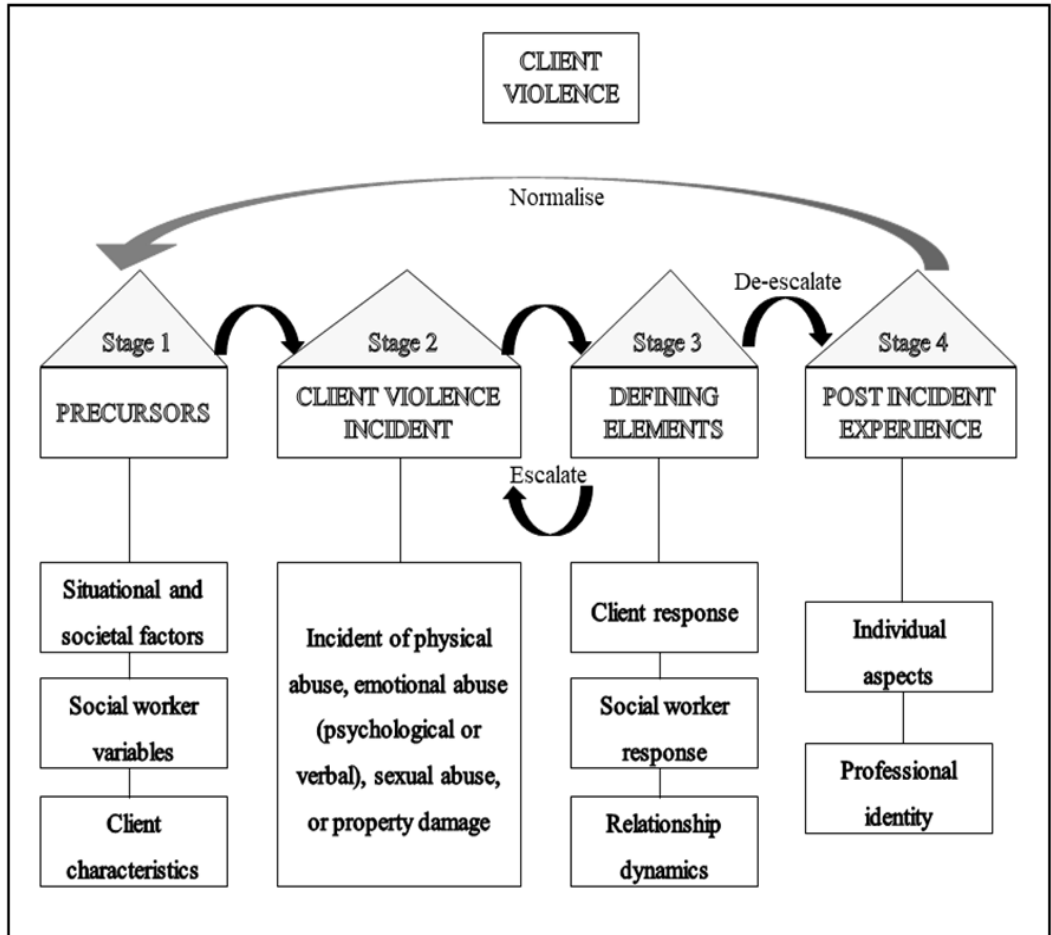
Conceptual Model for the Trajectory of Client Violence

The findings of this study and the supporting literature were used to develop a conceptual model for the trajectory of client violence. The purpose of such model was not to propose original theory, but to reorganise and conceptualise the key aspects drawn from the literature and the authentic experiences of the participants with the intent to propose a synthesis of the client violence trajectory as observed in this study. The model is expository in the sense that it consolidates, constructs and summarises what is known about social workers' experiences, while also being prescriptive as a guide for social workers, employers, stakeholders and policymakers. Since the model is based on research, it is furthermore intended to be used to frame and articulate social work theory and practice.

One of the model's most prominent features is that it does not confine or limit social work practice to any one field of service, practice setting, particular case, theoretical, methodological or interventive approach or perspective. The model is designed to be applicable to all of the various fields of service and practice settings as a representation and conceptualisation of the trajectory of client violence. The model's underlying rationale suggests the trajectory of clients' aggressive behaviour towards social workers. The model's value orientation emphasises the protection of social workers against client violence.

Although not visually illustrated, the model is anchored in the systems theory, a method for systematically expressing and conceptualising social work practice. The fundamental integrating entity of the model (system) is well suited to both the model's theory domain and value orientation. Client violence terminology is often stated in systematic terms in the literature (clients, workers and their employing agencies, target populations and service delivery organisations are all referred to as systems).

Conceptually, the model outlines four fundamental elements or key stages in the trajectory of client violence. Each element of the trajectory is then represented as constructs in the model. The visual representation displays that the trajectory of violence is not necessarily a linear process, but often interactive or complex. Figure 1 provides a visual presentation of the conceptual model.

Figure 1: Conceptual model for the trajectory of client violence

The model's constructs were developed and outlined in accordance with the established model-building criteria (Johnson et al. 1980), as well as a combination of the lived experiences of the participants in this study and literature. The fundamental element underlying Stage 1, precursors to client violence, was informed by the literature and findings reported as Theme 2. It was deducted that constructs such as situational and societal factors, specific variables related to the social worker's self and client characteristics can all contribute to the development of client violence incidents.

Stage 2, the actual incident of client violence, refers to a series of possible violent behaviours including physical abuse, emotional abuse (psychological or verbal), sexual abuse, or property damage against a social worker.

Specific defining elements were deducted to describe Stage 3 of the model. The findings reported on as Theme 3 were clustered as the following defining elements: the client's response after an incident of violence, the social worker's response and the relationship dynamics developing from it all. In a linear process, client violence would typically de-escalate after Stage 3 and progress to Stage 4. However, based on the excitation–transfer theory, a dynamic relationship exists between Stages 2 and 3 (illustrated as feedback loops). An inability to manage the combined effects of the constructs in Stage 3 could escalate the client violence, therefore creating a feedback loop that reverts the conceptual model to Stage 2. The conceptual model proposes that intervention and management of defining elements at Stage 3 will determine the way in which the trajectory of violence progresses at this vital stage.

Stage 4 focuses on the post-incidence experience pertaining to individual aspects in the social worker and the ways in which these have an impact on professional identity. The excitation–transfer theory and the findings from this study suggest an additional feedback loop between Stage 4 and Stage 1 of this conceptual model when the aftermath of client violence is not managed, but normalised. Normalising these elements open a door to Stage 1 and relates to constructs (situational and societal, the social worker's self and client factors) that can become the precursors to new trajectories of client violence.

Limitations

Several limitations emerged during the research process:

- Methodological limitations included that the sample was to some extent self-selected. The sample may therefore be somewhat biased towards those who felt that client violence was a challenge and who were willing to admit and confront it.

- Although the participants seemed to answer the interview questions honestly, the sensitive nature of the study should be considered at all times. The participants could have subconsciously supplied socially desired responses or even exaggerated experiences to protect themselves.

- The findings indicated female social workers to be at a higher risk for client violence. However, since the participants to this study were predominantly female, the demographic profile could be a limitation.

Implications

It is recommended that the South African government and national departments use new understandings of client violence and the conceptual model to guide national policy regulations to safeguard social workers from client violence. Social work departments, agencies and/or organisations should prevent, contain and resolve client violence by

committing to measures to prevent, mitigate and control the phenomenon, and implement post-incident practices at the macro-, mezzo- and micro-levels of service delivery. These measures should focus on identifying the precursors of client violence and implementing risk management strategies at this stage. Service providers should be educated on conflict prevention, de-escalation techniques and non-violent communication, but also be empowered with comprehensive intervention protocols and trauma-informed approaches to de-escalate incidents of client violence and to manage feedback loops. Post-incident practices should be implemented to prevent a culture of normalisation in the social work departments, agencies and/or organisations.

Higher education, training and continuous professional development of social workers should include theoretical constructs of the conceptual model to create a better understanding of the trajectory of violence, and simulation activities for practical skill development on risk management and dealing with feedback loops. Lastly, social work researchers should continue to engage in client violence research, whether as individuals or as interdisciplinary collaborators, to gain a better understanding of this phenomenon and its management.

Conclusion

The focus of this study was to describe the lived experiences of South African social workers relating to client violence as part of a larger study. Adopting a qualitative approach, semi-structured interviews were conducted with 16 social workers from various sectors. The findings shed light on the underlying causes, personal experiences, reporting processes and consequences of client violence against social workers. It also highlights a number of risks that play an integral role in client violence. Although this was a small-scale study, the high level of consistency in the findings, the noteworthy consensus among the participants, and the existing literature supporting the findings, all add to confidence in the generalisability of the headline findings.

The four key themes presented should not be regarded as separate, but rather as interconnected and interdependent. They also include a number of subthemes that shaped the development of a conceptual model of client violence. This research not only adds to the understanding of client violence itself and the experience of client violence, but also has implications for practice interventions and research topics in the future.

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