


# The Effects of Violence and Aggression From Parents on Child Protection Workers' Personal, Family, and Professional Lives

SAGE Open  
January-March 2016: 1–12  
© The Author(s) 2016  
DOI: 10.1177/2158244015624951  
[sagepub.com](http://sagepub.com)  


Brian Littlechild<sup>1</sup>, Susan Hunt<sup>2</sup>, Chris Goddard<sup>2</sup>, Judy Cooper<sup>3</sup>, Barry Raynes<sup>4</sup>, and James Wild<sup>5</sup>

## Abstract

This article presents findings from a survey of the experiences of child protection workers in England when working with parents who exhibit aggression and violence. This work explores the effects on workers in their professional lives, and on themselves and their families in their private lives. The article examines workers' thoughts and experiences about the effects of parental hostility on workers' ability to protect children. The article also details workers' experiences of the nature and effectiveness of training and support in this area. These findings are then examined in the light of the results of an analysis of the literature, including the findings from serious case review (SCR) reports in England (official inquiries into the causes of child deaths where the children are known to social and health services). The majority of the 590 respondents in the survey were social workers ( $n = 402$ ; 68%), reflecting the fact that case management of child protection cases in the United Kingdom is the responsibility of social workers working in statutory agencies. This article addresses, from a consideration of the secondary analysis and the original research findings from the survey, how individual workers, managers, and agencies can best understand and then respond effectively to aggressive parental behaviors.

## Keywords

child maltreatment, occupations, organizations, work, social science, social work

## Introduction

Violence and aggression from parents toward childcare and protection workers is known to negatively affect the safety and well-being of both staff and child clients (Broadhurst et al., 2010; Brown, Bute, & Ford, 1986; Community Care, 2010, 2011; Harris & Leather, 2012; Laird, 2013; Littlechild, 2005a, 2005b; Marshall, 2011; Newhill, 2003; Pahl, 1999; Robson, Cossar, & Quayle, 2014; Stanley & Goddard, 2002).

This article presents an account and analysis of key issues identified in a review of the literature and research of primary and secondary sources on this topic. The article will in particular discuss findings from systematic reviews of serious case reviews (SCRs) reports on child abuse deaths concerning children known to social services and health agencies in England, and world-wide original research papers. The article then builds upon this analysis of these works to extend and add to our knowledge through the examination of the findings from an original piece of research which consisted of a survey of child protection workers' experiences carried

out by the current authors of the different types of aggression and violence directed at child protection staff from parents. The article will present the effects of parental hostility on child protection staff personally in their private and family lives and on their practice, as well as on their ability to protect children they work with.

As a result of this analysis of the previous literature, research findings, and the original survey findings, the article then presents suggestions on how individual workers,

<sup>1</sup>University of Hertfordshire, Hatfield, UK

<sup>2</sup>Monash University, Clayton, Victoria, Australia

<sup>3</sup>Community Care, Sutton, UK

<sup>4</sup>Reconstruct, Middx

<sup>5</sup>The Centre for Active and Ethical Learning, Walsall, UK

## Corresponding Author:

Brian Littlechild, Department of Nursing (Children's, Learning Disabilities and Mental Health) and Social Work, School of Health and Social Work, University of Hertfordshire, College Lane, Hatfield, Hertfordshire, AL10 9AB, UK.

Email: [b.littlechild@herts.ac.uk](mailto:b.littlechild@herts.ac.uk)



managers, and agencies can best understand and respond to aggressive parental behaviors.

### *Effects on Workers*

There is clear evidence that violence and threats from service users are common in social work, health settings, and social care. Threatened and actual aggression and violence can significantly affect workers' stress levels, capacity to carry out their work effectively, and for some, their commitment to that work (Brockmann, 2002; Brockmann & McLean, 2000; Denney, 2010; Harris & Leather, 2012; Holmes, Rudge, & Perron, 2012; Laird, 2013; Stanley & Goddard, 2002; Norris, 1990; Gabe, Denney, Elston, Lee, & O'Beirne, 2001; Robson et al., 2014). Pahl's (1999) analysis of findings concerning stress in a sample of over 1,000 social services workers discovered that threats of violence were commonplace, and were major areas of stress for them. Smith and Nursten (1998) in their research found that the fear or threat of being assaulted was one of the most common factors contributing to social services workers' stress.

*Background and context.* Child protection work is part of a wider set of roles carried out by social workers and health care staff. Emanating from this role are particular sets of power relationships in relation to work with families, with resulting risk factors (Ferguson, 2011; Marshall, 2011).

The majority of the 590 respondents who elected to respond to the original survey carried out by the current authors reported in this article were social workers ( $n = 402$ ; 68%). This probably reflects the fact that the responsibility of case management of child protection cases in the United Kingdom is assigned to social workers working in statutory agencies; other professionals and workers have responsibilities in child protection to a lesser degree (HM Government, 2013). As a means of examining the issues for staff in this area, the following section concentrates mainly on the effects on social workers, as the relevant research has been almost wholly in relation to social workers.

Two of the first—and seminal—pieces of research on work-related violence against field social workers in the United Kingdom were published in 1986 (Brown et al., 1986; Rowett, 1986). Both of these addressed actual or threatened physical violence but no other forms of aggression and violence. The study by Brown et al. (1986) was prompted by the fatal stabbing and subsequent death of a Hampshire social worker, Peter Gray, by a client. Both studies concluded that violence was common, and that a key feature of the violence was the client's negative perception of the power and control wielded by social workers in their care/control roles. This finding was also feature of the research findings of Newhill (2003), and is a key issue to which this article will return later.

### **Child Protection**

Within an occupational group that experiences a high rate of aggression and violence (Budd, 1999; Denney, 2010; Harris

& Leather, 2012; Institute of Public Care/Skills for Care, 2013), child and family social workers have been found to be the population in social work most at risk (Newhill & Wexler, 1997; Robson et al., 2014; Shin, 2011). Child and family social workers also experience the greatest fear about violence being perpetrated against them (Harris & Leather, 2012). While the findings of the original survey reported in this article are based on a sample of workers in England, and there is only a limited amount of published research in this specific area of child protection in England and beyond, there is evidence that this is a more global phenomenon. Examples of publications which demonstrate the scope, extent, and nature of violence against child protection workers in different countries include that of Stanley and Goddard (2002) in Australia; Littlechild in Finland (Littlechild, 2005b); and in the United States, the research of Horejsi, Garthwait, and Rolando (1994).

There is also research evidence to demonstrate that aggression and violence to staff in social service agencies is often greater than that experienced by other and professional agencies (Budd, 1999; Institute of Public Care/Skills for Care, 2013), not only in England but also in other countries. In Australia, for example, Bowie (1996) found that in a survey of social services workers, 26% stated that they had been subjected to an average of 12 incidents of physical or verbal abuse in the previous year. In another study, he found that 18% of such workers had been physically assaulted during their working career (Bowie, 1996). In North America, high rates of violence against social work staff were reported by Macdonald and Sirotych (2001), Jayaratne, Vinokur-Kaplan, Nagda, and Chess (1995), and Tully, Kropf, and Price (1993), with studies from other countries such as Iran (Padyab, Chelak, Nygren, & Ghazinour, 2012) also addressing this as a problematic area for social workers.

In Canada, Macdonald and Sirotych (2001) carried out a study involving 171 social work respondents which utilized questionnaires concerning their experiences of violence and subsequent reporting behavior. They found that workers in their responses to the questionnaire stated that 88% had experienced verbal harassment, making this the most common form of aggression; 64% had been threatened with physical harm, whereas 29% had been sexually harassed. A total of 29% had also been physically assaulted but not injured, 23% threatened with harm to their family or colleagues, and 16% stalked. In all, 15% had been racially or ethnically harassed, and 8% physically assaulted and injured.

In the health sector, Holmes et al. (2012) conclude that the consequences of workplace violence are far-reaching, and include absenteeism, injury, high staff turnover, lower quality of service, and decreased satisfaction at work. In addition, the patient and the patient's network, for example, partners and family members, can be affected (Holmes et al., 2012).

In the small number of studies of this phenomenon in child protection work, the majority of social workers have reported some forms of violence against them during their career (Newhill, 1996; Padyab et al., 2012; Robson et al.,

2014). Most often the violence is perpetrated by clients, clients' families, or associates (Beddoe, Appleton, & Maher, 1998, cited in Robson et al., 2014, p. 924). Such behaviors include threats, abuse, intimidation, and physical violence (Laird, 2013). The Health and Safety Executive, the U.K. government organization responsible for health and safety in workplaces, defines work-related violence as follows: "Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This includes sexual and racial harassment, and threats to family and property" (cited in Skills for Care, 2013, p. 3).

Demonstrating again the very limited amount of recent research carried out into this specific area of both violence to social workers and to child protection workers, in their review of the literature on the impact of work-related violence toward social workers in Children and Family Services, Robson et al. (2014) found only seven research-based papers that met their inclusion criteria relating to this area. The authors reported that the majority of participants across all seven studies had experienced at least one incident of violence throughout their career, including verbal and physical aggression, threats, property damage, and intimidation. Apart from one study (Regehr, Hemsworth, Leslie, Howe, & Chau, 2004), verbal aggression was found to be the most frequent form of such behavior. Certain forms of verbal aggression and threats were also reported by many respondents to be the most difficult to manage, described as being "less obvious," "pervasive," and "insidious" (Littlechild, 2005a, 2005b). When exhibited frequently, verbal aggression and threats could have the most difficult consequences for staff (Littlechild, 2005a, 2005b). Across all seven studies, workplace violence was found to impact negatively on social workers' psychological well-being and their working practices.

Property damage and verbal threats toward social workers and their families were commonly reported by workers across the studies, but were relatively infrequent (Horwitz, 2006). The reported prevalence was inconsistent across studies, ranging from 16% to 43% of participants reporting property damage (Newhill & Wexler, 1997; Shin, 2011, respectively) and from 6% to 94% of participants being threatened (Horejsi et al., 1994; Shin, 2011, respectively). The authors considered that the retrospective nature of these studies may account for some of the inconsistent findings.

Findings from the systematic reviews of SCRs in England into child deaths demonstrate the wide-ranging extent and effects of parental hostility contained within these most serious instances of child abuse. The findings demonstrated the frequent negative effects of parental resistance and aggression on the protection of children (see, for example, Brandon et al., 2009; Brandon et al., 2008; Department of Health, 1991; Ofsted, 2008). Brandon et al. in one of their biennial analyses of SCRs for the Department for Children, Schools and Families examined 161 inquiries, concluded that in many situations parents were hostile to workers who were then often frightened to carry out home visits. Hostile parental

behaviors were found to have potentially paralyzing effects on practitioners, negatively affecting their ability to "reflect, make judgments, act clearly, and to follow through with referrals, assessments or plans" or keep a focus on the needs and experiences of the child, where "children went unseen and unheard" (Brandon et al., 2008, p. 3). Emphasizing this point further, an Ofsted evaluation of 50 SCRs (Ofsted, 2008) determined that families were often hostile to contact from professionals, and that they developed skillful strategies for keeping them at arm's length. Drawing on a sub-sample of 47 cases for which more detailed information was available in their analysis, Brandon et al. (2008) identified a continuum of co-operation between families and agencies. On the co-operation end of the continuum, families showed neutrality or a willingness to engage with agencies and seek help; at the other end of the continuum researchers found hostility, avoidance of contact, disguised or partial compliance, and ambivalent or selective co-operation (Brandon et al., 2008).

### The Community Care/Reconstruct Survey

**Methodology and methods.** As parental hostility toward workers has been shown to be an under-researched area (Robson et al., 2014), an exploratory study in 2011 in the form of an online survey was undertaken by the current authors with the aid of *Community Care* magazine ([www.communitycare.co.uk](http://www.communitycare.co.uk)) and supported by the Reconstruct organization [<http://www.reconstruct.co.uk/>].

Such exploratory studies allow a greater familiarity with the problem, and aim to formulate concepts and ideas, specifying the problems and enabling an overview and approach to the research area. This method allows identification of the factors involved in a given situation and collates the information needed to describe the phenomenon.

The value of carrying out a survey to gain such knowledge is that it can reach a wide range of possible respondents, and can give not only indicators of the types of incidents that workers have experienced, but also, if there is a high response rate, can to some extent provide initial indications of the frequency of the types of violence experienced. It also allows the capture of events which are rare, but which can result in significantly problematic effects for workers, as presented in the findings in this article. The online survey was chosen as the means to do this through the most widely read Journal of its type in the United Kingdom, thereby allowing access to as many potential respondents as possible. As part of an article concerning this problem within the Journal, readers were invited to participate in the online survey to which there was one of the highest responses that the Journal had had to such a survey. The research team would not have been able to undertake the number of focus groups and/or semi-structured interviews needed to explore these issues in terms of time and resources, and while these methods are valuable in their own ways for gaining in-depth data, and by allowing

interviewers to pick up on any issues raised in the interview/focus group to pursue those emerging in the interview, the survey has its own advantages. For example, the respondent has time to think about if they wish to respond or not, once they have seen the contents of the survey and areas covered, giving them time to consider their responses to the topics raised over a period of days or weeks. This can permit greater consideration of their experiences, reflections, and thoughts on the issues raised within the survey questions. In addition, there are a number of other strengths to an online survey using closed questions and free text sections, as this survey did; for example, it is also more convenient for participants, in terms of not having to fill in hard copy documents and send them back in the post.

Although surveys are often seen as just giving quantitative data, there are ways of using online programs to allow the use of qualitative approaches, as in the case of the currently reported survey, which encouraged the use of free text sections to allow respondents to set out more fully their experiences and views in relation to the topic area addressed. This was made extensive use of by respondents to the survey, and therefore produced a great deal of in-depth and rich data for analysis by the researchers.

In accordance with this rationale, the survey consisted of closed, fixed-choice questions and open-ended questions. The questions set out to elicit responses relating to the types of resistant and aggressive behaviors staff had experienced, and the effects on the workers themselves—both professionally and personally—as well as any effects on their interventions. The survey covered what types of training workers had received; experiences of support from managers and others; and what workers had/would find helpful in terms of support and training. The questions specifically covered effects on workers both professionally and personally, as the review of research demonstrated that these areas had not previously been adequately addressed. Only three studies in Robson et al.'s (2014) review of published work in this area took into account workers' views on the effects of aggression and violence in child protection work (Horejsi et al., 1994; Littlechild, 2005a; Newhill & Wexler, 1997). These three studies found worker anger, fear, and anxiety commonly reported. The studies did not, however, explore the specific areas addressed in the current study about effects on child protection practice or workers' personal lives. A total of 590 participants responded to the survey, of which 483 (82%) were female. In all, 402 (68%) participants were qualified social workers, and 423 (72%) worked in child protection. The remaining respondents were involved in work with families where there were child protection issues; family support workers, health visitors, child support workers, social work assistants, youth workers, physiotherapists, family intervention workers, and key workers with children "looked after" in the U.K. public care system. The majority were very experienced in their area of work, with 382 (65%) having been in practice for more than 5 years. Forty percent had been in the

field for 10 years or more. It was not possible to control the sample—all readers had the chance to respond, and so the findings are based on the views and experiences of those who chose so to do. That stated, the number of respondents is high for such a survey. Therefore inferences can be drawn about how workers may be experiencing such violence and the effects of it, as well as the support they received, and what support they would like to experience, from their agencies.

The ongoing analysis of the whole data set will reveal more findings across these areas. This article will describe the effects on the professional and personal well-being of the respondents and their families, as well as their views on the support they experienced. It will also explore the effects of parents' aggressive behavior on child protection staff's ability to effectively protect children.

*Results of analysis of the closed-question element of the survey.* Participant responses to the survey's closed questions (Community Care, 2011) that related to the nature of the aggression workers faced demonstrated that frontline workers had to deal frequently with resistant and aggressive behaviors from parents. These behaviors included threats, intimidation, abuse, aggravated complaints, and physical violence.

Respondents reported that due to the aggression and violence they had faced, they had experienced loss of confidence in carrying out their work. Some workers reported that their ability to protect children had been compromised, with consequent fears of confronting parents within the dual role of supporting parents yet also having to challenge them appropriately. A number of workers reported significant negative impacts upon their own personal health and well-being. Workers expressed concerns about inadequate supervision and support to aid them to deal with the variety of problems reported in the survey.

#### *Experiences of aggression and violence*

- 48% ( $n = 285$ ) had received threats to make a complaint against them from parents during the previous 6 months.
- 42% ( $n = 247$ ) had received threats to their person during the previous 6 months.
- 61% ( $n = 357$ ) said that they had been threatened by parents during the previous 6 months, with 48% ( $n = 281$ ) of those receiving multiple threats over that time.
- 50% ( $n = 295$ ) stated that they dealt with hostile and intimidating parents at least once a week.

#### *The impact on workers' personal lives*

- 66% ( $n = 390$ ) believed that dealing with such parents had resulted in a negative impact on their work and their own families.
- 16% ( $n = 97$ ) had received threats to their families.



*The effects on workers' own and wider child protection work*

- 42% ( $n = 250$ ) of respondents said that they agreed or strongly agreed that vulnerable children are being put at greater risk because workers do not get enough supervision and support when dealing with hostile and intimidating parents.
- Only 23% ( $n = 138$ ) said their organization had existing procedures/guidelines that they all use in dealing with such parents.
- Only 14% ( $n = 83$ ) had reported any threats to the police (Community Care, 2011).

These results demonstrated that such aggressive behaviors are frequently experienced by respondents. Workers reported a high level of concern about the effects on themselves, their work, and their own families.

In addition to giving answers to the fixed-choice questions, respondents answered open-ended questions that allowed them their own narrative to express their thoughts and experiences.

*Findings from the open-ended questions.* The open-ended questions set out to elicit responses relating to the types of resistance and aggression workers had experienced; effects on workers themselves and their interventions; what training workers had received; experiences of support from managers and others; and what workers had/would find helpful in terms of support and training.

The data emanating from the open-ended questions were subject to a thematic analysis (Guest, MacQueen, & Namey, 2012). Free text responses were read and analyzed a number of times, with themes in the responses being identified, and then reworked into codings as part of a process of re-evaluation as the codes were developed and refined. Participants' free text responses were qualitatively analyzed for references to the impact of working with hostile and intimidating parents on workers' personal and professional lives, and on their children and families. NVivo qualitative data analysis software was used to perform the analysis. No hypotheses or expected themes were identified prior to the commencement of the analysis. Instead, themes of importance to the research participants emerged through examination of the data.

The analysis of responses revealed that the effects on the workers professionally had overlaps with their personal and family experiences, with the negative effects on each compounding the stress and anxiety in the other sphere.

*Effects on personal and professional lives.* A number of staff reported serious effects on themselves and their families. While 42% had received threats to their person, and 61% were threatened by parents during the 6 months before the survey, 217 (37%) of respondents had experienced extremely serious threats against them and/or their families, including

46 (8%) who had received death threats, six (1%) who had received bomb threats, 14 (2%) who had been threatened with firearms, and an additional 14 (2%) who had been threatened with knives. One respondent had suffered a miscarriage that resulted from an assault, and had a garden fork pierced into their leg. Two had to move home with their families to avoid the stalking/aggression of parent(s), and two had to change their name for the same reason.

Fifty-seven (10%) reported being held captive in clients' homes. Four had to have extra police security or protection put into place for their own home, with another providing the extra home security themselves. Eight (1%) staff had needed to take time off work as a result of the incident. Two had experienced racist abuse.

One of the workers who had to move out of her home with her family then had to have safety alarms fitted when they moved back into their home, having suffered harassment and threats of violence over many months. A parent took photographs of the worker and her car, and was arrested by the police when he was in the office car park with a baseball bat waiting for her. One of the parents threatened to make, and pursued, many complaints which the worker perceived as aggravated complaints, making it clear that this was intended to harass the worker. None of the complaints were upheld. ". . . It was the constant barrage of letters as well as threats of physical harm which affected me" (R324). Both the parents of the child were later imprisoned for harassment.

Another respondent was aggressively confronted in front of her own young children in a shopping center by a parent. The parent subsequently made door-to-door enquiries in her neighborhood and found the worker's home. The worker spent a long period attempting to get him to leave her doorstep and desist from carrying out the serious assault he was threatening. The worker reported this to the police despite the parent threatening to kill the worker and her children if she did so. The worker was determined to pursue a prosecution, despite finding the stresses of doing so considerable. The parent received a 6 month suspended sentence after the worker and her partner had testified in court.

There were 379 reports of emotional impacts on workers, including 60 (10%) workers reporting anxiety, 84 (14%) reporting stress, and four (1%) reporting panic attacks. Twenty-nine (5%) workers reported depression or associated symptoms including crying and feeling emotionally drained.

Forty-nine (10%) workers reported disturbed sleep and sleeplessness.

There were 139 reports of impacts on workers' personal lives, including impacts on their partners/families, reporting the need for extra physical security and/or police surveillance, moving home or changing their name (see details above).

Examples of such responses are as follows:

Personal life affected as not been able to go out . . . not been able to work in certain areas . . . double checking all doors are closed

in day and night time, etc. There are endless implications on work and personal life. (R56)

As the setting manager, I have had to support staff who have been intimidated by parents. This has had a direct impact on staff and well-being and confidence. (R451)

Made me an emotional wreck at home. (R530)

Had ongoing verbal and written abuse over 2 years from 1 family . . . Had to run away in public. (R23)

Other issues reported included avoidance of certain routes to work, and not going to certain shopping areas with their families, due to fear of hostile parents.

### *Fear and Anxiety About Seeing the Client Family*

Fear of seeing the client family, and a desire to avoid them, was reported by 50 (9%) respondents. A number of workers ( $n = 22$ ; 4%) reported concerns that they were not properly protecting the child because of this. Palpable physical fear of the parents was mentioned by 32 (5%) participants.

Examples of responses are as follows:

It's had an impact on my work because it takes attention away from the real issues and makes it difficult to engage, support, and protect children. (R3)

Made me less willing to complete visits, pursue concerns, etc. (R233)

Finding it difficult to explain decisions; making simple calls to parents can be very stressful; delaying difficult decisions due to knowing the parents will react aggressively. (R214)

(I) can sometimes find it difficult to challenge these parents even when I know that it is required to improve the child's life. This really makes me feel incompetent and guilty-it also knocks my confidence. (R223)

Feeling stressed about going to work, not wanting to meet parents without support, that is, another colleague present. (R54)

It raises my anxiety about doing simple things such as home visits, core group meetings and making phone calls. (R522)

Can make worker feel insecure, unsure of their own ground, and threatened. Inexperienced workers may feel intimidated and vulnerable. (R333)

*Cumulative and circular effects on personal and professional lives.* A key finding was that there was a cumulative and circular set of effects across professional and personal boundaries for some respondents that affected them, their families, and their practice, as evidenced in a number of the quotes in the preceding three sections. This finding is of particular importance as 66% ( $n = 390$ ) of respondents believed that

dealing with such parents had a negative impact on their work and their own families. Sixty-six (11%) respondents also set out specific effects on their personal lives and/or on their partners/families.

These impacts on workers' personal lives, and their confidence and effectiveness at work, influence and exacerbate effects across and between these two spheres of their experience.

Further quotes from respondents that reflect this are as follows:

It affects my emotional well-being which in turn impacts upon my personal relationships and my ability to accomplish things I need to do both in and out of work. (R76)

I often dream about them (the parents) at night and I cannot switch off when I get home. I'm worried when out in the local area with my own family in case I bump into some of these families. I worry about picking up the telephone at work, because I always expect it to be hostile parents. (R532)

Respondents reported concerns that the effects of the stress and anxiety that they took home with them increased when they decided that they could not share their concerns about what was happening with their partner/family:

It can be scary working with hostile and aggressive parents and (my) family worry about my safety if I tell them about these situations. (R279)

These concerns can further impact the person's ability to effectively cope with stress and be able to perform to their best in their work:

. . . it has impacted on me emotionally, and as a result on my family, through trying to manage my feelings of feeling under threat. (R 422)

The stresses from these situations can be exacerbated by the overall nature of the wider demands in a person's workload:

Most of the time I can handle the situation. When other situations are arising with my other cases I feel overloaded and less able to remain unaffected by the hostility. (R422)

These results suggest that there is a range of emotional, personal, and professional effects experienced by staff in child protection that are pervasive across personal and professional lives, which are at times severe.

*Supervision, support, and training.* The survey then explored the support staff experienced in relation to the effects and stresses that respondents experienced.

In the words of one respondent,

Management does not acknowledge how draining working in hostile situations is. If you are able to manage the situation

achieving best outcomes for children whilst maintaining relationships they tend to let you get on with it. This comes at a price for the worker. (R357)

Most workers ( $n = 417$ ; 71%) felt “very confident” or “quite confident” when dealing with aggressive and resistant parents but nearly half ( $n = 281$ ; 48%) had not received training in this. Of those who had received training, most said it was “on the job” or during a continuing professional development course. Only 5% had received such training on their professional qualifying course. However, 43% ( $n = 250$ ) of respondents said that they agreed or strongly agreed that vulnerable children are being put at greater risk because they do not get enough supervision and support when dealing with hostile and intimidating parents.

Responses included a situation where a family had not been reallocated to another worker after the parents had seriously threatened the worker’s own family. Another experienced a situation where a manager had stepped aside to allow a physical attack on the worker. The worker reported that they had subsequently suffered an emotional breakdown, which they linked to this incident. Three workers reported having been told they were “weak” or “inadequate” due to their sharing with their managers their concerns about the effects of such behaviors on them and their work.

One example of a poor response described by a worker was

Over a period of 6 months, I was regularly threatened by aggressive and intimidating parents. Death threats were made against me. Threats of violence were made—and in one instance followed (at a court hearing) . . . they found out my home address . . . I have seen them in my neighborhood on several occasions, though neither live or work here. My issue was not initially taken seriously by management and no action was taken. (R16)

Six respondents reported that their managers were not prepared to go on joint visits, whereas two others reported that this did not happen because of a “lack of resources.” Thirty-eight percent ( $n = 226$ ) of respondents said that workers do not get enough supervision and support when dealing with hostile and intimidating parents of respondents. Eight were particularly concerned that there had been no chance to debrief, and six mentioned inadequate or non-existent responses to the perpetrator(s). Five workers were concerned that parents were not receiving clear messages from the agency about what behavior was acceptable to its staff, and actions that might result if this was breached.

Effective responses to such parental aggression were not a feature of respondents’ experiences; only four respondents had felt well supported in this way. One worker felt well supported when managers took out a court injunction against an aggressive parent. Two were positive about risk assessment/strategy meetings being called soon after an incident, to ensure plans were in place to protect them and the child. One manager had arranged a form of restorative justice meeting that was perceived as valuable by the worker concerned.

Five respondents thought that the agency needed to make clear to parents the limits of what staff should be prepared to be subjected to.

## Discussion: The Effects on Workers and Their Child Clients

These findings update and extend our knowledge on the nature of violent and aggressive behaviors from parents against child protection workers. In addition, the results describe the ensuing effects on personal and professional well-being of such behaviors, adding to the very few recent studies that have started to address this area of knowledge (Littlechild, 2005a, 2005b; Stanley & Goddard, 2002). The findings also add to our knowledge about workers’ experiences and views on the effectiveness of training and support in this area.

Respondents reported that they had experienced negative effects on their personal/professional lives, sometimes to such a significant degree that they had been forced to move home, or had suffered physical injuries. Some had experienced serious threats against them and/or their families, including 46 threats to kill. One of the most frequently reported effects of parental hostility was anxiety and fear about the impact on their work and on their emotional and personal lives, confirming the work of Smith, Nursten, and McMahon (2004), Harris and Leather (2012), and Stanley and Goddard (2002). Effects reported included having to change their names, change their cars, having police alarms fitted to their homes, being subject to police surveillance, or having to take time off work. Inability to sleep, disturbing dreams, panic attacks, anxiety, and social dysfunction resulting from client violence were reported by Padyab et al. (2012), which is consistent with the current reported findings. These factors were in turn found to increase staff absenteeism and altered working practice (Newhill & Wexler, 1997), findings also confirmed in the currently reported survey.

Physical assaults were less prevalent than some of the other forms of aggression, a finding that supports the findings of Robson et al. (2014) and Pahl (1999). However, the assaults that did occur could be severe, with one person suffering a miscarriage that resulted from an assault, and having a garden fork pierced into their leg.

One area highlighted by respondents is that of the nature and effects of aggravated complaints. In the findings from the closed questions in the Community Care/Reconstruct survey it emerged that an often unrecognized form of aggression is parents’ use of such complaints. Seventy-seven percent of respondents had been threatened with complaints. Many of these complaints may be justified and appropriate, but some at least are meant to threaten the worker, in attempts to divert them from protecting the child (see, for example, R324 above).

The findings concerning effects on practice tend to confirm the results of thematic analyses of SCRs in that workers

reported that they had been affected in their practice in ways that allow possible danger to children, as highlighted also by Ofsted (2008) and Brandon et al. (2008). This observation also accords with findings about the effects on workers having fear and anxiety about seeing/challenging the family, as found by Stanley and Goddard (2002), Harris and Leather (2012), Laming (2003) and Robson et al. (2014).

It is clear from the current results that parental aggression can have significant negative effects on the worker and potentially on the child. Fear of seeing the family, and a desire to avoid them, was reported by 46 (8%) respondents, and 250 (42%) respondents believed that staff were affected in ways that affected their ability to protect children effectively, reinforcing the findings of Stanley and Goddard (2002) and Robson et al. (2014).

There is clearly a permeable and circular relationship between work effects and personal/family effects, with cumulative effects from work life spilling over into personal lives, and vice versa. This would suggest that effective support is required to be in place at work to ensure that stressors are not left for staff to deal with in their personal lives on their own (Littlechild, 2009, 2013).

Following the U.K. Baby Connelly court case in November 2008, where Peter Connelly died despite being well-known to health and social care agencies, Lord Laming highlighted the importance of taking into account these issues when assessing the risk of harm to a child: "Signs of non-compliance by parents, or indeed threat or manipulation, must form part of the decision to protect a child" (Laming, 2009, p. 33). This highlights that the aggression and violence from parents does not just adversely affect workers, but also impacts their ability to protect the child, which has been pinpointed as an area where workers appear ill equipped: "Perhaps the biggest single deficit of social work, and certainly of social work education, is a failure to get to grips with the complexity of service users and the reality of involuntary clients as they are experienced in practice" (Ferguson, 2005, p. 793). This is illustrated by one person's reply: "I worry that there is the risk that people underestimate the levels of hostility due to desensitization and therefore accept a level that is astounding to others who do not work in the profession."

### *Support, Supervision, and Potential Dangerousness*

It is clear from these findings that both workers and the children they protect can be at risk if workers are not supported and supervised by managers who understand the stresses arising from working with resistant, threatening, and violent parent service users, and highlights the need for managers to understand these stresses and to respond appropriately to both.

Harris and Leather (2012) in their research with 363 social work and social care staff found that as exposure to service

user violence increases, so does reporting of stress symptoms. The authors also found that fear or feeling vulnerable is an important consequence of exposure to such behavior, confirming earlier findings on the issue on stress from Smith et al. (2004). The authors recommend that more attention is paid to the place of fear in social care work, and the means to support staff in dealing with this.

Littlechild's research also found that responses to parental use of threats and intimidation against child protection social workers can lead to victimization of workers, and subsequent avoidance of challenging these behaviors (Littlechild, 2009, 2013).

Stanley and Goddard (1997) identified how some workers can accommodate service user aggression as part of their defense mechanisms. The authors discuss how abusive families can use a complex set of dynamics within tactics to draw the worker into the role of victim, which means they are unable to challenge the abuse, or utilize procedures properly. Stanley and Goddard (1997) also suggest that at times, workers appear to indulge in self-deception and denial of violence. The potential dangerousness to children where workers are severely stressed and unsupported is examined by Dale, Davies, Morrison, and Waters (1986); Reder, Duncan, and Gray (1993); and by Littlechild (2013). Gibbs (2001) argues that supervision is a vital element in workers' ability to maintain themselves while dealing with these stresses and to sustain the focus of their work.

This needs then to be linked to the findings in the Community Care/Reconstruct survey reported earlier that only 23% were in organizations that had procedures/guidelines for dealing with such parents (Community Care, 2011).

Supervision and support from managers is a key factor in supporting workers in general, and becomes particularly important when working with involuntary and threatening clients (Gibbs, 2001; Harris & Leather, 2012; Jones, Fletcher, & Ibbetson, 1991), and in dealing with issues of aggression and violence from parents against workers (Littlechild, 2005a, 2005b; Stanley & Goddard, 2002).

Focused support and supervision that addresses the effects of parental aggression are then key to staff being able to challenge parents appropriately and effectively with *authoritative*, but not *authoritarian*, practice. This must be undertaken to enhance the safety and well-being of staff and the children they are attempting to protect in such situations (see, for example, Tuck, 2013).

Fauth, Jellic, Hart, and Burton (2010) in their knowledge review of this area concluded that practitioners need to deal more openly with the power dynamics between themselves and hostile parents, with a need for workers to use a more authoritative approach with parents. There is also a need for managers to recognize that parental hostility hampers practitioners' abilities in decision-making and ability to follow through on assessment and intervention plans. These points are emphasized and expanded upon by Tuck (2013).



## Policy and Practice Issues

There is now a good deal of evidence to demonstrate that in a high proportion of the most serious situations of child abuse, there is inherent conflict caused by the role of the protection agency, and the reactions of a small but significantly threatening number of service users. These service users are not only aggressive and violent to children (and potentially partners) but also to the child protection workers (Laming, 2003; Littlechild, 2005a, 2005b; Stanley & Goddard, 2002). This evidence accords with the work of Brown et al. mentioned above in terms of the role involving power, authority, and control. This is particularly relevant to the social work role as it relates to the dual role in child protection work, where the social care/social control dichotomy identified by Brown et al. (1986) and Newhill (2003) is frequently experienced by practitioners and clients engaged in this area of work.

Marshall (2011) states that there may be legitimate reasons to view why parents may resist social work intervention in various ways, in terms of the power that local authorities are perceived to have, where social workers are seen as only being interested in removing their children. However, Marshall also points out that they may be hostile for “illegitimate” reasons; they may be resisting and using aggression to refuse proper access to the child, cover up evidence, and/or misuse of agency complaints procedures to keep the investigators at bay. These “risky” parents may present as overtly aggressive to social workers and other professionals to hinder a proper assessment of their children’s care.

It would seem appropriate then from these findings to conclude these matters require a greater focus in policy, professional education, supervision, and plans of work with families. This is particularly important as 42% of those responding reported that vulnerable children are being put at greater risk because workers did not get enough supervision and support when dealing with hostile and intimidating parents.

These findings of high stress for staff arising from parental violence when operating in child protection scenarios that engender violence and aggression (Littlechild, 2005a, 2005b; Stanley & Goddard, 2002) were recognized by Lord Laming in his 2003 report for the U.K. government on the death of the young child Victoria Climbié, in that he judged that child protection workers “face a tough and challenging task” when working with adults who deliberately exploit the vulnerability of children, and who act in devious and menacing ways.

It would appear that a greater focus on training and development of managers is needed to ensure they have an appreciation of, and strategies to deal with, these problem areas for staff, agency, and children. More attention to training for frontline staff is also indicated from the findings, as only 49% of the respondents had received such training. This would need to focus on how to recognize the nature and effects of different types of aggression and avoidance. Training also needs

to address why the worker may be finding it difficult to recognize these problems and deal with them, and the ways staff may react emotionally and professionally.

It can be seen then that violence toward staff can affect their feelings of safety and security at work and in their private lives, and also create concerns about workers’ ability to protect children. One way forward to provide a more effective response to the gaps in support for workers highlighted in this article in responding to such parental behavior is to develop “aide memoires” on these areas that can be employed in agency policies and supervision. These could then provide a focus during initial risk assessment and risk management processes, and a means of reviewing progress or otherwise as part of this focus. Lord Laming makes the point in relation to social work, but the message is relevant to all child protection professionals and their agencies:

It is important that the social work relationship, in particular, is not misunderstood as being a relationship for the benefit of the parents or for the relationship itself, rather than a focused intervention to protect the child and promote their welfare. (Laming, 2009, p. 23)

Some of the areas arising from the previous discussions in this article that may inform agencies and staff in what to address in policies, procedure, and aide memoires to use in supervisory practice may include

- Are there clear risk assessment policies and procedures in place from which to take into account our knowledge of the dynamics of such aggression? Do these procedures include such areas as workers visiting in pairs to reduce isolation and risk where such an assessment indicates the need for this? Do they include guidance about the necessity of liaison with the police, for example, where the level of immediate risk is assessed as being very high, in order to protect the workers if needs be, or to respond to parents if their actions are also possibly criminal behaviors?
- Is there systematic planning and reviewing of the assessment and interventions with individual families where this may be an issue over time, using our knowledge of the effects on workers and their abilities to work to effectively to protect the child(ren)?
- How are approaches to aggressive behaviors identified, agreed, and set out in agency and interagency policies, and maintained within agency culture, supervisory practice, and with parents?
- How clear are these to workers and to the parents in, for example, introductory meetings and planning meetings? How effectively are they spelt out, reviewed, and maintained over time? In particular, for new workers to this field, are they adequately trained and supported to recognize and deal with the risks

within such situations, both for themselves and the children involved?

- What range of responses to parents should be available, operated by whom, in what ways to ensure these approaches are operationalized and kept in place?

## Conclusion

The findings presented in this article demonstrate that the nature, motives, and effects of parental aggression and violence need to be taken into account in a systematic manner by child protection professionals and agencies by way of assessment and intervention in appropriate situations. In order to do this, central government, professional body, and local policy guidance should specifically address and provide a focus upon these issues for childcare and child protection workers' considerations, an omission in such guidance and policies noted by Tuck (2013).

A report from the U.K. government's National Task Force on Violence Against Social Care Staff, *A Safer Place* (Department of Health, 2000), following the murders of several social workers, reported that it is necessary to recognize and consider the many employment settings and the variety of jobs in the social work and social care sector that are affected by this issue. The Task Force recommended that employers must take responsibility to minimize these threats insofar as they can be foreseen (as they are obliged to do legally). The report recommended "Violence against social care workers is unacceptable, and employers carry a legal and moral duty on behalf of the community as a whole to do everything reasonably possible (within the constraints imposed by the duty of care to service users and resources) to keep social care workers from harm." While the government of the time accepted the recommendations of the Task Force, according to a Skills for Care (2010) report (see <http://www.communitycare.co.uk/Articles/2010/02/03/113714/skills-for-care-wants-social-workers-to-learn-self-defence.htm>) this has not happened; they concluded that there had been no real and systematic furtherance of the Task Force recommendations. If we are to fully protect children living in such abusive environments where there is aggression and violence against staff that can keep professionals at bay, agencies and individual workers need to develop a much better focus on this, and mechanisms to provide the back up and messages for staff to do this, or we will continue too often to find in child abuse death reports that staff have not been able to be appropriately resilient in the face of such behaviors or to challenge parents to a sufficient degree where those parents are using threats and other tactics to keep the workers at bay, and leave the child isolated and unprotected in abusive and dangerous situations. This is in effect a hierarchy of support—if we do not support workers to deal effectively with such aggression, we may be leaving children at risk because this has not been effectively done.

Strategies are required to be put into place which challenge violent parents/carers appropriately, while protecting the workers from the extra risk they may be put into by so challenging. If not, we may be compromising not only the safety, well-being, and retention of workers, but also the safety of children in the minority of families who threaten social workers and other professionals in child protection work.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research and/or authorship of this article.

## References

- Beddoe, L., Appleton, C., & Maher, B. (1998). Social workers' experiences of violence. *Social Work Review*, 10, 4-11.
- Bowie, V. (1996). *Coping with violence – A guide for the human services*. London: Whiting & Birch.
- Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebottom, P., Dodsworth, J., . . . Black, J. (2009). *Understanding serious case reviews and their impact: A biennial analysis of serious case reviews 2005–7*. London, England: Department for Children Schools and Families.
- Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., & Black, J. (2008). *Analysing child deaths and serious injury through abuse and neglect: What can we learn? A biennial analysis of serious case reviews 2003–2005 (DCSF-RR023)*. London, England: Department for Children Schools and Families.
- Broadhurst, K., White, S., Fish, S., Munro, E., Fletcher, K., & Lincoln, H. (2010). *Ten pitfalls and how to avoid them*. London, England: NSPCC.
- Brockmann, M. (2002). New perspectives on violence in social care. *Journal of Social Work*, 2(1), 29-44.
- Brockmann, M., & McLean, J. (2000). *Review paper for the National Taskforce: Violence against social care staff*. London: National Institute for Social Work Research Unit. Retrieved from [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset)
- Brown, R., Bute, S., & Ford, P. (1986). *Social workers at risk: The prevention and management of violence*. Basingstoke, UK: Macmillan Education.
- Budd, T. (1999). *Violence at work: Findings from the British crime survey*. London, England: Home Office.
- Community Care. (2010). *Social workers subject to abuse, threats and violence: Exclusive survey reveals extent of violence and abuse*. Retrieved from <http://www.communitycare.co.uk/2010/05/04/social-workers-subject-to-abuse-threats-and-violence/>
- Community Care. (2011, November 17). *Special report: Hostile and intimidating parents* (pp. 4-5; 18-20). Community Care.
- Dale, P., Davies, M., Morrison, T., & Waters, J. (1986). *Dangerous families*. London, England: Tavistock.

- Department of Health, Department of Education and Science and Welsh Office. (1991). *Working together under the Children Act 1989*. London: HMSO.
- Department of Health. (2000). *National task force on violence against social care staff, a safer place*. Retrieved from <http://webarchive.nationalarchives.gov.uk/20040116235613/doh.gov.uk/violencetaskforce>
- Denney, D. (2010). Violence and social care staff: Positive and negative approaches to risk. *British Journal of Social Work*, 40, 1297-1313.
- Fauth, B., Jelacic, H., Hart, D., & Burton, S. (2010). *Effective practice to protect children living in "highly resistant" families*. London, England: Centre for Excellence and Outcomes in Children and Young People's Services.
- Ferguson, H. (2005). Working with violence, the emotions and the Psycho-social dynamics of child protection: Reflections on the Victoria Climbié case. *Social Work Education*, 24, 781-795.
- Ferguson, H. (2011). *Child protection practice*. Basingstoke, UK: Palgrave Macmillan.
- Gabe, J., Denney, D., Elston, M. A., Lee, R. M. & O'Beirne, M. (2001). Researching professional discourses on violence. *British Journal of Criminology*, 41(3), 460-471.
- Gibbs, J. A. (2001). Maintaining front-line workers in child protection: A case for refocusing supervision. *Child Abuse Review*, 10, 323-335.
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. London, England: SAGE.
- Harris, B., & Leather, P. (2012). Levels and consequences of exposure to service user violence: Evidence from a sample of UK social care staff. *British Journal of Social Work*, 42, 851-869.
- HM Government. (2013). *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*. London, England: Author.
- Holmes, H., Rudge, T., & Perron, A. (Eds). (2012). *(Re)thinking violence in health care settings: A critical approach*. Farnham, UK: Ashgate.
- Horejsi, C., Garthwait, C., & Rolando, J. (1994). A survey of threats and violence directed against child protection workers in a rural state. *Child Welfare: Journal of Policy, Practice, and Program*, 73(2), 173-179.
- Horwitz, M. J. (2006). Work-related trauma effects in child protection social workers. *Journal of Social Service Research*, 32(3), 1-18.
- Institute of Public Care/Skills for Care. (2013). *Violence against social care and support staff: Evidence review*. Leeds, UK: Skills for Care.
- Jayarathne, S., Vinokur-Kaplan, D., Nagda, B., & Chess, W. (1995). A national study on violence and harassment of social workers by clients. *Journal of Applied Social Sciences*, 20, 1-13.
- Jones, F., Fletcher, B. (C.), & Ibbetson, K. (1991). Stressors and strains amongst social workers. *British Journal of Social Work*, 21, 443-470.
- Laird, S. E. (2013). *Child protection: Managing conflict, hostility and aggression*. Bristol, UK: Policy Press.
- Laming, L. (2003). *The Victoria Climbié inquiry (CM5720)*. London, England: HM Government.
- Laming, L. (2009). *The protection of children in England: A progress report*. London, England: The Stationery Office.
- Littlechild, B. (2005a). The nature and effects of violence against child-protection social workers: Providing effective support. *British Journal of Social Work*, 35, 387-401.
- Littlechild, B. (2005b). The stresses arising from violence, threats and aggression against child protection social workers. *Journal of Social Work*, 5, 61-82.
- Littlechild, B. (2009). Child protection social work: Risks of fears and fears of risks – Impossible tasks from impossible goals? In Denney, D. (Ed.), *Living in dangerous times: Fear, insecurity, risk and social policy* (pp. 103-115). Chichester: Wiley-Blackwell.
- Littlechild, B. (2013). *Research review – Professional dangerousness*. Community Care Inform. Retrieved from <http://www.ccinform.co.uk/research/professional-dangerousness-8/>
- Macdonald, G., Sirocich, F. (2001). Reporting client violence. *Social Work*, 46(2), 107-114.
- Marshall, J. (2011). Assessing the risk to children despite parental resistance. In B. Taylor (Ed.), *Working with aggression and resistance in social work* (pp. 79-93). Exeter, UK: Learning Matters.
- Newhill, C. E. (2003). *Client violence in social work practice: Prevention, intervention and research*. New York, NY: Guilford Press.
- Newhill, C. E., & Wexler, S. (1997). Client violence toward children and youth services social workers. *Children and Youth Services Review*, 19, 195-212.
- Newhill, C. E. (1996). Prevalence and risk factors for client violence toward social workers. *Families in Society*, 77, 488-495.
- Norris, D. (1990). *Violence against social workers*. London: Jessica Kingsley.
- Ofsted. (2008). *Learning lessons, taking action: Ofsted's evaluations of serious case reviews 1 April 2007 to 31 March 2008*. London, England: Author.
- Padyab, M., Chelak, H. M., Nygren, L., & Ghazinour, M. (2012). Client violence and mental health status among Iranian social workers: A national survey. *British Journal of Social Work*, 42, 111-128.
- Pahl, J. (1999). Coping with physical violence and verbal abuse. In S. Balloch, J. McLean, J. Pahl, & M. Fisher (Eds.), *Social services: Working under pressure* (pp. 87-105). Bristol, UK: Policy Press.
- Reder, P., Duncan, S., & Gray, M. (1993). *Beyond blame: Child abuse tragedies revisited*. London, England: Routledge.
- Regehr, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of post-traumatic distress in child welfare workers: A linear structural equation model. *Children and Youth Services Review*, 26, 331-346.
- Rowett, C. (1986). *Violence in social work* (Occasional Paper No. 17). Cambridge, UK: Institute of Criminology, University of Cambridge.
- Robson, A., Cossar, J., & Quayle, E. (2014). The impact of work-related violence towards social workers in children and family services. *British Journal of Social Work*, 44, 924-936. doi:10.1093/bjsw/bcu015
- Shin, J. (2011). Client violence and its negative impacts on work attitudes of child protection workers compared to community service workers. *Journal of Interpersonal Violence*, 26, 3338-3360.
- Skills for Care. (2013). *Work smart, work safe: Combating violence against care staff: A guide for employers*. London, England: Author.
- Smith, M., & Nursten, J. (1998). Social workers' experience of distress – Moving towards change? *British Journal of Social Work*, 28, 351-368.

- Smith, M., Nursten, J., & McMahon, L. (2004). Social workers' responses to experiences of fear. *British Journal of Social Work, 34*, 541-559.
- Stanley, J., & Goddard, C. (1997). Failures in child protection: A case study. *Child Abuse Review, 6*(1), 46-54.
- Stanley, J., & Goddard, C. (2002). *In the firing line: violence and power in child protection work*. Chichester and New York: Wiley.
- Tuck, V. (2013). Resistant parents in child protection: Knowledge base, pointers for practice, and implications for policy. *Child Abuse Review, 22*, 5-20.
- Tully, C., Kropf, N., & Price, J. (1993). Is field a hard hat area? A study of violence in field placements. *Journal of Social Work Education, 29*, 191-200.

### Author Biographies

**Brian Littlechild**, PhD, is professor of Social Work and research lead in The School of Health and Social Work, University of Hertfordshire. A qualified and registered social worker, he provides training and consultancy, and has researched and published widely, on violence in child protection and mental health work.

**Susan Hunt** is a researcher at Child Abuse Prevention Research, Australia. Her research specialities include child protection, out of home care, mental health and physical well-being.

**Chris Goddard**, Child Abuse Prevention Research Australia, has worked in social services in the UK and child protection and Australia. He has published books on child protection violence against child protection workers, physical punishment of children, and the human rights of asylum seekers.

**Judy Cooper** is children's editor on *Community Care*, a weekly magazine for social workers and all those working in social care. The raw research findings formed the basis of a series of articles in the magazine on working with intimidating and hostile parents.

**Barry Raynes** is a qualified social worker who has worked in child protection since 1980. He has worked for Reconstruct since 1991 on a variety of projects including writing child care and child protection policies and procedures for many authorities and Local Safeguarding Children Boards and producing many overview reports for serious case and domestic homicide reviews.

**James Wild** is an academic, trainer and activist in the context of child protection and safeguarding work, masculinities and values. He holds a range of post-graduate qualifications and is a qualified and registered social worker. He worked on the frontline in child protection for 15 years. He has innovated the development of active learning around the UK and is the founder of The Centre for Active and Ethical Learning.