THE EFFECTS OF “CRITICAL INCIDENT STRESSORS” ON FRONT-LINE CHILD PROTECTION WORKERS

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THE EFFECTS OF "CRITICAL INCIDENT STRESSORS" ON FRONT-LINE CHILD PROTECTION WORKERS

By

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ABSTRACT

Front-line child protection workers are professionally socialized to practice within dynamic child welfare conditions which are defined and influenced by the current socio-political climate. Sandwiched between an anti-oppressive practice framework and insufficient resources, child protection workers are often scapegoated for the deficiencies in an increasingly inadequate system. The front-line child protection worker often endures direct (i.e., aggression) or indirect (i.e., death of a child on a caseload) critical incident stressors, or traumatic incidents from service users. These incidents may cause post traumatic stress. This stress may negatively impact the worker, which in turn may affect the worker's ability to relate to the service user and, ultimately, protect the child or children at risk. In this study, six, in-depth, semi-structured interviews were conducted. These interviews focused on how the front-line child protection worker defined critical incident stressors, how they responded to such stressors, how they utilized various coping methods, and how effective these methods were to the worker. While it became evident that all study participants may have exhibited some characteristics of post traumatic stress, it is neither known how transitory nor significant these characteristics might be in the workers' lives. Research to saturation needs to be conducted on this subject in order to discover how post traumatic stress might affect the front-line child protection worker.

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CHAPTER ONE: A REVIEW OF THE PROBLEM

Introduction

> Within narrow black walls, I flew down steep, decrepit stairs,
> my mind racing, my heart thudding painfully in my ears,
> and my chest burning. I yanked open the front door, bolted
> through it and ran down the street. Once at my car, I
> hurdled into the safety of it. As I slammed and locked the
> door behind me, my breath hissed out like oozing air from
> a bloated tire. "I'm safe ... I'm safe," I muttered. Suddenly
> my heart stopped. "Oh my God," I whispered hoarsely.
> "The children ... they're still in the house!"

This excerpt, from a short script I had written for a Master's class, may seem dramatic, but in fact, it happened to me in March, 2007. Consequently, it became the impetus for this study. As a front-line child protection worker, I had been visiting a service user, whose labile moods and unpredictable violent outbursts confused and terrified me. This was the last time I saw this man. He had screamed at me for over an hour and looped our conversation around nonsensical arguments so that I could not understand what he was saying. However, I understood the names he called me. His temper rose like a crescendo and finally in a huff, he kicked me out of his home and told me that he never wanted to see me again. While I was grateful that he had allowed me to leave, I was also baffled as to how to react to his verbal assault. As a Child Protection Worker, I was mandated to continue this relationship, but I felt trapped between a violent service user and a system that did not acknowledge his behaviour or the consequences of

it. I did not share the details of this story with my supervisor or my co-workers. I never talked about this story until I used it as an example of service user violence in a class presentation.

Telling this story challenged me. I felt vulnerable and carried guilt and shame about it. I believed that I had mishandled the visit and caused this man to lash out at me. My greatest shame attached to this story was that I had run away. Even though my job was to protect the children in the home, I had abandoned them. I decided, however, to share the story because I believed that it was important. I thought this would begin the process of naming what had happened. If I did not talk about it, then it did not happen. If it did not happen, then it was invisible and had no real substance. If it had no real substance, then the terror I felt on that day, and the subsequent feelings I experienced, were unimportant. If my feelings were unimportant, then I, as a front-line worker, was unimportant and the work I did was meaningless.

Though initially the class feedback was positive, the white male who graded my work, indicated to me that the case I had presented was "atypical," and as such, I had "misrepresented" the service user population. I surmised that this person, who was in a position of power, was really trying to tell me that "my" perspective of this experience of abuse was less important than representing a service user population in a way that was relevant to "his" perspective. In other words, he was replicating the gendered power differentials that not only dominate society, but also various organizational cultures, and personal relationships. As he used his power over me, he effectively diminished my feelings and dismissed my experience as abnormal and meaningless. Like my client, he attempted to disempower and silence me.

Is this interaction between service user and front-line worker atypical? We do not know to what extent and nature this scenario might be atypical. Since there are no Canadian data on the exact numbers indicating service user to front-line worker aggression, there is no way to know the norm regarding the kind of aggression and how often this kind of aggressive interaction occurs. However, the fact that it occurs at all is disturbing. What is even more disturbing is the fact that people in positions of power, and those in everyday interactions, excuse it away. Until we define what this kind of aggressive critical incident and violence means to the front-line worker, and until front-line workers learn that this kind of aggression is not acceptable, we will not know how atypical this kind of situation is.

Had I misrepresented the service user population as the person who graded my work claimed? Though he painted the service user population with one brush stroke, it has been my experience that service users are not homogeneous. Rather than intimating that this service user represented all other service users, the point of my story was to exemplify how terrifying the work can be, and some of the consequences of that work to the front-line worker and the children who we have been entrusted to protect.

After processing what this feedback meant to me, and how it reproduced my traumatic experience, I began to realize the importance of this subject to the work of child protection. Trauma is a difficult topic to discuss and people in power want to keep it invisible and unimportant. If it becomes visible, then it is just one more stone around the neck of child welfare. With painfully limited resources, why should powerful people who do not work in the field care about such a miniscule aspect of the work? If it were to become visible, how would we deal with it? How would we deal with workers who care

more about their own safety, than robotically processing files?

The ways we describe and understand the world around us are socially constructed. Our definitions of the world generally reflect the interests of people with power. In other words, the ways we describe and understand the world exemplifies power differentials. Moreover, when a person with less power attempts to challenge existing power relationships, words are used to dismiss that person's perspective. Thus, an abusive scenario may become "atypical," or someone's experiences may become a "misrepresentation."

In the world of child protection, such socially constructed narratives not only allow power differentials to continue, but it also perpetuates the myth that the front-line child protection worker can and should handle anything, has emotions of steel, and is able to adequately process files with few resources. The purpose of this study is to examine the effects of critical incident stressors, or incidents that produce traumatic reactions, on the front-line child protection worker in the current socio-political context. The hypothesis of this study is that critical incident stressors may lead to "post traumatic stress" and other difficulties which then may negatively impact the worker and the worker's ability to relate to the service user and protect the child or children at risk. Additionally, the research will focus on how the front-line child protection worker defines critical incident stressors, especially acts of aggression. The research will also explore some of the coping methods utilized by the front-line child protection worker and the effectiveness of such coping methods. This study will be limited by time restrictions and number of participants interviewed.

The literature reviewed for this study indicates that there are a limited number of

studies that have explored Canadian front-line child protection workers and the effect of critical incidents, or trauma, on them and their work. Specifically there is a lack of qualitative research addressing the effects of such stressors on front-line child protection workers. This study will begin to provide a voice for individuals whose voices are not necessarily heard in the literature, and in this way, contribute to that body of knowledge. I hope that this study will encourage ongoing reflection, discussion, awareness, acceptance, and action.

The bottom line of child protection work is that the children must be as safe as possible. If critical incident stressors traumatize us, how can we, as front-line child protection workers, keep children safe? If we do not feel safe, how can we help children feel safe? How can we protect children if we cannot protect ourselves?

CHAPTER TWO: A REVIEW OF THE LITERATURE

Critical Incidents

Front-line child protection workers have demandingly stressful jobs that frequently offer little reward. As workers, we never know when a sudden crisis will erupt or when a service-user will challenge us. Overwhelming stress, which makes up critical incidents, is defined by the worker's perception and the context in which the incident has occurred (Spencer & Munch, 2003: 534). Thus, if we perceive any regular stressor as a threat to our personal integrity, our sense of safety, and belonging, it can suddenly morph into a critical event (Antai-Otong, 2002: 205)

Antai-Otong (2001) identifies a critical incident as being made up of an unexpected, specific, time limited, potentially life-threatening event that may involve loss or threat to goals or well-being over which the individual experiencing the event has little or no control (127). The basis of critical incidents are acute stress responses, as well as chronic, cumulative stress reactions (ibid: 128). Encountering a critical incident can evoke powerful emotions that are beyond one's usual ability to mobilize his or her normal coping mechanisms (Antai-Otong, 2001: 127). As a result, the psychological distress that these incidents may produce can replace normal coping responses with maladaptive functioning (Antai-Otong, 2002).

Regehr *et al.* (2004) notes that workers may experience traumatic distress or

symptoms of post-traumatic distress after being exposed to a critical event (343). The three categories of post traumatic distress include: (1) *re-experiencing*, which includes intrusive memories of the traumatic event, distressing dreams and somatic, or physcial, symptoms; (2) *arousal*, which includes sleep disturbances, emotional arousal, difficulty concentrating, and hypervigilance, or jumpiness; and (3) *avoidance,* which includes feeling detached, and also avoiding thoughts, feelings, places and activities associated with the traumatic event (Regehr, Leslie, Howe, & Chau, 2000b: 9).

When referring to critical incidents, Littlechild (2005a) argues that using the word "incident" can be misleading as it does not capture the dynamic process of causes and effects which can develop over time, and which has a bearing on who might be at risk, where, and in what type of situation (66). This idea is supported by the notion that trauma is a process that impacts the worker and service user's interactions and affects case decisions and time management (Pearlman & Saakvitne, 1995: 60; Regehr *et al.*, 2000b: 14). For example, a worker who is anxious or defensive about a service-user may have trouble making decisions about the service user's case, and any possible interventions, which then may result in an increased workload and hostile service user's reactions (Regehr *et al.*, 2000b: 14).

Littlechild's (2003) research into the effects of parent service user aggression against workers indicates that fear and anxiety, which were regular worker reactions to stress, becomes problematic when threats and abuse against the worker build up over time (49). It is important to note that the threat of aggression may be as important, if not more important, in producing fear than are some types of physical violence; also, threats have the greatest effect when they are focused on the worker as an individual rather than

on a depersonalized agency representative (Littlechild, 2005a: 72).

Though the worker may feel isolated in his or her own stressor responses, the effects of being exposed to critical incidents at work get carried over into the worker's personal life, thereby not only affecting the worker, but also the worker's colleagues, family and friends (Regehr *et al.*, 2000b: 15).

Issues of power, authority and control are significant issues for assessing risk in regards to service-user aggression towards the worker, the staff, and how the service-users view the worker (Littlechild, 2003: 48; Stanley & Goddard, 1997). Littlechild's (2002) research maintains that the power and control tactics that abusive service-users may use on their family members may be as effective when used on workers in order to disempower them (149). As the worker is drawn into the abuser's family dynamics, the worker becomes unable to challenge the abuser, or to utilize procedures properly; and, at times, the worker may deny the violence or the part that she or he may play in the reproduction of it (Littlechild, 2002: 149). When this occurs, the worker may be colluding with the oppression from the abusive service-users with whom they are working. (Stanley *et al.*, 1997). Exhibiting the same reactions to intimidation and threats as some of the abused family members (Mudaly, & Goddard, 2001), the worker becomes a member of the family rather than remaining on the outside where objective assessments regarding child protection issues can made (Reder & Duncan, 2003). This in turn may negatively affect the outcomes of a child at risk.

Contributing Factors to Critical Incidents

As child protection workers, we find ourselves in vulnerable positions in a world

of work threaded by paradoxes. Our seemingly contradictory roles dictate that we attempt to provide services to our service users while simultaneously being caring and controlling, supportive and investigative (Sarkisian & Portwood, 2003; Littlechild, 2005b; Newhill, 1996). Workers must balance administrative challenges with the difficulties of working with involuntary service users; they must provide services to the family while protecting vulnerable children based on insufficient information while maintaining worker safety in the face of a changing political and social landscape regarding child protection issues (Regehr *et al.*, 2000b: 3).

Several factors contribute to creating the preconditions for more volatile interactions between service users and workers. These include: (1) Neoliberal policies and restructuring of the welfare state with economic downtrends and ever-increasing cuts to benefits and services; (2) poor working conditions in which workers are given the responsibility for more service users with less time to accomplish more services and more tasks which include ever-expanding workloads buried under bureaucratic regulations; (3) time-consuming court appearances; (4) increasingly complex and changing family structures and issues; and, (5) a shift in the locus of practice from the office to the service-user's home (Newhill & Wexler, 1997: Regehr *et al.*, 2000b; Sarkisian & Portwood, 2003). Furthermore, unpredictable service user behaviour may mirror seemingly acceptable societal violence (Dillon, 1992, cited in Newhill, 1996: 488) and structural inequalities exemplified by factors such as poverty and classism. (Young, 1992 cited in Newhill, 1996: 488).

Definition and Prevalence

No commonly accepted definition of critical incidents exists across the literature. Instead, each worker is put in the position of defining what a critical incident is; in other words, the worker constructs the incident around how he or she experiences the behaviour, how it is perceived, and the context in which the incident has occurred (Spencer & Munch, 2003: 534). Thus, critical incidents will vary, as what threatens one worker may not threaten another worker and the same incidents may or may not be perceived to be threatening by the same worker in different contexts (ibid). For example, verbal abuse and threats seem to be very prevalent among child protection workers (Littlechild, 2002). It has been found that verbal aggression is so frequent that workers expect such behaviour, and only when this aggressiveness reaches a level where workers feel personally "intimidated or threatened by the tone and nature" do workers view it as verbal abuse (Littlechild, 2005a: 66-67).

Consistent with studies of police, fire and ambulance workers, Regehr *et al.* (2002) identifies that the death of a child is the most emotionally distressing critical incident encountered by child protection workers; however, these feelings may be exacerbated by the fact that unlike other workers, child protection workers often have ongoing relationships with both the victim and the perpetrator (Regehr, Chau, Leslie, & Howe, 2002: 891). This same study notes that apprehending a child at risk was almost as distressing as experiencing the death of a child with whom one has been working (ibid: 892).

In order to predict post-traumatic distress, Regehr *et al.* (2004) hypothesized a model in which they combined variables to produce post-traumatic distress in workers; these incorporated factors were specific to the individual, to the organization, including

workload stressors and social supports, and related to the critical incident itself (333). In addition, Regehr *et al.* (2004) argued that individual differences in resilience and vulnerability were important when determining duration and intensity of traumatic distress (ibid: 333).

The elements of safety and trust and lack of power or control are related to levels of post-traumatic distress in workers (334). Safety and trust, which is a component of relational capacity, affects the worker's ability to elicit and maintain supportive relationships with others after a critical incident has occurred (Regehr, Hemsworth & Hill, 2001; ibid: 334). Workers, who felt they had control over their lives, were not only able to better engage in meaningful relationships with others, but also reported lower distress levels (ibid). In regards to feeling powerless, workers who believed that they could control outcomes were found to have lower levels of traumatic distress than those who believed that they were controlled by external forces (ibid: 334).

In addition, traumatic distress may intensify at the anticipation or possibility of a distressing incident (Spencer *et al.*, 2003: 535). Moreover, workers whose resources may already be taxed through coping with high levels of challenges and chronic stress are at risk for stronger reactions to critical incidents (Regehr *et al.*, 2004: 332).

Further to worker reaction to critical incidents, Horwitz (2006) discussed "case hardening," or the idea that workers become less predisposed to negative effects of their work as a result of their years of workplace experience (15). Interestingly, Horwitz's (2006) study underscored the notion that child protection workers with many years of experience reported negative effects regarding critical incidents at the same rate as novice workers (ibid). Case hardening might reflect the worker's ability to keep calm and stay

focused on work tasks regardless of any critical incident stressors to which the worker might be reacting; however, the increased ability to function under difficult circumstances does not necessarily change the negative effects that the worker may be experiencing (ibid).

It may be that workers have internalized a façade of coping. Leadbetter (1993) discusses how workers, who are socialized to practice a client-centered service ethic, are expected, as skilled professionals, to manage aggression effectively (616). Furthermore, Hodgkin (2002) indicates that as a central norm of child protection work, workers are implicitly required to create the impression of coping and not appearing to be stressed; this is a requirement that is enforced with the unspoken sanction (197).

This façade of coping may be one reason that workers underreport critical incidents. Workers do not report the majority of critical incidents with their service users for one or more of the following reasons: (1) they may be criticized, blamed or seen as incompetent by their colleagues and administrators; (2) they believe that they should be able to take care of themselves; (3) they believe that management will not be supportive and that they will not be dealt with sympathetically; (4) they believe that being subjected to certain levels of aggression is part of the job and they must absorb such behaviour; (5) they are unsure about when an incident is serious enough to report; (6) they believe that nothing will change after such a report; and, (7) they may not be able to access reporting requirements if the agencies lack specific requirements (Sarkisian & Portwood, 2003; Macdonald & Sirotich, 2001; Spencer & Munch, 2003; Littlechild, 1995; ibid, 2002).

Developing Policies

In order to begin to deal with the effects of critical incidents, we need to challenge internalized beliefs that stop us from reporting service-user's aggressive behaviour. We also need to formulate clear definitions of what critical incidents entail, including verbal abuse or threats in circumstances relating to child protection work (Littlechild, 2002: 145). Workers, supervisors and agency administrators need to work co-operatively so that we can establish policy and procedures to manage worker and service user conflict (Newhill & Wexler, 1997; Shields & Kiser, 2003).

In addressing critical incidents, locally written guidelines could set out clear procedures that all workers can easily access and understand; this could be comprised of verbal and written mechanisms for reporting "all" incidents, and an accessible database containing relevant information about critical incidents (Littlechild, 1995; Spencer & Munch, 2003). Furthermore, we could advocate for policies that include a philosophy of zero-tolerance of service user violence through reporting procedures (Macdonald & Sirotich, 2001, cited in Spencer & Munch, 2003: 541).

Support of Workers

At some child welfare agencies in Southern Ontario "critical peer support" is available to workers who have experienced the negative effects of critical incident stressors. This support, which is based on a model of critical-incident-stress debriefing (CISD) developed by Mitchell and Bray in 1990, gives the worker an opportunity to discuss any work-related, traumatically distressing experience, and explore alternative responses which may restore the worker's sense of control over his or her environment (Rey, 1996: 38). Perceived as beneficial in reducing stress levels, (Regehr, & Hill,

2000a), this support attempts to prevent an abnormal stress response from developing and is primarily educational and instructive in content (Deahl, 2000: 931). There has been disagreement and controversy over the effectiveness of debriefings, and it is commonly thought that the emprical research evidence thus far is inconclusive, incomplete, and at times flawed (Deal, 2000; Miller, 2003; Wessely, 2003).

Another way to support workers through the effects of critical incident stressors is to address pertinent issues in worker training, which should include the range of and risk for psychological, developmental, environmental, and biological factors; as well as, appropriate and effective interventions for diffusing volatile situations and ensuring, not only worker but also service user, safety (Newhill & Wexler, 1997: 209). While it is important to incorporate casual theories of service user aggression into training, it should go beyond assessing the potential for service user aggression, and reactions to that aggression, and also address macro issues such as structural inequalities including powerlessness, and insufficient services (Rey, 1996; Sarkisian & Portwood, 2003).

Furthermore wherever more possible, we should not minimize negative workplace events wherever possible. In order to contribute to greater worker safety, workers must refuse to meet with service users alone when there is a possibility that they will be exposed to direct traumatic events. Workers must have physically secure offices, effective relationships with police, and the expectation that they can complete home visits in teams (Horwitz, 2006: 14). As Littlechild (2000) notes, failure to put strategies in place that protect workers from extra risk may be compromising not only the safety, well being and retention of workers, but also the safety of the children we have been entrusted to protect (55).

This literature review has examined some of the literature regarding the effects of service user aggression on the social worker. Few Canadian studies specifically have investigated the effects of critical incidents and their stressors on front-line child protection workers. For example, Regehr *et al.* (2004) utilized a quantitative survey in order to explore the impact of traumatic events on child welfare workers at the Children's Aid Society of Toronto. However, there is room in the literature for research that speaks to the effects of critical incidents on front-line child protection workers.

I suspect that the presence of critical incidents in front-line child protection work is like the elephant in the room – no one wants to talk about it, but no one can stop looking at it or being influenced by it. Whether it is embarrassing or goes against the client-centered service ethic, the effects of critical incidents on the worker is not going to merely disappear. Researching critical incident stress on front-line child protection workers will help us to develop a better understanding of this kind of stress, and the consequences of such stress. We can begin to develop new policies that will help begin to change the system in order to better support the front-line worker, and potentially decrease high worker turnover, poor productivity, and frequency of illness and missed days of work. This is an important topic to discuss and there is much room in the literature for such research.

CHAPTER THREE: METHODOLOGY

The purpose of this research study was to examine the effects of critical incidents, or traumatic stress, on the front-line child protection worker. Qualitative research methods, which were used to investigate this area of child protection, allow researchers to learn about people in social contexts and focus on understanding the meaning embedded in the experiences of the research participants (Neuman, 1997). Furthermore, qualitative methods were used to investigate this area of study since qualitative research studies may provide the best means of refining and adding to the knowledge base of social work (Grinnell, 1998).

Researchers who utilize interpretive principles attempt to understand and interpret how people create and maintain meaningful social action (Neuman, 1997). The interpretive researcher believes that 'reality' can be understood through these social constructions (Ceci, Limacher & McLeod, 2002; Walsham, 2005). The interpretive perspective of the data that we collect can be summarized as, "What we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to" (Geertz, 1973: 9, as cited in Walsham, 2005: 320). Primarily, I applied an interpretive perspective to my research; however, I also wanted to explore the underlying sources of social relations and hidden truths as they related to structural inequalities and power differentials.

Any method is a means rather than an end in itself; more than a way to ensure

knowing, methods may provide more or less useful tools for learning (Charmaz, 2001: 677). Constructivists, who study how participants construct meanings and actions, do so from as close to the inside of the experience as they can get (ibid). In other words, constructivists view data as a construction "that not only locates the data in time, place, culture and context, but also reflects the researcher's thinking" (Charmaz, 2001: 677). They explore how people construct meanings and act based on those meanings. (Charmaz, 2003: 272). Even though each "research product" is merely one interpretation among many interpretations of a "shared or individual reality," these interpretations, or realities, are not "*unidimensional, universal, and immutable*" (Charmaz, 2003: 272; parentheses by author).

Working within the time and sample number restrictions assigned to this thesis, I applied grounded theory methods from a constructivist perspective to guide my research and analytical process regarding workers' perceptions of critical incidents. In an effort to construct conceptual analyses, the strategies that I utilized during the research process included: (a) simultaneous data collection and analysis; (b) constant comparative methods; and, (c) memo writing (Charmaz, 2003: 251). Also, it is important to view both data and analysis as being created from the shared experiences of the researcher, the participants, and the researcher's relationship with the participants (Charmaz, 2001: 677).

All participants were recruited from child welfare agencies in Southern Ontario. Because The McMaster University Ethics Committee anticipated a conflict of interest in attaining participants from the same agency at which I am currently employed, all of the participants were recruited from "other" agencies. Sampling was purposive and non random in that specific agencies were sought out and selected based on potential

participant characteristics that were relevant to this study (Grinnell, 1993: 163). In other words, Children's Aid Societies with front-line child protection workers were selected for possible sampling. After attaining approval for the sampling process from The McMaster University Ethics Committee, I contacted, by telephone, six agencies in order to ask permission to display a recruiting poster on their premises. Three agencies returned my calls. Although each agency articulated an interest in this kind of research, I was informed that given the time and sample number restrictions of this study, they would not be able grant me permission to circulate my recruiting posters at their agencies.

Because I was not granted permission to display recruiting posters at specific agencies, I then began to utilize snowball sampling, which allowed me to begin the sampling process by locating a few individuals of interest who then in turn identified still other participants (Grinnell, 1993: 164). Using contacts from class, I obtained two research participants. Using this initial sample, I then obtained the names of four more individuals through snowball sampling.

Initially, I contacted participants by telephone at which time I provided a detailed explanation of the study and offered an invitation to participate. Those with whom I spoke were explicitly informed that their participation was voluntary and could be withdrawn at any time. Following this telephone conversation, I then emailed the Letter of Information and Consent form to all participants who had agreed to participate (see Appendix A – Letter of Information and Consent Form). Each participant was a front line child protection worker whose primary role was to provide child protection services to clients (children and families) as legally mandated by the Child and Family Services Act (1999) and all amendments thereof.

All participants were female; two participants were women of colour. The average age was 39 years. The average years of experience was nine. While five of the participants held BSW degrees, one held an Honours BA degree in Sociology. Two of the participants were in the midst of attaining their MSWs, while another participant will begin a Master's program in September, 2008. All participants were front-line child protection workers; however, one participant had recently been given a temporary position of Supervisor to front line child protection workers.

I conducted six, in-depth, semi-structured, audio tape-recorded interviews in which the research participants were asked questions relating to the effects of critical incidents they might have experienced in their practice. The interviews were approximately 60 minutes in length, and all participants were interviewed individually at a place and a time at which each of them found most convenient. I transcribed all interviews verbatim the day after each interview took place.

In order to guide the interview process, I utilized an interview guide that was prepared in advance (See Appendix B – Interview Guide). Interviews began with identifying participant demographic information. Open-ended questions were then asked in an attempt to define and elicit views of the participants' subjective world (Charmaz, 2001: 676). All of the interviews were directed conversations; interviewing was flexible and I pursued participant's ideas and issues as they emerged during the interview process (ibid). As I attempted to tap each participant's "assumptions, implicit meanings and tacit rules," I emphasized the participant's definition of terms, situations, and events (ibid: 681).

At first, I attempted to make notes during the interviews, but found this to be

disruptive to the rapport I felt had developed with most of the participants (Glesne & Peshkin, 2002: 80). Instead, I wrote memos for recording "ideas, musings and reflections" after each interview (Birks, Chapman & Francis, 2008: 69). Though most of the interviews were relatively problem free, one participant could not relax and continued to respond throughout the interview process with one-word responses and nervous laughter. Nevertheless, this participant's interview gave much insight into the effects of critical incidents on the front line child protection worker.

Grounded theory interviews do not tell an individual's tale in a single interview; rather, they are used to tell a collective story (Charmaz, 2001: 691). There are inherent tensions between the emphasis on the personal story in the interview and the collective analytic story in grounded theory studies (ibid). Thus, research findings are combined in order to paint a coherent picture from several participant stories; then, the researcher is challenged to balance the individual subjective story with that of the collective analytical one.

The transcripts were coded and analyzed using methods based on grounded theory (Charmaz, 2001). Data analysis began with several scans of the transcripts as I underlined potentially pertinent words and phrases with multi-coloured pencils. After looking for word repetitions, idioms, circularity, (i.e., especially illogical or contradictory reasoning), examples, and metaphors, I then compared and contrasted the interviews. At that point, I diagrammed until I was able to extract two major themes, and resulting sub themes, from the interviews. I returned to the transcripts, cut out relevant parts of the transcripts, sorted them on different coloured index cards, and referenced each card with germane information.

There were limitations to this study. Although this study provides helpful insights and conclusions, as a small study it is not generalizable. Additionally, as a front-line child protection worker, it was helpful for my analysis to be an "insider" to child welfare; however, I needed to be constantly aware of my assumptions.

Definition of Terms

Service User

For the purpose of this study, a "service user" is a client who is involved with Child Protection Services.

Stress

For the purpose of this study, "stress" is defined as a state of physical, cognitive, behavourial, and emotional arousal of an organism in respond to any real or perceived demand that interferes with normal functioning (Caine, & Ter-Bagdasarian, 2003: 60, 65).

Trauma

For the purpose of this study, "trauma" is defined as profound stress that overwhelms a person's ability to function effectively (Antai-Otong, 2002: 204).

Critical Incident

For the purpose of this study, a "critical incident" is defined as any sudden, unexpected event that has an emotional impact sufficient to overwhelm the usual effective coping skills of an individual and that causes significant psychological distress in usually healthy individuals (Caine, & Ter-Bagdasarian, 2003: 60).

Critical Incident Stressors

For the purpose of this study, "critical incident stressors," which are the causal agents that produce overwhelming stress, are defined as being events in which (1) a client verbally lashes out at a worker; (2) a client places a worker in fear of his or her own safety; (3) a client threatens to physically assault a worker; (4) a client physically assaults a worker; (5) a client threatens to or actually damages the property of a worker; and, (6) a worker is particularly distressed which may include bringing a child into care or experiencing the death of a client (Horwitz, 2006: 4).

Post Traumatic Stress

For the purpose of this study, "post traumatic stress" is defined as experiencing characteristic symptoms after experiencing an extreme traumatic stressor, or critical incident stressor, which involve persistently re-experiencing the traumatic event; persistently avoiding stimuli associated with the trauma and numbing of general feelings; and persistent symptoms of increased arousal (DSM-IV, 1994:425)

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

What is a Critical Incident Stressor?

In attempting to define critical incident stressors from the participant interviews, it became evident that each participant's definition was socially constructed and emotionally laden. For example, one participant explained that there is a "broad spectrum of meanings going from the death of a child in care to … [an] extremely violent outburst of some kind." The usual first reaction is to go for the "absolute worst case scenario" that one could imagine, which usually includes the death of a child in care, or extreme violence attached to the act. The word "extreme" is relative and depended primarily on the participant's perception of what the service user "really" meant at the time of the threat or act of aggression. Thus, when defining critical incident stressor, perception and context is paramount to the core of its definition.

Several factors appeared to influence the participant's perception of a critical incident stressor. For instance, participants did not assess threats or acts of aggression as being serious if they did not occur regularly, or close together in time, or were seen as temporary, (i.e., "sometimes she would escalate to yelling, but not often"), and generalized to include all Child Protection Workers, (i.e., "the usual social worker insults like stealing babies"). On the other hand, participants considered threats or acts of aggression seriously if they included: conflicting personality characteristics, (i.e., "it's a clash in personalities"); increasing conflict, (i.e., " 'I did feel stalked and … it escalated'

"); particularly aggressive threats, (i.e., " 'I am going to find you and kill you' "); and, violent interpersonal behaviour, (i.e., "she picked up a glass candlestick holder and she whipped it at … me"). Thus, if the service user's behaviour was persistent, overtly abusive, intimidating, and/or insulting, then it appeared that the incident became critical and consciously affected the worker, (i.e., "I felt scared … scared for myself … scared for my family … I didn't know what to do … [and I] didn't want to deal with it anymore"). Additionally, a critical incident stressor could be acute, or a one-time occurrence, (i.e., "She had a … fair-sized knife and was threatening to kill me"), or it could be chronic, or recurring, (i.e., "Every time I had to meet with him … I was walking around with two armed police officers.").

Therefore, a critical incident stressor was an overwhelming or threatening incident, or series of such incidents, that could be real or perceived, that caused intense emotional reactions such as fear, anxiety, helplessness, disempowerment, confusion, and/or shock. These reactions appeared to intensify if the person experiencing them felt trapped, helpless and powerless to do anything about them.

Relationships

The theme of relationships lies at the heart of this study. Relationships, which are the resulting interactions between two or more people who are related, or connected to each other in some way, are critical to the safety of children in the world of child protection. In regards to relationships, as workers we have internalized assumptions about the way in which the world, and people in that world, function, and the way it should function. Thus, when workers visit families in their own homes, they assume – or trust –

that they will be safe and that no one will hurt them. They convince themselves that their safety is dependent upon acting properly, or in "correct" socially constructed ways. For example, it makes sense that if a worker treats a service user with respect and dignity, then the service user will reciprocate and treat them with respect and dignity. However, this is not necessarily true. If someone assaults a worker, then his or her assumptions about whom and what can be trusted in the world are temporarily or even permanently "shattered."

Furthermore, with the sensitive nature of child protection work, violence and potential danger are inherent in the work and in the relationships. Thus, child protection work often exposes the worker to situations where assumptions about safety in the world disintegrate. One participant, who had worked with a client for thirteen years, talked about the impact of having that client chase her with a knife.

> She wanted to kill somebody … [she] would still like to see me and … meet with me … you know and wants my forgiveness … but my position has been no, I can't. It's just not the social work type thing to do [*sic*]. But I just can't do it.

Front-line Child Protection Workers are under a lot of pressure to perform in these relationships and must cope with ongoing deplorable, tragic, and critical events with service users who may be aggressive and manipulative. All of the participants interviewed indicated, to some degree or other, that developing and maintaining relationships with service users is about "playing mind games, and is "difficult work" with "frequent crises," "unpredictability," and "compounding stress." Forming relationships with involuntary service users, who can be resistant and often hostile, poses particular challenges. Workers undertaking this work confront the painful reality of threat and violence, not only towards themselves, but also towards the children that the worker

is mandated to protect.

Sometimes it appears that workers cannot recover from having their assumptions shaken by a critical incident stressor. Having experience may influence how workers define and are able to process relationships. This study, however, did not support the notion that experience increased the workers' ability to gain some mastery over their experiences. For example, though two of the participants in this study had nearly twenty years experience in child welfare, each participant reacted differently to the idea of forming relationships. While one participant said that the years of experience have taught her to be "not as reactive" but to form and maintain relationships "at a distance," the other participant stated that she no longer tried "to develop those relationships now" and works hard so that she is neither "important" nor "consistent" in the lives of service users on her caseload. This may challenge the notion of case hardening, a process by which workers are thought to become less vulnerable to negative effects of their work resulting from years of exposure to such effects (Horwitz, 2006: 15).

Being exposed to critical incident stressors affected relationships between participants and service users in a dynamic manner. In other words, critical incident stressors do not occur in a vacuum, but rather they are part of a set of dynamics that develop over time (Littlechild, 2002). Not only does the critical incident stressor, or traumatic event, influence the participants' perceptions of the work-environment in on-going ways, but also influences how they relate to, or do not relate to, the service users and their children. One of the participants who coped by knowing that she was going to leave her position in order to return to school, indicated,

> it was such a bad file but I had not accomplished anything with them
> and I said that to my supervisor … mom and dad are lying to me

> … it didn't matter whether it was true or not … [the children] are clean and going to school … I never got anywhere with them.

Not only does the child protection worker often have an ongoing relationship with both the child, or victim, and the service user, or the alleged perpetrator, but after a service user has been aggressive with a worker, there is an expectation that the relationship will somehow continue (Regehr, Chau, Leslie, & Hope: 2002). Even though service users may be manipulative and aggressive towards the workers, the workers are unable to leave the relationship. No matter how badly the service user treats the worker, he or she cannot leave the relationship until the safety of the children is established and some attempts have been made to change the service user's behaviour.

This situation is unique in helping relationships. For example, after some recent controversy regarding lack of physician resources, the College of Physicians and Surgeons of Ontario recently reaffirmed that a physician may terminate a patient relationship if there is a "serious threat of harm to the physician, staff and/or other patients" (CPSO, 2008: 3). Child protection workers, on the other hand, are not permitted to terminate abusive relationships, and are, in fact, trapped by them. As such, workers are especially vulnerable to the service users and must come to terms with being legally mandated to staying in an abusive relationship.

Aggressive behaviour can affect judgement and confidence in one's ability, (i.e., "If … somebody has a history of aggression, I won't take" the case), and may deeply affect current relationships and future relationships, (i.e., "I never make myself the important person in that child's life … I don't try to develop those relationships now"). If one service user has traumatized the worker, then the worker's feelings may be generalized to all families. In addition, the worker may generalize this view to include the

world outside of child protection. Distrustfulness becomes the way the worker functions in the world, as she or he is not able to turn their emotions on and off at will.

While emotions guide our relationships, trust is fundamental to the success or lack of success, of those relationships. Emotions (i.e., I felt angry at the situation") and accompanying bodily sensations (i.e., I remember feeling nauseous about the situation") may provoke negative reactions in meetings between workers and service users. Thus, in attempting to relate to one another, both worker and service user may feel anxiety, which in turn may lead to acts of aggression (Ferguson, 1996). Therefore, the worker may experience anxiety and fear not only for the children's safety, (i.e., "a 5-year-old daughter … allegations that dad was having sex … [was] it rape …"), but also for his or her own safety (i.e., "I was just overwhelmed and scared"). In this way, worker protection and child protection are inextricably linked (Ferguson, 1996: 782). Furthermore, meetings between workers and service users give rise to complicated feelings and forms of "reciprocity and resistance" (Ferguson, 1996: 783). For example, one participant demonstrated fearlessness after discovering that a judge had given an allegedly abusive service user family access.

> He was … waving his family court order in my face …he was so big … [he was] looking right down [at me] I was looking right back at him … one of the cops … got in between us … [and asked] 'what are you doing?' … if someone's coming at me … sometimes I don't always back down …that could get me in trouble some day.

Acts of aggression indicate that the service user is not interested in "playing the game," or telling the worker what he or she wants to hear (i.e., "she doesn't really engage in the services … she … [says] 'I'll change … I'll do whatever you want,' … [but] she just … brushes you off … telling you what you want to hear). When the service user acts

out in destructive ways, it is in order to reclaim lost power and restore family balance (Rey, 1996). In essence, the service user is taking away power from the worker, trying to render the worker impotent. One participant exemplifies this kind of worker powerlessness when she referred to a specific service user on her caseload. "She was very manipulative and in the end nothing happened. I didn't accomplish anything … [the parents] got their way all the time." As long as the service user manipulates, controls and orchestrates what happens between the worker and other family members, the worker can neither have a meaningful relationship with the service user nor with the children. As one participant explained,

> Dad called me … I had to go out to his house and … he didn't want me to come …he started swearing … threatening … me … how dare I make him look like a bad guy … the usual social worker insults like … kidnapping babies and … I should just get out of everyone else's business … but after that we could never have another conversation.

While there is a danger that the worker is at risk for real harm and trauma from aggressive behaviour from the service user, there is also a possibility that the worker will no longer be able to see the danger that the child may be in. This exemplifies the complexity of child protection work. How can a worker who does not feel safe in a relationship with a service user, protect a child, or children, who may be at risk for harm? The worker may be so preoccupied with his or her own safety that the child becomes an afterthought. For example, when one participant spoke about completing a home assessment after she has been verbally assaulted her over the telephone, she said,

> In hindsight in my role as a worker, I probably should have sat down with him and had a lengthy conversation about where the case is going … but I didn't feel safe so … I walked in … did not sit down … did the home assessment and said okay you have beds for the girl and boys … you have food in the house, and I said alright I'm out of here.

Within this scenario, it appears that the participant was so embroiled with a controlling service user, that she began to overlook the welfare of the children, (i.e., There were "allegations that dad was having sexual relations -- I don't want to call it rape ... with the [five-year-old] girl"). She began communicating with the family only when directed to do so by her supervisor, ("I asked my supervisor what to do, and he said, 'You can't cancel. You need to go' "). At one point, she went to her supervisor and complained after an abusive telephone call left her in tears. She said,

> I walked into my supervisor's office crying because ... [she] didn't know what to do... [she said] he's doing it again and I can't deal with this anymore ... I don't know how to deal with this and I'm scared.

Telephone Aggression

Workers can spend an extraordinary amount of time on the telephone with service users. Sometimes workers speak to several aggressive clients in succession. Sometimes an aggressive client calls at inopportune times. The pathos of child protection work is exemplified when a knife-brandishing client trapped one of the participants in her office. The participant exclaimed,

> My phone rang and I really thought ...it was the police calling me to help me ... I thought I could answer this and hold the door at the same time ... it was my other long-term client who also has a history of aggression. It's just ironic.

Interestingly, none of the participants in this study viewed telephone aggression as a critical incident stressor. Every participant said that it was merely "part of the job." While the worker may not necessarily "get used to it," it is however a "normal part of child welfare." Participants rationalized telephone aggression by saying it was something

that was "expected" because the worker is telling "somebody something that they don't want to hear." As well, several participants indicated that telephone aggression is not personal. They recognized that when someone was yelling at them over the phone, they were yelling at a "representative of the situation," or the CAS, and not at them as an individual.

All participants indicated that they had the right to hang up on verbally abusive service users. Since the participants had been trained not to be "nasty" to aggressive service users, it was logical that none of them acted rudely even when they hung up on service users who were yelling at them. Several participants discussed how they gave warnings as to when they were going to hang up. For example, one participant said, "I can't talk to you … you need to calm down. I'm going to hang up now." Rarely does the act of hanging up on an abusive service user solve any relationship challenges. When a worker hangs up on an abusive service user, the worker is attempting to avoid anxiety produced from the interaction; however, the worker may be merely postponing the anxiety related to the conflict in the interaction, and thus, in the relationship. As the worker disconnects the phone, he or she may be disconnecting from the relationship and possibly fracturing it beyond repair. Another participant, who was exploring the futility of hanging up on a service user, concluded, "It didn't work, but that's what they [told] … us to do in training and I didn't know what else to do."

Workers are deeply conflicted by being verbally assaulted and having no real recourse, other than terminating the call. If they continue to listen, stripped of any power they might have had with that service user, they will continue to be abused. If they terminate the call, they are not only ignoring the abusive behaviour, but they are teaching

the service user how to behave towards them. As one participant considered, "We teach people how to treat us and … it gives the client the message that it's okay … to freak out on us because we'll take it." After such calls, the worker may no longer be able to work effectively with that service user. Therefore, as a worker, who is mandated to protect children, they may no longer be consciously thinking about the priority of a child who might be at risk.

One participant maintained that telephone aggression was acceptable. She said, "For the most part I'm fine with it … I let them yell … [because] I just try to give people as much opportunity to … bring it back … to hold it together so we can carry on with something productive." It is interesting to note that even though this participant said that telephone aggression is acceptable behaviour, she, along with two other participants, confessed to sometimes crying after verbally assaultive telephone calls. None of the participants indicated that the verbal aggression might be abusive or seen as diminishing the worker's self-esteem. One participant said that, "It's just that you're having bad days and you're stressed about something else." It other words, it was "more of a stress relief … more [about] timing," and the "need to just let it out." Another participant indicated that it was more about feeling frustrated, rather than feeling abused, and at time she had to hang up or she "was going to start crying and yelling back" and she did not want the service user to "see me cry."

In explaining such behaviour, one participant concluded that families "learn how to survive in the system," while another insinuated that the reason a service user was verbally violent with her was "to get some power … he [was] … vulnerable and that was the only way he knew how … [to get] power." Thus, the service user has not only

learned when he or she can get away with telephone aggression, but has also learned that this kind of violence works.

Boundaries

When discussing the parameters of a worker-service user relationship, most of the participants knew what their roles were and were cognizant of the limits of their boundaries. One participant explained that she develops relationships "at a distance. I don't get personal ... but I'm friendly and I'll share personal stuff but only if it's helpful." Another participant experienced a "semi-detached" relationship with service users in which the participant felt she was responsive and available but was also able to "close off ... [and to] keep a certain ... distance ... [and] space."

When talking about boundaries, one participant would not even discuss "those views [now] because I don't think that they would be accepted." For this participant, the heart of her practice changed dramatically after one of her long-term service user attacked her with a knife nearly six years ago. As a Children's Service Worker, this participant felt that she had formed and maintained a "fairly positive relationship" with the service user for thirteen years. However, after the service user attacked the participant, all of the participant's assumptions about her own safety shattered. The participant took a sick leave for five months with post traumatic stress. Even now, years later, this participant presented as guarded during the interview process. For example, she was reticent to talk about the incident, and said, "I can't give out too many details ... because it wasn't ... handled appropriately." Not only did the critical incident change her life, but also, it significantly impacted the way in which she relates to the service users on

her caseload. She no longer attempts "to develop ... relationships now." In order to avoid the possibility of another critical incident, she "switched her caseload to younger children ... and when they reach their teenage years they move on to a crown ward worker who specializes with teens." She completely avoids aggressive service users. Even when she is covering for another worker, "if one of the kids has a history of aggression ... I just won't do it."

Isolation

Isolation, which is the second pervasive theme in this study, involves the process of being and/or feeling separate from others. There are several kinds of isolation in child protection work. There is physical and emotional isolation. Physical isolation includes isolation of the teams in the agency, and isolation of the worker in the teams. Emotional isolation includes isolation of the Children's Aid Society, in society, and the isolation that Child Protection Workers feel from other Child Protection Workers. The lines dividing the physical and the emotional aspects of isolation are artificial. Physical isolation contributes to the emotional isolation of the worker and vice-versa. Thus, the lines dividing the physical and emotional aspects of child protection work are blurred which indicates that they are symbiotic. In other words, they are related to one another to such an extent that it is challenging to ascertain where one begins and another ends.

Physical Isolation

All of the participants identified physically separated teams. Additionally, they referred to their teams as either being good (i.e., "people are fabulous"), or bad (i.e.,

"workers who clash with each other"); supportive (i.e., "overall support is pretty good), or unsupportive (i.e., workers "who try to one up each other").

One participant, who belonged to a team that was "small and in an isolated office," admitted that her co-workers were "unsupportive," and generally "caught up in their own crises and situations." She suggested that there was competition between team members when she said that certain workers "try to look like top dog in the team." The remaining five participants expressed positive beliefs about their teams (i.e., "the whole team approach is fabulous."). They felt grateful that they were on supportive teams (i.e., "I think wow I'm lucky ... I do get a lot of support), and in general described their team-mates as being "very supportive."

The physical space of the agencies perpetuates isolation amongst teams. One of the participants worked in a satellite office on a small team cut off from the main agency. The other participants talked about how their teams were set apart in the physical space of the agency. For example, one participant described the office floor as consisting of parts of "teams ... in sets of cubicles, so we're all encased in one sort of wall," with a supervisor who is accessible but physically separated from the team. Another participant added that even though it was like having "walls dividing us ... we can hear each other and ... others ...on the phone." In this way, workers are able to offer informal support to team-mates who may need help. One participant indicated that "every time" a particularly abusive service user called her, she "would put him on speaker phone and they [her team-mates] could hear ... they were all very supportive." Another participant claimed that when she hears a difficult conversation she may "write a little sticky note [that says] are you okay or do you need help?" In the supportive teams, it was noted that team-mates

often debrief after a difficult phone call indicating that there was "an informal level of support."

This kind of support, however, varies from unit to unit. For example, one participant reported that the team she is on is "particularly good" for giving informal support.

> We're sort of infamous around the building as being ...a really solid team ... very supportive team ... it's the way we work and look out for each other ... watch each other and help each other whenever we can.

This indicates that unit cohesion (i.e., "a really solid team") is imperative in keeping up worker morale.

Any negative issues affect morale, and reflect badly on the unit, and the unit's supervisor. For example, when reflecting about her supervisor, one participant said,

> She wasn't receptive and then ...she was gone for two weeks ... and it was just never discussed or resolved and [that] ...stayed with me and built into a bit of a resentment toward ... [her] and probably jaded my interactions with her.

Even in agencies where there are supportive units, it is "not across the board." This was confirmed when a participant said,

> I remember hearing stories like do I work in the same agency. I felt like I'm in a bubble or something because I've never even heard of this stuff and I can't imagine it happening because I have such a great supervisor and such a great unit so I'm ... very fortunate.

This physical separation contributes to the worker's disconnectedness from other teams in the agency. In unsupportive teams, co-workers tend to solve problems on their own. This adversely affects group cohesion and reflects negatively on the unit and the unit's supervisor. In describing a sense of isolation within the "team" atmosphere at the agency, one participant indicated that,

> the way things are set up with doing work in teams ... there's a lot of segregation ... I think there's an unspoken rule of not ... crossing over teams to assist which leads to a lot of isolation ... and ... we're not supposed to offer help for each other despite the work that we're doing.

In supportive teams, workers are able to get team support only "if" other teammates are present. As one participant maintained, "If people are there, they'll chime in, 'Are you all right?' or they'll listen." Therefore, workers may learn how to ask for help, but only within specific parameters. The worker does not have the option of going to any other person on any other team and asking for help, thus heightening the worker's sense of isolation from other teams. Through these processes workers learn not to ask for help, or at least not to expect it, and to be grateful when it is given. Therefore, this physical separation contributes to workers not asking for help, which then contributes to them attending home visits alone, even though they may feel that it is unsafe to do so. Moreover, this can lead to potentially dangerous situations for the worker. In theory, agencies have a "buddy-system," which allows a worker to ask to have someone accompany her or him to a home in which the worker feels unsafe. However, there are flaws in this "buddy-system." For example, one participant, who was "scared" of a male service user who had been deemed "violent" by the Society, felt forced to attend his home alone in order to complete a home assessment. She said, "No one else [no buddy] was available ... I asked my supervisor what to do and he said, 'You can't cancel. You need to go.' "

Emotional isolation

Myths about Child Protection Workers abound in our society and most are quick to blame the worker. Confidentiality makes it virtually impossible for society to

understand what child protection work is about and how the work itself isolates the worker. Confidentiality also contributes to emotional isolation. One participant was so frightened of visiting homes that she told her friends and family to call her on her cell phone after waiting thirty minutes and if she did not "pick up then there's a problem." Of course the real problem was that "because of confidentiality [I] couldn't tell them the name of the client … I couldn't say what the address was so if something did happen, I don't know how they would necessarily find me but I would tell them to call me." Additionally, it is easy for workers to feel alienated (i.e., "… [friends and family] will openly acknowledge they don't know where I'm coming from and they can't understand it").

To many people, the Children's Aid Society exudes an alien, abusive and omnipotent environment. For example, general society has constructed a "stereotypical view … of Child Protection Workers" in which the worker is "always going into the home to apprehend." Workers are perceived as getting into "everyone else's business," and certainly are "not doing anything good." Child Protection Workers are typically depicted as "stealing … [or] kidnapping babies" and are commonly referred to as "baby snatchers."

Because Child Protection Workers view their identities through the perceptions of others in society, they have internalized, to some degree, stereotypical notions about the work they do. As well, workers have taken on other people's perceptions about themselves and their ability to do the work. This in turn, contributes to feeling emotionally isolated. For example, workers do not "want to seem weak;" rather, they feel they need to have a "bit of backbone," or a "thick skin." The effective worker is thought

to be able to "handle" whatever is thrown his or her way. Within the organizational culture, workers themselves do not want to raise concerns that might mean that they are "seen as trouble-makers," or "labeled in a negative way."

When reflecting on worker cohesion, one participant described Child Protection Workers as a "bunch of weird breed in ourselves [*sic*] and that's probably why we flock together and … stick together … maybe we understand each other." Another participant, who had not observed workers supporting one another, depicted co-workers as "lone wolves [doing] their own thing." She reflected about her first apprehension, how she had been "left to my own devices," and how she was felt "angry at the situation … feeling nauseous [about] that traumatic event … I didn't feel prepared for or supported in." Another participant, who discussed how powerless and unsupported she felt when a service user abused her said, "I just did … what I was told to do." The epitome of emotional isolation came from a participant who, for the first time, talked about a critical incident stressor that had occurred nearly twenty years ago in which a service user threatened her with a knife. She admitted,

> To this day I never told anybody because I thought I must have said something or did something wrong … and part of it was the embarrassment of … [acting] wrong … [it was] devastating to me … questioned [herself], "Am I bad? Am I doing something wrong? What did I do to cause this?"

It is difficult to ascertain whether child protection work attracts certain personality types, or if child protection work contributes to the forming of certain personality characteristics. It appeared that some of these characteristics contributed to feeling emotionally isolated. For example, one participant remained guarded around an incident which occurred quite some time ago, in which the "entire family died." The participant

maintained that the case continues to be "highly confidential," and even though it "was devastating" to her, "it didn't affect my performance." This critical incident did not affect the participant's performance at work because she went into "hyper drive," thus supporting the notion that workers are endlessly resilient. Another participant has "really high expectations of myself and when I don't meet them ... [it is] a huge downfall for myself," and she does not "ask for help [because] I don't want to acknowledge that I'm struggling." This illustrates the notion that workers are independent. Another participant capitulated to her supervisor's directives and did "what she was told to do," even though she "felt so scared ... for myself ... [and] for my family." Her confusion and fearful emotions raise the question of whether she may have been experiencing post traumatic stress, and could no longer make decisions about her own safety.

Contributing to emotional isolation is the notion of feeling trapped. Not only were they "locked" in the work that they were compelled to do with abusive service users, but workers also felt trapped in their positions in the agency. It appeared that having a get-away plan eased feelings of being trapped. Two of the participants were leaving their respective agencies in order to pursue Masters' Degrees. For example, one participant, who counted how much longer she would be at the agency, disclosed, "In my head I kept saying two more months and I'm outta [*sic*] here." Another participant's escape was thinking about her retirement in "maybe five more years." A five-year veteran, who had "not experienced anything really traumatic at work," paradoxically confessed that if she "had some options, I would walk out the door right now ... I would leave because I can't handle this anymore." However, not all participants felt trapped. Two participants said that they enjoyed their work and intended to remain in child protection indefinitely.

The Effects of Critical Incident Stressors

The effects of critical incident stressors consist of feelings aroused, or suppressed, in reaction to a critical incident stressor, and consequent behaviours, or lack of behaviours, stemming from those feelings. Such feelings emanate from perceptions that workers have about themselves, the relationships they form and maintain, and their places as a Child Protection Worker in the agency, and in society.

Participants rarely talked about their actual feelings; instead, they discussed feelings in the abstract, ("vulnerable," "disbelief, and "frustrated"), or described what they did, (i.e., "shaking uncontrollably … [thinking] he's going to stab me"), rather than how they actually felt. Five of the participants appeared to have learned ways in which to control their emotions rather than experience them (i.e., "I went into shock mode"). Only one participant readily admitted to feeling "scared," or "angry."

In attempting to understand service user aggression, one participant surmised that a service user "was so violent to get some power. He felt so vulnerable and that was the only way … he got power over his family and his friends." One participant, who rationalized abusive behaviour after describing how a service user had threatened her with a knife, stated that the service user "was being more patronizing … than me really being at risk [*sic*]."

The blame culture, which is securely attached to child protection, is an intrinsic part of society. For instance, after a service user threatened to cut one participant with a knife, she responded by telling herself that she "must have said something or did something wrong … to create that … I left feeling it's my fault." Three participants

blamed themselves for either causing the critical incident or not responding to it in a different way, (i.e., "It's my fault … I did something wrong"). Only one participant espoused that the family was responsible for a "difficult," albeit "not traumatic," situation, (i.e., "because they're not giving me the opportunity [to help them] and they're difficult").

Three participants indicated that they had never experienced any critical incident stressor at work, (i.e., "I haven't had any"). One of these participants contradicted herself when she concluded that all apprehensions "are definitely … traumatic for everybody involved … regardless of the situation;" however, she argued that her first apprehension "wasn't that kind of trauma … [it was] just a very difficult situation … [it] was hard to handle." Two participants indicated that they had experienced one incident each; and one participant concluded that she had experienced three incidents over a twenty-year time span. While two participants claimed that there had been stress attached to the critical incident stressor, (i.e., "I was so scared that whole year"), four participants insisted that the incidents had no impact on them, (i.e., "It didn't affect my performance").

Re-experiencing the critical, or traumatic, incident is a characteristic of post traumatic stress (DSM-IV, 1994: 425). This may occur is in the form of flashbacks, or recurring and intrusive images of the incident, and/or nightmares. After experiencing a critical incident, one participant talked about how she "had … flashbacks to certain images like the … the glint of the knife … [and] the … silence," of her co-workers as they witnessed the service user attacking her. Another participant claimed that she did not lose sleep, but "it would be the first thing on my mind when I woke up in the morning … as soon as my eyes opened … [it] set my tone for the entire day." One participant

experienced psychological stress after attending a neighbourhood which resembled that of an abusive service user on her caseload.

> I had no reason to be scared … but I remember being in a neighbourhood that I did not feel safe in and there's only street parking two blocks down and I ran to the house because it was … dark and … [and then] I ran [back] to my car … there was no specific reason to be afraid … [and] I was wearing business attire and thinking that they could … pick me out.

Another characteristic of post traumatic stress is the persistent avoidance of stimuli associated with the critical, or traumatic, incident (DSM-IV, 1994: 425). One participant avoided discussing a critical incident in which an entire family, on her caseload, died violently. When asked about the incident, she observed that it "was devastating to me," but would not make further comments about it. Three of the participants admitted to avoiding families or activities that aroused recollections of the initial critical incident stressor. For example, one participant refuses to attend support group meetings because after she experienced a critical incident, "some people [in a support group meeting] were expressing sympathy towards the person who assaulted me." Another participant admitted that, "if I'm really honest with myself … I tend to avoid this family as much as I possibly can … which tends to make things worse I think." In this way, this participant does not have to engage with the children at risk or ask the service user difficult questions. On one level, the participant may know that the child may not be safe, (i.e., "risk … [with] the exposure to cocaine and … mom's drinking"); while, on another level, she may not be fully cognizant of that knowledge, or at the very least, be confused, (i.e., I know that mom tends to make … bad decisions but she tends to make pretty good decisions, sometimes, but not always").

Persistent numbing of general feelings is another characteristic of post traumatic

stress (DSM-IV, 1994: 425). One participant who expressed how she felt when she "was walking around with two armed police officers for weeks," said, "I guess I didn't feel threatened. I had two big guys with guns. I wasn't worried." She continued to articulate that she did not "get along very well" with this service user, and "sometimes wondered if they [armed police officers] were for his protection or for mine." This illustrates that the participant minimized the situation as a way of avoiding the feelings that such an event would normally provoke. This also demonstrates the participant's lack of ability to experience a full range of affect. Another aspect of emotional numbing relates to being detached from others. For example, when a service user threw a heavy object at one of the participants, she exclaimed, "I kind of sat back and thought okay if she really wanted to hurt me she could have ... so it didn't have that much effect on me"). Emotional numbing is another way of avoiding intolerable stress. This is exemplified when one participant talked about an

> entire family [who] died ... [even after] being in the field for twenty years that was devastating to me ... that was a critical incident [but] it didn't affect my performance ... I just go into this hyper drive and I just ... do it.

Persistent symptoms of increased arousal is another characteristic of post traumatic stress (DSM-IV, 1994: 425). Even though she no longer works for CAS, one participant discussed her feelings of continuing fear, and increased nervousness, in relation to her work.

> Even now ... I panic if I run into one of them [service user] ... I don't know how they feel but it scares me when they see me or what if ... they find out where I live ... [or] identify me as a worker ... what if ... [they] hate CAS [and they are] going to punch this girl [and] ... it serves her right for working there."

Increased arousal does not necessarily resemble fear. For example, one

participant, who "loves" her job, characterized her temperament when she said, "I get myself into an awful lot of trouble because if someone starts walking towards me I start walking towards them and I've had more cops haul me off people."

Getting Support

All of the participants agreed that support is imperative in being able to cope with the critical incident stressors of child protection work. Although the informal support that team-mates sometimes offer can be invaluable, all participants concurred that other supports are also necessary. These other supports include accessible supervisors, family, friends, and critical peer support.

Supervisory Support

All participants said that having an approachable, accessible, accommodating, and supportive supervisor was not only desirable, but also invaluable to them as individuals and as team-mates. However, it is not always possible to have these kind of supervisors. (i.e., "There was a pregnant girl in the unit and he [the supervisor] was really bullying her around").

Only one participant admitted that she had a supervisor who "was not a great mesh for" her, and she felt "deserted … directionless … [and] left on my own devices …with very little preparation or orientation and with no follow up to debrief." This participant acknowledged that there were long-term effects regarding lack of support as the negative feelings "stayed with me, built into … resentment towards that supervisor, and probably jaded my interactions with her."

Five participants felt that sometimes supervisors were not as supportive as they could have been or needed them to be. However, it appeared to be important for these participants to believe that their supervisors were good people who wanted to support them. For example, after one participant walked into her supervisor's office "crying because I didn't know what to do. I just didn't want to deal with it anymore," she defended his lack of support (i.e., "to be fair to him he was a new supervisor so he ... didn't really know ... what to say and ... he's in a different position you know he's a man"). After she requested to have one of her most distressing files transferred to another worker, this same supervisor kept telling her to "work on it a little bit more. Just hold onto it ... just wait it out." He informed her eventually that even though the service user had threatened to "track her down and kill" her, these reasons were not "enough to get the file transferred." He explained to her that the service user's threats were impersonal and the service user was angry with the Society, and not with her. After being told this, the participant continued to protect her supervisor and excuse his lack of support by stating, "he wasn't a bad worker, but I think he has a very male mentality ... and ... he just couldn't understand where I was coming from." This was not an isolated incident. Yet another participant requested to have a file transferred to another worker, who was willing to take the case. Initially, this participant's supervisor, who appeared to be willing to transfer the file validated the participant's feelings and reassured her that she had to "think about [herself] and take care of" herself. However, when the participant pursued having the file transferred, she was finally told that, "we're short a person on the unit ... we can't do it right now ... it's just not possible." This participant has continued to carry this file for two years. Even with such duplicity, this participant asserted that, "I

have such a great supervisor."

Although both supervisors appeared to have betrayed these participants, it is interesting to note that neither participant could acknowledge that betrayal and instead protected each supervisor. There is a power differential in that each participant was female and each supervisor was male. Interestingly, child protection work is mainly women's work, yet males direct most of it. These supervisors minimized, ignored and even manipulated the truth in order to maintain control over their workers. The meanings that the participant workers attached to their supervisors' actions shaped their survival strategies so that they could cope with an untenable situation. Not only do these gendered acts maintain the control of "male rules" over women, but also support for these acts of dominance are built seamlessly into the organizational culture and women workers are socialized to accept them (Bex Lempert, 1996).

From this study, it appears that these supervisors demanded that these participants ignore their feelings and any internal signals that signified they were not feeling safe. Consequently, these workers utilized emotional numbing techniques and dissociated unhealthy or dangerous situations so that they could continue to work with abusive service users. Concerning these specific files, there is no way to know what directives the supervisors were obliged to follow. Nevertheless, it is disturbing that, in these cases, the supervisors' lack of action inferred complicity with the abusive service user. In other words, both supervisors knew how the participants were feeling, but they did nothing. It would appear, at least in these two instances, that these participants, who were trying to cope with critical incident stressors, were sandwiched between the abusive service user and an abusive supervisor. That begs the question, who is really abusing whom?

Further complicating the issue are the stringent budgets and institutional rules that continuously lead to an ever-increasing lack of adequate resources. It appears that management's priority, which is about processing too many cases with too few resources, is not concerned with getting the real work done or with the worker's needs, feelings, or trepidations. It seems that management demands that each worker complete allotted tasks without demonstrating real emotions. As well, various aspects of the organizational culture compound this situation. Not only must the worker cope with manipulative and abusive service users, but also with some colleagues and supervisors who may be acting out abusive patterns with one another; in other words, the dynamics that workers routinely confront in the families with whom they work are embedded in the workplace, as professional systems and family systems tend to become enmeshed and reflect one another (Ferguson, 1996: 791). Therefore, within the parameters of this study, there appears to be very little formal organizational support or means of safety for the front-line child protection worker.

Friends and Familial Support

Because of a lack of formal support, participants have learned to depend on family and friends for some support and safety. One participant felt that family and friends were her "primary supports. I … feel very lucky." Another participant signified the importance of compartmentalizing when she said, "I need that personal space away from the office … [it is] key when dealing with critical incidents that you have a space where it's only your family." One participant disclosed how heavily she had relied on her family and friends when she was visited homes after hours. For example, she would tell

them to call her cell phone in "half an hour … and if I don't pick up there's a problem." She knew this made little sense because, "of confidentiality … [I] couldn't tell [them] the name of the client … [or] the address … so if something did happen I don't know how they would … find me but I would tell them to call me." Even though participants rely on their families and friends for support, it may not be helpful in some instances because people who are on the outside rims of child protection work cannot understand the emotional consequences of such work. For example, when talking about the support her friends and family offered her, one participant asserted that,

> They quite openly acknowledge that they don't understand and … they can't fully appreciate where I'm coming from … [and] can't even imagine the thoughts that I'm having … [but they] are very supportive and they will listen to me.

Another participant, who claimed that her "mother" is supportive, also indicated that she "doesn't get a lot of it, so I don't even talk about it with her because it just blows up in my face."

Critical Peer Support

People in each Child Welfare agency create an organizational belief system. Within that organizational belief system, there are dominant narratives that drive and reflect the activities of the agency's culture. One of these narratives relates to the critical peer support program. As with all other of the agency's narratives, this narrative regards power differentials and the socially constructed meanings attached to the program. In this way, the narratives reproduce the agency's inequalities in what the workers think and say about critical incident stressors, and how they react to them.

Not all child welfare agencies offer critical peer support. The support team

consists of volunteer peers, or people with similar experiences, offering support and guidance to colleagues who are experiencing stress of some kind. Peer support volunteers are "not there for the long term." Rather their role is to let the person experiencing stress "know that they are supported [and listen while they] ... talk about it," and "let them know what supports are available." Because peers are work colleagues perceived to be an equal by the person requesting support, they are able to more easily relate to, and therefore offer empathy (i.e., "I'd be petrified ... I can't imagine going through that"), and validation (i.e., "You have every right to feel the way you do") to the person experiencing stress. Thus, a front-line child protection worker would find it easier to open up to another front-line worker rather than a supervisor or someone from the legal department who would not be able to relate to their experiences first-hand. In other words, "No one would expect a ...worker to confide ... in a supervisor ... when an element of trust is not there."

Although the notion of a critical peer support program in an agency sounds advantageous, and indicates that the agency is proactive in its response to critical incident stressors, there are limitations to it. While one of the participants, who is a peer support volunteer, signified that critical peer support is "a really important thing," she maintained, "I don't think people know about it enough ... [and] I don't see it being utilized." The method of informing workers of the program is flawed. It is part of the supervisor's role to inform workers that peer support is available, but that does not mean that all workers are informed about the program. For example, one participant who worked at an agency that offered peer support had no idea it existed. After being threatened by a violent service user, this participant "walked into [her] ... supervisor's

office crying because [she] … didn't know what to do." In this case, the supervisor did not inform the participant about peer support. Additionally, it is up to the supervisor to determine "whether or not a critical incident occurred." Then the supervisor will make the appropriate referral to peer support. One of the participants, a peer support volunteer, believes that such a referral process "undermines the whole idea of peer support," especially since a worker may not want his or her supervisor knowing that peer support was necessary or even considered.

Even though three of the participants knew that critical peer support existed at their agency, and all of them thought this kind of support was important to the emotional health of a worker who had experienced a critical incident stressor, none of them would consider contacting peer support. For some, if they are confiding in people at work, then "someone's gonna [*sic*] know." In other words, "People are afraid … it's not quite as confidential as … the Employees Assistant Program … where you can go home and make that call in confidentiality." One of the participant's supported the notion that confidentiality was paramount when she said, "I probably would have felt more comfortable if it was a peer team away from the agency … but … it was all too familiar to me with all these people that I know." For others, their own perception of how they believe others view them as workers appears to be at stake. For example, workers do not want "to look weak. No one wants to look like they can't handle what's going on." When one of the participant's supervisors called critical peer support after a service user had thrown a heavy object at her, the participant was surprised that her supervisor thought she would need peer support and replied to the supervisor, "Don't worry about [it] … I'm okay." It is also about feeling safe enough to talk about intimate feelings. When an entire

family died on her caseload, one participant, who was offered peer support, said,

> I didn't need that because I had ... my partner and different ways that I work things out. I'm not one to open up to a lot of strangers about really personal things ... so I said no thank you and I don't need that.

Paradoxically, the same participants who would not consider utilizing peer support also said they believed that it is an important aspect of the agency's culture. For example, one participant stated that "just to make sure that the workers are getting what they need," it is important to bring "in the peer support team and the recognition that it's tough out there and these critical incidents do happen." Therefore, it appears that these participants may be reciting the acceptable dominant narrative of the organizational belief system regarding the importance of the critical peer support within the agency. Thus, while the agency proclaims a peer support program, the intact power structures that work against real peer support continue to remain the same. Such a program does not address issues of power, and the risks associated with power differentials in, and out of the Society; rather, these power differentials are replicated in many of the dynamics in peer support. For example, the referral process indicates a hierarchical power structure in that the worker is not responsible for his or her own feelings around a critical incident. Furthermore, even though the organizational culture denotes secrecy (i.e., participant who did not know about peer support because her supervisor did not inform her), confidentiality is not ensured.

The participant who is a peer support volunteer indicated that,

> every time we meet I clarify that and say who can make a referral ... why do we have this thing that it's a supervisor that's determining whether or not a critical incident occurred ... like isn't that up to the person who's there to decide whether a critical incident has ... it almost undermines the whole idea of peer support."

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS FOR FURTHER STUDY

Conclusion

The purpose of this study was to examine the effects of critical incident stressors, or incidents that produce traumatic reactions, on the front-line child protection worker in the current socio-political context. Though limited by time restrictions and number of participants interviewed, this research focused on how the front-line child protection worker defines critical incident stressors and how they respond to these stressors. Furthermore, it explored some of the coping methods that they utilize and the effectiveness of these coping methods. The "hypothesis" of this study was that critical incident stressors may lead to post traumatic stress, which then may negatively impact the worker and the worker's ability to relate to the service user and protect the child or children at risk.

Based on my own professional experience as a front-line child protection worker, and reviewing the data from six interviews that I conducted with front-line child protection workers, it became evident that the consequences of critical incident stressors profoundly affected some of the research participants. While it was evident that all participants in this study exhibited some characteristics of post traumatic stress, it is not known how transitory these characteristics might be in the lives of the workers, or how they may impact the workers' relationships with other service users on their caseloads.

Furthermore, utilizing such a small sample did not achieve saturation, and, as such, it does not ensure reliability or validity of any results.

This study indicated that participants did not agree on a definitive meaning of a critical incident stressor, especially in regards to an act of service user aggression utilized in an indirect manner (i.e., telephone aggression). The participants' definitions were influenced by the following: individual perceptions of how acceptable an act of aggression was to the participant; professional ideologies which reflect an anti-oppressive perspective which in turn challenges some workers to find fault with service users who are disadvantaged; the influence of stereotypes which label front-line child protection workers in negative ways (i.e. "baby snatchers"); and the way in which various agencies define, or do not define, acts of aggression and how the worker was permitted to handle those acts, (i.e., workers had permission to terminate aggressive telephone calls). It appeared that the participants were more readily able to define critical incident stressors if they included very dramatic issues such as physical assault or the death of a child on one's caseload.

None of the participants considered that telephone aggression as a critical incident stressor, or an act of aggression. Paradoxically, some of the participants, however, discussed how sustained verbal threats could inflict psychological pain and behavioural consequences for the worker (i.e., crying; avoiding the family). Telephone aggression must be seen as violence not only because it has a tendency to escalate but also because such aggression over a period of time can negatively impact the worker, and the work that might be accomplished with the family.

Most of the participants noted that critical incident stressors and service-user

aggression is rare. Until we do studies relevant to Canadian agencies, there is no way to know how often critical incidents occur. Not all service users act in aggressive ways but some service users act very aggressively on a consistent basis. Some have histories of violence and substance abuse; some are unable to maintain self-control, and lack good judgement. While some service users lack impulse control, others struggle with mental health, developmental challenges, and addictions. Furthermore, there are ideological perspectives maintaining that the effective worker can and should be able to manage these service users. This view does not acknowledge the structural and contextual dimensions of aggressive behaviour, and it ignores power differentials between workers and service users.

Further complicating this are the internal power differentials in the agency, gendered acts that maintain control of male rules over women and organizational cultures regarding how women have been socialized to accept belief systems about who a worker is, what a worker should be able to tolerate, and what constitutes an effective worker. Moreover, workers believe that they cannot challenge or change decreasing budgets and institutional frameworks that result in increasingly depleted resources. These internalized beliefs have silenced front-line child protection workers.

Critical incident stressors can significantly affect the worker's capacity to do the work effectively, and to protect the children who may be at risk. Agencies need to support workers in recognizing when they are being drawn into a family's dynamics of power and control tactics and how to protect themselves in these aggressive contents. Workers need to understand what is acceptable and unacceptable behaviour from service users and to have ways to challenge and respond to early signs before aggression erupts.

In order to transform the present culture of silence in child protection to a culture of support, we must name critical incidents and acknowledge the consequences of them. It is imperative that workers learn that some critical incidents, or acts of aggression, are not normal and are not "just part of the job." It is also imperative that workers are provided with a way in which to report these incidents and receive appropriate supports and responses. Effective support is necessary to the health of the front-line child protection worker and the service users with whom they work. While team support may be crucial, this study illustrated that informal support from team-mates is not always available. Having friends and family may be important for some support, but people who are not in the field of child protection often cannot understand the toll child protection work can entail. Supervisors must learn how to support workers effectively and these supports must be implemented in all the levels of the agency. In other words, someone from the legal department deserves effective support as much as the volunteer driver. Critical peer support may be a potential solution; however, this study indicated that support is likely to be more successful when it comes from outside the agency. Further, the literature reviewed suggests that crisis debriefing may not be beneficial. This area needs further study.

Developing policies and procedures to manage worker to service user conflict should be a collaborative effort among workers, supervisors and agency administrators. Policies must implement reporting requirements in the agencies and protections for those who report. If management is not supportive, workers will not be able to address their own safety issues. Ignoring safety issues puts the worker, and the child or children that the worker has been mandated to protect at an increased risk for future harm.

Recommendations for Further Research and Study

There is little Canadian research regarding the effects of critical incidents on front-line child protection workers. This research is important because of potential social and economic costs to society which includes physical and psychological illnesses, and "burn-out," which may then lead to absenteeism, sick leaves and high worker's involvement in critical incidents, and the dynamics of those incidents before, during and after they occur. This is particularly important when incidents have been aggressive. especially those incidents which are aggressive.

Issues that have emerged from this study and require further follow-up include the following:

- To further explore the incidence and effects of critical incidents on the front-line child protection worker's well-being, emotional reactions, and how it affects their work performance;
- To look at the potential for increased recognition of critical incidents, and to name such incidents, within the framework of risk assessments, case planning and policy development and reviews;
- To explore agency strategies that can best support front-line child protection workers who have encountered critical incidents.
- To investigate what Agency Directors need to do in order to prevent and cope with critical incidents; this may range from worker self-awareness (i.e., naming the incident as critical), and client assessment to debriefing and support of the traumatized worker;

- To review reporting procedures of agencies, as well as what the reasons that participants have for reporting or not reporting critical incidents especially where violence has occurred; and,
- To investigate the effectiveness of critical peer support.

Questions that have emerged from this study and may require follow-up include the following:

- Why are front-line child protection workers challenged to "name" critical incidents as critical?
- Is there a difference in response to critical incidents between the worker with experience and the novice worker?
- If a worker is already stressed by high levels of challenge and stress, how does that impact the worker's reaction to the critical incident?
- What part does resilience play in the way a front-line child protection worker responds to and copes with critical incidents?
- What attitudes and procedures need to be put in place in order to allow front-line child protection workers to report their concerns and have them be dealt with effectively?
- How can workers who have experienced critical incidents related to violence be more systematically included in policy development and review?

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Appendix "A"

April 9, 2008

Letter of Information /Consent

The Effects of "Critical Incident Stressors" on Child Welfare Workers

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Why am I doing this research?

Child protection workers are exposed to a variety of workplace incidents that can affect their emotional well-being and/or their work performance. For the purposes of this study, I am defining incidents of risk as "critical incident stressors;" therein, these stressors will contain one or more of the following incidents:

(1) An incident in which a client verbally lashes out at a worker;
(2) An incident in which a client places a worker in fear of his or her own safety;
(3) An incident in which a client threatens to physically assault a worker;
(4) An incident in which a client physically assaults a worker;
(5) An incident in which a client threatens to or actually damages the property of a worker; and,
(6) An incident in which a worker is particularly distressed which may include bringing a child into care or experiencing the death of a client.

Therefore, in this study I am planning to explore how these "critical incident stressors"

are associated with workplace stress amongst child welfare workers. I am also hoping to discover how individual, incident, and organizational factors combine to produce or moderate the influence of these stressors on their effects.

What will happen during the study?

You will be asked to participate in one interview. This interview will be scheduled at a time, and location that is convenient for you. I will be speaking with all the participants of this study myself.

With your permission, there may also be the possibility of more than one contact with you. The initial interview shall last approximately sixty minutes. If there is a second contact, it will allow me to clarify any questions that I may have regarding any of the information that you provided to me. With your permission, the interview will be tape recorded, so that I may accurately represent your thoughts and ideas. Also with your permission, I shall make notes during the interview.

I will begin the interview with basic demographics which will include asking your: (1) age; (2) gender; (3) current position; (4) years of experience; (5) years at current position; and (6) degree.

Then the interview will proceed with open-ended questions. More specifically, I may ask you questions such as:

1. Can you talk a little bit about what you think and or feel when you hear a term like critical incident stressor?

2. How often do these kinds of stressors occur on your workload or even on the workload of a colleague?

3. Can you talk about any cases that were/are particularly challenging? Particularly successful?

4. What do you think of (feel about) your clients in general?

5. When the work becomes difficult, how have you managed to cope?

6. Is there anything else that you would like to discuss or share?

Will anything bad happen during the study?

It is not likely that there will be any harm, risk or discomfort associated with this study. Some of the questions may cause you to reflect on experiences that were/are upsetting.

Furthermore, you may worry about how others would react to what you say. Later in this letter, I discuss the steps I am taking to protect your identity.

You do not need to answer any question/s that make you feel uncomfortable or that you do not wish to answer.

If you choose not to continue with the interview, it is your right to withdraw at any time. If you decide that you need further support or assistance, I will provide you contact phone numbers where someone will be able to respond to you.

What good things could happen if I participate?

Talking about your challenges with "critical incident stressors" in an under-resourced work environment will hopefully begin to help others gain a better understanding about the risks of front-line practice and how these risks impact front-line child welfare workers.

Your feedback could guide policy recommendations for front-line workers and in turn help us learn how we can help other workers cope with "critical incident stressors" in their daily practice. This could help retain effective staff and lessen staff unproductiveness or turnover.

Who will know what I said or did in the study?)

Anything that you talk about in the study that could identify you will not be published or told to anyone else, unless I have your permission to do so. I will respect your privacy. I will share neither your name nor any other identifying information with coworkers or staff at your agency, or any other agency.

Should you refer to a specific client or worker in our interview, I will ask that you not disclose that individual's name to me, and instead use a false name in order to keep that individual's identity confidential.

All written records, audio tapes, and computer back-up files will be stored in a secure filing cabinet in my home office and I will be the only person with access to this information. After one year, I will destroy all of the audio tapes. I will keep my field notes and transcripts for two years as I hope to continue my study over this period. However, no identifying information will be attached to any of this information. If you have any objections to my keeping your data beyond the completion of my MSW, please let me know and I will destroy it. By September 2010 my field notes and transcripts will be shredded and disposed of appropriately.

b) Legally Required Disclosure:

i) Should I receive information pertaining to the abuse or neglect of a child, I am legally bound to report this information to the appropriate agency.

ii) I would also be legally required to disclose information if I felt that someone planned to harm him/herself or harm others.
iii) Information obtained will be kept confidential to the full extent of the law and I will treat all information provided to me as subject to researcher-participant privilege.

Can I decide if I want to be in the research?

Your participation in this study is voluntary. It is your choice whether you want to be part of the study or not. If you decide to participate, you can decide to stop at any time, even after the consent form has been signed, or any time up until the final draft of the thesis, in July 2008.

What if I change my mind about participating in the study?

If you decide that you no longer wish to participate in the study, there will be no consequences to you. Should you withdraw from the study, any data that you have provided to me up to that point will be destroyed, unless you indicate otherwise. You do not have to answer any of the questions that you do not want to, and you can still be in the study.

Information about the Study Results:

If you are interested in the results of this study, please let me know and I will provide you with a 1-2 page summary. I expect the summary to be ready some time in September of 2008.

Rights of Research Participants:

If you have questions or require more information about the study itself, please feel free to contact me, Irene Kleban, directly at 905-575-9520, or my faculty supervisor, Dr. Donna Baines McMaster University, Labour Studies Programe & School of Social Work at 905-525-9140, ext. 23703.

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Office of Research Services
E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by **Irene Kleban**, of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study. I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in this study. I have been given a copy of this form.

I agree to participate in the research study by participating in a research interview. Further,

1) Audio-taping the interview:
   a) I agree to the audio-taping of the interview; or, ________
   b) I prefer that the interview not be taped. ________
2) Note-taking of the interview:
   a) I agree to having notes taken during the interview; or, ________
   b) I prefer not to have notes taken during the interview. ________

____

Name of Participant

Appendix "B"

TENTATIVE INTERVIEW GUIDE

Central Research Question:

What are the effects of "critical incident stressors" on front-line child protection workers?

Child protection services in Ontario are currently under-resourced. Many front-line child protection workers are exposed to personal risk in terms of threats and assaults at a higher rate than other mental health workers are. Therefore, in this study, I am interested in exploring the experiences, or incidents, of child protection workers in relation to acute work-related stressors. For the purposes of this study, I will be referring to these acute work-related stressors as "critical incident stressors." I am hoping to learn about the impact of these stressors on the worker and their on-going work; also, I am hoping to learn about coping systems for the workers.

One might be able to define "critical incident stressors," as incidents which may consist of any of the following:

(1) An incident in which a client verbally lashes out at a worker;
(2) An incident in which a client places a worker in fear of his or her own safety;
(3) An incident in which a client threatens to physically assault a worker;
(4) An incident in which a client physically assaults a worker;
(5) An incident in which a client threatens to or actually damages the property of a worker; and,
(6) An incident in which a worker is particularly distressed which may include bringing a child into care or experiencing the death of a client.

* Do you have any questions at this point?

Demographics: (Could you answer a few questions regarding demographics?)

(1) Age:
(2) Gender:
(3) Current Position:
(4) Years of Experience:
(5) Degree:

* Do you have any questions at this point?

Open-ended Questions with Probing Questions

7. Can you talk a little bit about **what you think** of when you hear a term like critical incident stressor?
    a. Do you notice how it **makes you feel** to talk about this kind of stress?
    b. Do you remember **the first time you were stressed** in this kind of way?
    c. How did it make you feel?

8. **How often** do these kind of stressors occur on your workload or even on the workload of a colleague
    a. In an ongoing way?
    b. Professionally (with colleagues)? Personally (with family & friends)?
    c. Do you have a specific way of handling these kinds of incidents? For example, do you handle all yelling clients on the phone in the same way?

9. Can you talk about any cases that were/are **particularly challenging**? For example, a case where a client might be yelling at you regularly?
    a. How does that make you feel? At the time of the yelling? Afterwards?
    b. How do you feel about the case? And the outcome?
    c. Do you feel you did or said anything that contributed to the challenges in the relationship?
    d. Do you feel you might have handled it differently?

10. Can you talk about any cases that were/are **particularly successful**?
    a. How does that make you feel?
    b. What did you do to make it successful?
    c. Do you feel you did anything to contribute to its success?

11. What do you **think of (feel about) your clients** in general?
    a. Have your feelings for your clients changed over time?
    b. Do you feel more detached? More Involved?
    c. Do you feel sorry for them? Blame them?

12. When the work becomes difficult, how have you **managed to cope**?
    a. Do you cope differently now than when you first began this work?
    b. If there were a change, how would you explain this?
    c. What are the feelings connected with this kind of difficult work?
    d. How do you cope with these feelings?
    e. **Support system**?
        i. did you receive training in how to relate to your clients? (For example, role clarification, power imbalances, what is negotiable, developing relationships)
        ii. Colleagues? Supervisors? Outside-of-work-supports? Personal supports?

iii. How effective are your supports? Personally and professionally?

iv. What would you like to be different in order to help you cope with stress on the job?

13. Is there anything else that you would like to discuss or share?