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Service user violence against social workers in Italy: Prevalence and characteristics of the phenomenon

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Abstract

● *Summary:* Client violence in social services is perceived as constantly increasing in Italy, raising deep concern. This article presents the results of the first online survey on the phenomenon. Involving 20,112 social workers, the aim was to determine the prevalence and forms of client violence towards social workers and to identify key factors associated with such events.

● *Findings:* The results suggest that the vast majority of Italian social workers experience client violence during their careers. Verbal aggression and threats were most common forms of violence, followed by physical attacks and property damage. Young and less experienced social workers appeared more likely to be victims of violence, as well as those who more frequently work in isolation or without their colleagues' support. Social workers in child protection services, services for adults and municipality

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services accessible to the entire population were found to be at higher risk of client violence. The social workers considered the quality of the client/professional relationship and communication skills to be critical in preventing and dealing with aggression by users. Unfulfilled clients' expectation was considered to be one of the main factors contributing to frustration and the consequent hostile behaviour.

• *Applications:* Violence against social workers is a 'wake-up call' that makes the weakening of welfare services, and therefore of professional social work, more visible. The first nationwide study on service user violence reported by this paper may significantly contribute to raising awareness about the phenomenon in Italy and to the devising of effective prevention programmes.

Background and purpose of the study

This article is based on a survey conducted to collect data on client violence in social services in Italy. It focuses on the main characteristics of the phenomenon, such as its prevalence, and factors that can trigger or prevent it. Since the economic crisis in the 2000s, and the subsequent cuts in public expenditure, increasingly numerous episodes of serious aggression against professionals have been reported by the media. However, no data on the prevalence of client violence towards social workers have been available so far. This study fills this gap with data from the first national survey conducted to examine the prevalence of the phenomenon. The research project was promoted and carried out as a joint effort by the Italian Regional and National Councils of Social Workers[1] and the National Foundation of Social Workers.[2]

Workplace violence is a serious and growing problem that affects all social and healthcare professionals (NASW, 2013; OSHA, 2016). The phenomenon can take many forms, including verbal aggression, threatening behaviour, intimidation, physical or sexual assault. For the purpose of our research, violence was defined as any incident or behaviour where a person is 'abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health' (Wynne et al., 1997, p. 2). In particular, we focused on one type of workplace violence that is associated with situations where the aggressor is someone to whom the organization and the victim provide services. Because of the characteristics of their job and organizations, social workers apparently belong to the profession at greatest risk (LeBlanc & Barling, 2005; Sousa et al., 2014). Several studies on client violence towards social workers, undertaken in various countries, have provided data on the nature and prevalence

of the phenomenon (e.g. Enosh & Tzafrir, 2015; Enosh et al., 2013; Jayaratne et al., 2004; Koritsas et al., 2010; Kosny & Eakin, 2008; Littlechild, 2005; MacDonald & Sirotich, 2005; Newhill, 1996; Rey, 1996). For example, in the 1990s, Newhill (1996) reported descriptive results from a survey on members of the National Association of Social Workers in California and Pennsylvania. These two states were selected because both were experiencing economic and demographic changes, increasingly volatile client populations as a result of dein-stitutionalization, and cuts in social service budgets. In Newhill's study, client violence was defined as property damage, verbal threats of harm, and attempted or actual physical attacks. The respondents were asked to indicate if they had experienced any of these types of violence at any time during their careers. The survey was sent to a random sample of 1600 social workers, obtaining a 47% response rate in California and a 53% response rate in Pennsylvania. Fifty-seven per cent of the respondents reported they had experienced one or more types of client violence during their careers. Of that group, 43% had their own or their agency's property damaged, 83% had been threatened and 40% had experienced an attempted or actual physical attack by a client. Jayaratne et al. (1996) studied a national sample of 633 social workers randomly drawn from the National Association of Social Workers Membership Directory. The study examined threats and actual incidents of physical assault, verbal abuse, lawsuits, and sexual harass-ment relating to age, gender and practice setting. Among the respondents, 42.8% reported verbal abuse, 17.4% reported being physically threatened and 2.8% reported being assaulted. Around 10 years later, MacDonald and Sirotich (2005) administered a questionnaire to a sample of 300 social workers randomly selected from the Membership Directory of the College of Certified Social Workers in Ontario, Canada, obtaining a 57% response rate. In their study, client violence was conceptualized as any incident in which a social worker was harassed, threat-ened or physically assaulted by a client during the worker's performance of his or her job. The authors found that 87.8% of the respondents had been verbally harassed during their career, 63.5% had been threatened with violence and 28.6% had been assaulted. Levels of exposure to aggression are not uniform among different settings and areas of practice. Some studies have found that, compared to other human services professionals, child welfare workers are at the highest risk of encountering workplace violence (Jayaratne et al., 1996; Kim & Hopkins, 2015). Newhill (1996) identified criminal justice, drug/alcohol services, child protection and youth services as high-risk settings. Worker-related character-istics may play a role: for example, younger professionals (Astor et al., 1998; Jayaratne et al., 1996; Newhill, 1996; Spencer & Munch, 2003) and inexperienced ones (Brady & Dickson, 1999) appear to be more prone to client violence. Researchers (Jayaratne et al., 2004; Newhill, 1996) also found that male social workers were more likely to be the targets of violence than female social workers.

In the USA, the Occupational Safety and Health Administration (OSHA, 2016), in a document providing guidelines for workplace violence prevention in healthcare settings, has listed risk factors associated with the phenomenon. They

are: working directly with people who have a history of violence, drugs or alcohol abuse, transporting clients, working alone in a facility or in clients' homes, poor environmental design of the workplace that may interfere with the possibility to escape, lack of means of emergency communication, lack of staff training for recognizing and managing escalating assaultive behaviours, working when under-staffed, perception that violence is tolerated and the personnel will not be able to report the incident or to press charges. Again in the USA, the National Association of Social Workers (NASW, 2013) has highlighted how social and economic changes have created pressures in social work practice settings on agen-cies, which have often experienced budget cuts and sometimes lack adequate resources to meet the needs of people. Unfortunately, these circumstances have contributed to a more unpredictable, and often unsafe, environment for social work practice.

Viitasara (2000) highlights possible factors that contribute to an underreporting of client violence. Some professionals may believe that there would be no outcome from reporting the incident or that violence is part of their job. MacDonald and Sirotich (2001) found that violence is often underreported because of a worker's fear of the perception that their colleagues and managers would have of his/her performance, with consequences for his/her professional image. Briggs et al. (2004) highlighted that, at times, organizational responses to reports of violence result in the worker being blamed, or violence being accepted and normalized as part of the job.

Aims and method

Aims

The aims of the analysis reported in this study were (1) to determine the prevalence of different forms of client violence towards social workers (verbal aggression, threatening behaviour, intimidation, physical assault in circumstances related to their work and with the consequent risk to their safety, well-being or health); (2) to explore the relationship between individual and workplace characteristics and the occurrence of client violence; (3) to collect the opinions of social workers on key and risk factors connected to violence against them and their experience of what happens during and after an aggression and (4) to apply the research results in devising new prevention programmes.

Method

The analysis was carried out on a self-selected non-probabilistic sample of 20,112 social workers. The questionnaire was sent by email to all the social workers (42,765) of the Italian National Council of Social Workers – that is, all registered social workers in Italy – obtaining a 47% response rate. Respondents that were employed in a profession other than social work and that had not worked in the previous 5 years were excluded from the total sample. A cover letter explained the

project, the voluntary nature of participation, and procedures to ensure anonymity. For the completion of the questionnaire each respondent was rewarded with four continuing education credits. The questionnaire comprised closed-ended (80.4%) and open-ended (19.6%) items; it was pre-tested with a group of 20 social workers and modified on the basis of their comments. The survey was divided into three parts to gain a clear picture of the respondents and their experience of the phenomenon during their entire careers and in the immediate past. The first part asked about demographic characteristics of the respondent, factors related to current employment and the organization in which s/he was employed. In the second section respondents were asked to indicate whether they had experienced client aggression at any time during their careers, considering four categories of violence: verbal aggression, physical aggression towards their possessions, physical assault and exposure to violence against colleagues. Snow (1995) suggests that attempting to collect frequency data retrospectively on the incidence of victimization over a significant time period is inherently problematic, because individuals' memories of particular incidents are prone to lapse or to fade. Also for this reason, the last section of the questionnaire asked the respondents to report events in which they had experienced client violence, considering only the last three months prior to the survey. Three sets of items were developed to gather data about specific forms of violence within the categories of verbal aggression, physical aggression and aggression towards their possessions or objects in the workplace, including the throwing of office equipment and chairs, kicking furniture or slamming doors. In this section we included the items of the Client Violence Questionnaire used by Enosh et al. (2015), in order to obtain a more detailed picture of the aggressions experienced by the respondents. Quantitative data were analyzed using SPSS for descriptive statistics and bivariate analysis. Qualitative data collected through the answers to the open-ended questions were subjected to content analysis in order to categorize the information and narrations so as to identify the most relevant themes. The purpose of the qualitative analysis was to deepen and organize insights into the data gathered via the open-ended items of the questionnaire. This analysis involved two researchers, who analyzed, labelled and categorized the answers to six of the most relevant open-ended questions. The analysis was performed directly in the Microsoft Excel file containing the answers to the open-ended questions, also in order to use some of the statistical features of the programme to quantify the different themes and categories of responses.

Profile of the respondents

The interviewees were asked questions to define their profile. A significant majority of the respondents (93.2%) self-identified as female, a rate very similar to the one reported by the Italian National Council of Social Workers (93.7% of female). The average age was 44.45 years (SD = 10.6). Age groups from 30 to 39 (28.5%), from 40 to 49 (27.1%) and from 50 to 59 (28.1%) showed similar rates. 8.3% of the respondents were older than 60 years and 8% were younger than 30. The age

distribution in our sample was slightly different from the nation-wide age distribution recorded in March 2017 by the National Council, which reported higher rates of social workers younger than 30 (11.8%) and in the 60+ age group (11.8%). This may be due to the fact that in our sample we excluded professionals that had not worked in the previous 5 years.

The average number of years of experience of respondents in their current social work role was 16.89 (SD = 10.52). 85.2% of them were employed by public agencies, 11.6% by social cooperatives or private agencies and 3.2% were self-employed or freelance consultants.

Results: Prevalence of violence and risk factors

This section presents the results of the quantitative analysis of the data acquired through closed-ended questions (in the Subsections 'Prevalence of violence over the course of career' and 'Different forms of violence experienced by social workers in the last three months'). It is followed by the qualitative analysis of the open-ended items (in the Section 'Factors associated to risk of client violence').

Prevalence of violence over the course of career

Verbal aggression or being threatened by a client was the most common form of abuse reported by respondents. 88.2% of them stated that they had experienced such harassment on some occasion during their careers. Being physically assaulted was the second most prevalent form of violence. During their professional careers, physical aggression had been experienced by 15.4% of the participants. 11.2% of the respondents reported episodes of aggression towards their own objects or possessions. More than one-third of the sample (35.6%) indicated that they had feared for their safety or the safety of their family during their careers. 61% of the social workers surveyed reported that they had witnessed episodes of verbal aggression or threatening behaviour towards colleagues; 20.7% reported that they had witnessed physical assaults on colleagues and 28.4% reported that they had heard about damage to possessions or items in the offices of colleagues.

Different forms of violence experienced by social workers in the last three months

Respondents answered a series of closed-ended questions about forms of aggression that they had experienced in the previous three months. The ones most frequently occurring were being shouted at (54.8%), being insulted (28.9%), being cursed (18%), being threatened by possible complaints about them to superiors (26.5%), receiving a generic threat like 'you will hear from me again' (23.3%), being threatened by possible damage to their possessions (5.3%), being threatened with physical injury (4.9%). With regard to episodes of violence towards objects in the workplace, 32.5% of the respondents stated that in the past three months they

had been exposed to one or more events in which the client had slammed the door on leaving the office, 8.2% to one or more situations when a client had thrown an item on the floor, 7.6% to one or more events in which a client had kicked the office's furniture. Another set of items asked if the social workers had experienced specific forms of physical aggression. In the three months prior to the interview, 2.5% of the respondents had been pushed by a client, 1.1% had been punched or kicked, 0.7% had been hurt in a way that required major medical attention, 0.9% had been hurt in a way that required minor medical attention.

Factors associated to risk of client violence

Specific closed-ended questions were asked about characteristics of the job or the workplace that increase the risk of being the victim of client violence: office location, working in isolation, doing home visits, unmanageable caseload in relation to human resources, lack of training in violence prevention.

With regard to office location, one-third (33.1%) of the social workers perceived it as 'not very safe' or 'not safe at all', whereas 66.9% thought it was 'very safe' or 'safe enough'. Moreover, 35.6% reported that they were 'often alone' or 'always alone' when working with clients, 42.5% 'sometimes alone', while 21.9% answered that they always worked in the presence of other colleagues. 76.9% of the social workers declared that they performed home visits. 64% of these respondents indicated that during home visits they were 'always' or 'often' alone, 26.8% 'sometimes' alone, while 9.2% always took co-workers with them. A specific item explored the professionals' opinion about the quality of their training on how to manage client violence, and only 34.1% of the respondents considered it adequate. Less than one-fifth of the sample (18,4%) thought that their level of education on how to manage 'difficult clients' had been adequate; 24.4% reported they had received training but considered it 'not sufficient'. 54% indicated that they had never had training and thought that it was necessary, while only 3.2% of the respondents were not trained and did not consider it to be necessary. 62.2% of the social workers declared that there was no procedure for workplace violence prevention in their organizations, 15.2% that these procedures existed but were not effective; only 22.6% said that they worked in organizations with adequate prevention programmes. 59.2% considered their service as understaffed and the number of social workers as not adequate to manage the caseload.

Bivariate analysis made it possible to explore the relationship between risk factors and the occurrence of the more frequent forms of client violence in the previous three months: being shouted at, being insulted, being cursed, receiving threatens like 'you will hear from me again'. No significant differences were found in relation to gender. Younger and less experienced workers appeared more likely to be a victim of client violence, compared to older and more experienced ones. The data also suggest the presence of major differences among practice fields. The smallest proportions of victims of verbal violence were found in counselling services and in criminal justice. Child protection services appeared to be the most

dangerous, followed by services for adults and municipality services, where there was no specific target. The perception of working in an understaffed organization seems to have been associated with a higher risk of experiencing client violence. Professionals working in isolation or without the presence of colleagues during home visits were more likely to be victims of violence. Also, the quality of training seems to make a difference: workers that did not have training or considered it inadequate seemed to be more at risk (Table 1).

Results: Social workers' opinions expressed on key factors associated to client violence

The open-ended questions in the survey were aimed at exploring the opinions of the Italian social workers on some key factors operating before (risk and protection factors, the reasons why service users assault social workers), during (what reduces the consequences of an assault, what are the most effective communication strategies to avoid user violence), and after (report to the authorities or not, what has been done to reduce the traumatic impact on the assaulted social worker) acts of aggression. The overall picture furnished by the answers provides a better understanding of the phenomenon; highlights some successful experiences in dealing with violence by service users; and suggests several preventive strategies applicable in many social work services.

Before the aggression

Table 2 shows the summary results for the opinions of social workers on what can increase the occurrence of aggression against them. Inappropriate clients' expectations, specific characteristics of service users, lack of human or material resources were considered to be the most important risk factors by half of the respondents. Organizational features were considered to be the most relevant by one out of four respondents. One respondent out of five identified the social image of the organization and its location in a degraded area as the most significant risk factors.

An open-ended question asked about the reasons that could induce a service user to assault a social worker. The answers were coded and grouped into five macro-categories, as follows: (1) the distress and vulnerability of service users, (2) characteristics and critical aspects of social work actions, (3) the role of social workers in general, (4) the wider organizational and policy framework and (5) professional relationship and competence (Table 3).

The most frequently reported reasons for assaults on social workers were related to high levels of distress and vulnerability among service users. In second place, reasons were associated with characteristics and critical aspects of social work action, such as the lack of shared objectives and strategies, the lack of respect for self-determination, or the impossibility of meeting service users' expectations. The third most frequently reported category was related to clients' poor understanding of social workers' role and a negative image of the social services that they represented. Reasons that induced assaults were explicitly identified also in the wider organizational and policy

Table 1. Bivariate analysis: Risk factors by types of violence.

		Yield %(n)	Insulted %(n)	Cursed %(n)	Door slammed %(n)	Threatened %(n)	Tot N = 20,112
Gender	F	54.7	28.6	17.7	32.5	23.2	18,743
	M	56	33.1	20.2	33.2	25.5	1,369
Age	23–29	64.4	33.7	23.7	41.8	24.8	1,604
	30–39	61.3	34.2	22.3	38.3	27.9	5,724
	40–49	56	28.9	17.7	33.2	24.7	5,446
	50–59	47	23.8	13.7	25.8	19.2	5,678
	60+	43.1	23.9	12.1	25.2	16.8	1,660
Year of experience	0–9	60.6	33.5	22	38.1	26	5,788
	10–19	58.6	30.6	19.6	35.2	26.7	6,283
	20–29	49.1	25.4	14.4	27	19.8	5,252
	30 +	45.1	22.4	12	25.6	17.4	2,787
Setting	Adult/immigrant	62.8	36	22.8	44.5	28.8	2,813
	Geriatric	52.2	25.8	14.9	23.4	19.4	2,842
	Addiction	44	21.3	13	29.8	12.6	1,088
	Disability	47.4	22.7	12.8	22	17.7	2,491
	Child protection	64.2	36.9	24.5	42.1	32.6	4,923
	Mental health	55.5	33	19.6	35.7	17.1	1,138
	Consulting room	36.8	14.7	7.2	22.2	12.9	612
	Continuity care	44.7	21.6	8.6	17.8	16.4	602
	No specific target	57	29.4	19.2	36.1	26.8	2,609
	Criminal justice	39.3	14.2	7.4	15.7	12.1	1,194
Training	No, not necessary	40.9	19.8	12	20.6	14.2	640
	No, necessary	56.8	29.7	18.5	33.8	24.9	10,865
	Yes, adequate	47.4	25.6	16.5	28.2	18.1	3,696
	Yes, not adequate	57.9	31	18.4	34.6	25.2	4,911
Caseload	Yes	49.4	24.2	15.2	35.7	18.1	8,200
	No	58.6	32.2	19.7	28	27	11,912
Isolation	Never	44.8	21	12.3	22.7	16	4,412
	Sometimes	55.5	28.1	17.2	32.9	23.3	8,544
	Often	60	35	22.1	38.3	27.6	4,443
	Very often	60.6	34.7	22.4	38.2	28.9	2,713
Home visit alone	No home visit	43.6	22.9	14.6	24.8	14.9	4,630
	Never	47.6	23.5	14.9	26.2	18.4	1,420
	Sometimes	56.4	30	18.6	35.5	23.9	4,154
	Often	60.8	32.8	19.8	36.3	27.8	3,813
	Very often	60.2	31.7	19.5	35.6	27.9	6,095

framework. In this regard, the social workers surveyed indicated as reasons the lack of resources, inadequate responses to the needs of citizens, but also a lack of transparency and trust in the social services system.

What protects social workers from being assaulted? The analysis of the answers given to this open-ended question reveals that attention to relational dynamics and communication with service users were considered the most important antidotes by 31.3% of the respondents. The other four most important factors were: the type of

Table 2. In your opinion, what are the most important risk factors that contribute to service users' aggression against social workers (in order of relevance)?

	%
1. Users characteristics (inappropriate expectations)	59.9
2. Users characteristics (illness, prolonged and inadequately treated pain, drug and alcohol abuse, etc.)	58.1
3. Services offered (lack of economic resources, lack of staff)	48.0
4. Organization of services (long waits, crowded places, lack of information, difficulties in communication, bad schedules)	26.9
5. Social image of the organization that is non-coherent with the offered services	19.3
6. Location of the agency in degraded areas	18.1
7. Management and dispensing of money	14.9
8. Areas of access and particular setting (emergency services, psychiatric wards, etc.)	8.4
9. Others not listed here	2.7
10. Management and dispensing of particular materials (drugs, syringes and devices)	1.6

Table 3. In your opinion, what are the reasons that lead service users to assault social workers (in order of relevance)?

	%
1. Situations of distress and vulnerability of service users	32.1
2. Characteristics and critical aspects of interventions	25.9
3. The role of social workers in general	22.1
4. The wider organizational and policy framework	14.7
5. Professional relationship and competence	4.8
6. Other	0.4

user, area (urban/rural) and/or service (16.2%), the presence or the intervention of other people (8.1%), personal and professional skills and experiences (7.1%) and luck (6.0%). This last answer reveals that many Italian social workers consider aggression to be part of their job even though some were against this idea, like the respondent who wrote:

> The question makes no sense. When you suffer them [aggressions] you have to ask yourself why. You do not have to ask yourself what has prevented them when you do not suffer them … what do we consider normal? Suffering violence! (social worker 20,110)

During the aggression

Another open-ended question asked, 'what has protected you during aggressions and reduced their negative consequences for you?' Again, the attention to relational dynamics with users (33.5%) and the presence and intervention of other

people (16.8%) were the first two most important protective factors, followed by keeping calm (16.4%), personal and professional skills and experiences (4.1%), and teamwork (3.3%). Some of the answers highlighted that being aware that violence is a form of communication helps in dealing with it – as, for example, in the cases of two social workers who declared that they were protected by:

> the thought that the person at that moment was not able to explain to me in words and calmly what his level of suffering was. (social worker 19,574)

> the ability to recognize the frustration of users and be able to respond promptly, making sure that the user felt supported. (social worker 1,670)

Misunderstandings and unrealistic expectations are often the dangerous ingredients of situations that may become explosive. Exact and relevant information is essential for a good professional relationship where the risk of aggression is minimized.

> I believe that clarity in what our services can actually give is fundamental. The episodes of violence, verbal above all, are often due to misunderstandings or high expectations or expectations not congruent with reality. So, I think the first step is to provide adequate information about the benefits that can be obtained from the service, without proposing solutions that are illusory and do not match the reality. (social worker 3,533)

Many social workers considered the avoidance of symmetric communications as the most successful strategy and declared that they had been protected, for example, by:

> the attempt to place myself in a complementary and not symmetrical attitude. (social worker 9,932)

As indicated by the following answer, a gift, even a small one like a cup of coffee, is probably the best example of complementary communication. It may be successful in protecting social workers and stopping the escalation of hostility and its transformation from verbal into physical violence.

> I did not respond to the threats and insults and then I offered him a coffee. (social worker 12,083)

Being connected and not alone was considered another important protective factor. Solidarity among colleagues is of vital importance, as reported by many social workers. This means physical presence but, as in the following example, also help in some other form when one member of the team was in danger.

> When a colleague is threatened, it's a bit like we're all threatened and we try to tackle the problem together.

I believe it is important to create cohesive teams (cohesive in both supporting each other emotionally, and in physical presence). In the team (also multi-professional) do not let the social worker be identified as the only person responsible for the decision (not compliant with the expectations) and the bringer of 'bad news'. (social worker 12,461)

After the aggression

In line with the results of other research studies (MacDonald & Sirotich, 2001, Newhill, 2004, Robson et al., 2014), the data confirm low reporting rates of violence against social workers. By means of a series of open-ended questions, the survey explored why social workers do or do not report episodes of violence against them, to whom they turn, and for what reasons.

As regards verbal violence, the reasons indicated for (not) reporting such episodes to the public security authorities, the Professional Council and/or to the social worker's organization provide an interestingly differentiated picture that also puts the phenomenon into perspective to a certain extent. Reporting to the public security authorities is rather rare and concerns particularly serious episodes in which social workers feel really threatened and fear for their own safety or that of their family members. Involving public security authorities in actions against service users in cases of verbal violence is seen as being of very limited usefulness. Reporting episodes of verbal violence to the Professional Council is also rather rare. When reports are made, they concern requests for greater protection of either the individual social worker or the professional group as a whole, especially in cases where social workers do not feel adequately protected by their own service organizations. The reasons given for non-reporting show that the Professional Council is rarely seen as the appropriate interlocutor to which to report such episodes, because concrete answers by the professional community are difficult to give and/or often not even expected. Reporting verbal violence within one's own agency is much more frequent. In this regard, three types of reasons prevail: the first is to ask for greater protection; the second is to describe general working conditions on the frontline of services and the third is linked to the need to share experiences and discuss operational strategies with colleagues and managers. Sharing the experience of violence with colleagues seems to be especially important. Among the reasons for non-reporting, the social workers often stated that the episode was manageable within the professional relationship or by informally sharing the experience with colleagues.

In general, reasons for not reporting episodes of verbal violence were, first, that the episode was not considered to be sufficiently serious or to require formal reporting. A report often seemed not to be the right answer, and some respondents indicated as a reason also a reluctance to create further problems for service users. Although not very frequent, among the reasons for not reporting verbal violence were also statements pointing out that it was 'only' verbal violence or that social

workers are necessarily exposed to episodes of violence due to the 'nature' of their work. On the one hand, these statements could indicate the resilience of professionals accustomed to verbal violence episodes; on the other hand, they could also indicate a tendency towards minimization or trivialization as a strategy for coping with violence, a risk discussed in the literature (Geoffrion et al., 2017).

Also, for episodes of directly experienced physical violence, reporting rates were infrequent. Only 10.6% of such episodes were reported to the public security authorities, and only 23.3% were reported to the service organization. The most important reason for reporting physical violence to the public security authorities was a concrete need for personal protection. Other reasons were associated with filing a complaint, with the dangerousness of the situation, and requests for help from the police in dealing with it. Reports were also made ex officio, for example by the Emergency Room. Reports of episodes of physical violence made to the respondent's own organization were prevalently connected with requests for better individual and collective protection, and with promoting a discussion about the phenomenon and safety precautions within the organization. Also, in the case of episodes of physical violence, the social workers explained non-reporting with the arguments that the episode was not considered serious enough to report and/or that the violent physical aggression was related to particular situations and problems of service users. For example, two social workers noted:

> This is one of the professional risks. (social worker 2,732)

> Working with children in serious difficulties can involve such a risk, and I believe it is the job of the professional and the team to find the means to understand, overcome or avoid such episodes. (social worker 2,785)

Table 4 sets out the summary results for the opinions of the social workers on what helped them to overcome trauma after violent assaults (of any kind) by service users. Answers to the open-ended question have been grouped into macro-categories.

Table 4. If you have experienced a violent assault (of any kind) by a service user, what has helped you to overcome the trauma (in order of relevance)?

	%
1. Support and sharing with colleagues	39.6
2. Reflection, understanding, supervision, psychological support	15.9
3. Private resources (family and friends, etc.)	9.2
4. Time and distance	8.6
5. Talking	4.8
6. Personal character and resilience	4.1
7. Protection and support given by managers and the organization	3.5
8. Other	14.3

Responses show that the most significant factors in overcoming the trauma are support given by colleagues and sharing the experience with them.

Speaking with my colleagues, also in order to better avoid or at least recognize situations of potential violence. Not to act alone. (social worker 11,587)

Analyzing what happened with other social workers

Other important factors were associated with reflection on the situation and understanding it through supervision or psychological support. Other factors indicated by the social workers concerned private resources (also for example those of one's family) as well as the time factor and the possibility of breaks from work or definitive distance (for example through changing field of practice). Protection and support given by managers and organizations were rather marginal factors in overcoming the trauma. These data furnish important insights that can be interpreted in different ways. One possible interpretation might be that most social workers are able to cope with trauma by using the most immediate professional resources, such as supportive colleagues, reflection and supervision. This would confirm the image of professionals able to overcome the experience of violence by professional means, strategies and resources. On the other hand, it is striking that the protection and support of managers and service organizations is of little importance. This could indicate that, even after episodes of violence, social workers are often left on their own and to the solidary support of their colleagues.

Discussion

The previous sections have described the main outcomes of the first extensive research on violence against social workers in Italy. Put briefly, the results suggest that the vast majority of Italian social workers experience client violence during their careers. Even though other studies have used different definitions and methods, some of our findings are similar to theirs. Verbal aggression and threats are most common, followed by physical attacks and damage to possessions. The data support the conclusion of previously cited studies on possible factors associated with the risk of client violence. Young and less experienced social workers appear more likely to be victims of violence, as well as those who more frequently work in isolation or without their colleagues' support. Significant differences were also found among settings: social workers in child protection services, services for adults and municipality services with no specific target were found to be at greater risk of client violence. This may be linked to the specific characteristics of these settings, in which resources may often be denied due to lack of eligibility; as a consequence, clients must cope with high levels of frustration and many unmet needs, increasing the risk of violence (Shields & Kiser, 2003). Moreover, especially

in child protection, professionals sometimes work with families on a non-voluntary basis, which may heighten the risk of tensions, escalating them into acts of aggression. Differently from Newhill's study (1996), we found that those working in criminal justice services were at lower risk. This difference may be explained in relation to different organizational contexts and authority structures, which in Italy may be possible deterrents to aggressive behaviour. Moreover, we did not find gender differences. This may be due to the different time period considered for our study, or to a similar distribution of females and males across settings in our sample compared to that in Newhill's study.

According to the 'Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers' published by the US Occupational Safety and Health Administration (OSHA, 2016), management commitment and worker participation are essential features of an effective violence prevention programme. The data relative to this aspect are not reassuring. The majority of the social workers reported that procedures to prevent client violence were not present or not efficient. Most of the respondents also considered their training on how to manage client violence as not adequate. Furthermore, more than half of the respondents declared that they were managing excessively heavy caseloads. This condition negatively affected the quality of the professional relationship that is fundamental in determining the outcome of social work. Bivariate analysis highlighted an association between this variable and the increased risk of client violence. The opinions of the respondents shed new light on the factors that may trigger or prevent client violence, as well as on the strategies most effective in dealing with acts of aggression. The social workers underlined the importance of the quality of the client/professional relationship and communication skills in preventing and coping with user aggression. Working in a team or in the presence of colleagues or other people and keeping calm were considered the best means to prevent or halt any violence.

Exploring the phenomenon and highlighting the experiences of social workers that successfully cope with difficult situations are two of the most significant results of the research reported in this article. The qualitative data analysis also highlighted the prominent role of unfulfilled client expectations, which were identified by the respondents as causing frustration and hostile behaviour. If we assume frustrated expectations as indicative of client satisfaction with services provided by the welfare system, our findings reveal not only the dimensions and dynamics of service user aggression against social workers, but also the general attitude towards social work services. The use of the so-called frustration-aggression hypothesis, still today one of the most widespread theories on the nature of aggressive behaviour, clarifies what was written above. This hypothesis states that frustration always leads to some form of overt or covert aggression, so that violent behaviour can be considered a reliable indicator of a previous frustration (Reber & Reber, 2001). Under certain and additional circumstances, if someone does not receive the expected help or, as in the case of child protection, thinks that the social workers are wrong in 'taking away' their son or daughter, the immediate reaction may include even a violent attempt to defend their own rights (Bertotti, 2020, in

press). Hence the same act may be seen very differently: as self-defence by the user, but as aggression by the social worker.

Finally, research suggests that there is never a single factor leading to violence, but always a combination of many factors. The so-called Swiss cheese model, developed by Reason (1990) to represent the genesis of human errors and accidents in industrial plants (but also in other fields where complex systems are involved in the production of goods or services), is very useful for deeper understanding also of aggression against social workers. Like parallel slices of Swiss cheese with holes in them, social policy, management, preconditions (e.g. service users' expectations and the social image of social work) and different activities directly related to professional actions (e.g. interviews or home visits) may be represented as parallel layers where some 'holes' (e.g. budget cuts and insufficient staff or previous negative experiences with other social workers) may open the way to a chain of events leading to violence. Every risk factor opens a hole and every preventive action closes it. Looking for scapegoats is useless; on the contrary, looking for responsibilities and possible improvements in any system involved produces better actions in the interest of service users and reduces the risk of violence against social workers.

Conclusions

The general conditions under which social workers operate and service users receive benefits and services are connected with the phenomenon of aggression against social work professionals. In other words, aggressions may be related to critical issues within the client/professional relationship, which in turn may be linked to increasing shortcomings and difficulties of social services and social work practice in the Italian context.

Our findings point in two directions. Firstly, it is important to take care of the social workers who have been victims of violence at the frontline of services. Secondly, it is necessary to devote closer attention and greater awareness to the overall conditions of the system of social services, and to act collectively to improve policies supporting social citizenship rights. The phenomenon of violence against social workers is a 'wake-up call' that makes the weakening of welfare services and, thus, of professional social work more visible. Clients' aggressive behaviour can be understood as a (inadequate and non-functional) defensive reaction provoked by unfulfilled expectations, and it can be considered an indicator of satisfaction with the quality of the welfare system's services.

With regard to different levels of reasonability, in reinforcing professional skills, attention should be paid to both university education and continuing professional training. The outcomes of the research clearly show the need to improve social workers' competences in risk assessment and management of client violence. As to social work education, it is necessary to engage with practice-based knowledge and to develop a critically reflexive stance towards established practices, new procedures at the frontline of services, the awareness of being potentially at risk, and promotion of a culture of prevention.

The results of the research also show that both prevention and intervention in cases of violence depend on the organizational context. Consequently, it is important to improve organizational support, to strengthen social services and social work in its various practice fields so that social workers can practice properly and safely. At the same time, social workers need to ask their organizations for specific focused training in strategies and skills to prevent aggression, and for adequate violence prevention procedures to be put in place.

The phenomenon of aggression also derives from several factors connected with the wider dimension of social policies, and with the current scenarios and challenges related to socioeconomic developments and a societal climate of increasing insecurity, stress, fear and less openness to dialogue. In this situation, there is an increased risk that service users will give vent to their anger on social and health professionals, especially when they feel deprived of their rights and social protection. Also, for this reason, it is essential for social workers and institutional representatives to resume their professional mandate of advocacy with individuals and communities and to oppose policies that reinforce inequalities and exclusion.

Following the research described in this article, the Italian National Council of Social Workers has developed a national system for monitoring violence against social workers. By means of an online tool, professionals can report episodes of experienced violence in order to observe the phenomenon, collect constantly updated data and encourage reflection and the development of strategies of action with other institutional stakeholders.

Professionalism and adequate and synergistic social policies are probably the main antidotes to the widespread violence against social workers. The easy search for a 'scapegoat' may be immediately satisfying, but it is certainly useless for coping with a complex phenomenon. Seizing the responsibilities of all the subjects involved and escaping the logic of guilt, is instead the best way to improve social and health services and give adequate help to the ever-wider segments of the population in need.

Limitations of the study

From a statistical point of view, a limitation of this study is the non-probabilistic nature of the sample. Nevertheless, with a response rate of 47% of the total population, the study has a very broad database which is also significant with regard to the spread of the phenomenon. The open-ended questions in the questionnaire enabled the collection of qualitative data for further comment and understanding. However, the data collection method yielded only limited qualitative depth. Experiencing and coping with violent assaults on social workers certainly requires more in-depth research. Moreover, there is certainly a need for further in-depth studies to be conducted on violent users in order to explore and better understand their experiences, difficulties and (re-)actions.

Authors' contributions

All authors contributed to the study design and to developing and testing the research instrument. MS conducted the quantitative analysis and AS with UN analyzed the qualitative data. All authors wrote the manuscript. AS led the overall study.

Ethics

The national rules on data processing have been respected. Even though it was not required from external authorities for this kind of research, ethical approval for this project was given by the Board of the Italian National Councils of Social Workers (Board Resolution n. 4/2017). Detailed information on the study and the data processing were given to all participants who filled in the online anonymous questionnaire.

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Notes

1. https://cnoas.org
2. https://www.fondazioneassistentisociali.com

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