

**THE UNIVERSITY OF CALGARY**

**Incidence of Abuse Directed Toward Staff in Women's Shelters**

**by**

**Isobel Dee White**

**A THESIS**

**SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
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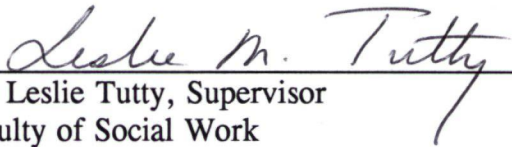
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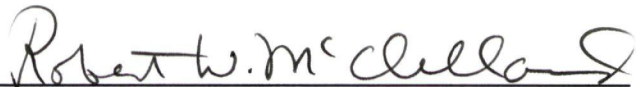
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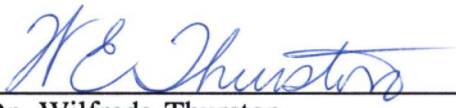
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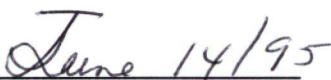
**THE UNIVERSITY OF CALGARY**  
**FACULTY OF GRADUATE STUDIES**

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Incidence of Abuse Directed Toward Staff in Women's Shelters" submitted by Isobel Dee White in partial fulfillment of the requirements for the degree of Master of Social Work.

  
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## **ABSTRACT**

A survey was distributed to staff employed in Alberta women's shelters to determine the incidence, form, and source of abusive behaviours directed toward shelter employees; reactions to such abuse; and, the strategies that are currently employed to prevent and manage violent or threatening episodes. Of 152 respondents, 83% indicated that they had experienced one or more incidents of some form of abuse in the past year. Verbal abuse accounted for the greatest proportion of all incidents (48%). The aggressors in abusive episodes were most frequently reported to be child (55%) and adult clients (28%).

Respondents reported a variety of emotional responses to episodes of abuse with fear being the dominant reaction (83%). Shelter agencies employed an average of seven strategies to reduce the occurrence of violent episodes and lessen the trauma to staff victims. Implications of these findings for shelter staff and recommendations for further organizational strategies are presented.

## **ACKNOWLEDGEMENT**

Many thanks are extended to the women's emergency shelter staff who took time from demanding work to participate in this study. Appreciation is also extended to Doreen Neville of the Faculty of Social Work for her valuable assistance in the transcription of this document.

Finally, my sincere thanks and most grateful acknowledgement to Leslie Tutty for her encouragement, support, and outstanding supervision throughout the course of my thesis journey.

## **DEDICATION**

To the Board of Directors and staff of the Lloydminster Interval Home Women's Shelter and to my thesis advisor, Leslie Tutty - the people in my life who have understood, encouraged, and supported, my educational pursuits.

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## INTRODUCTION

Shelters for battered women are an outgrowth of the battered women's movement that began in England in 1971 (Martin, 1977). This movement crossed international boundaries, and, in conjunction with the feminist movements of the early 1970s in Canada and the United States, served to establish a milieu in which millions of women, previously silent, began to speak about their experiences of being abused in their marital relationships (Thorn-Finch, 1992). Breaking the silence around family violence catalyzed its transformation from 'private problem' to 'public issue'.

In Canada today, family violence is recognized as a major social concern (Jaffe, Wolfe, Wilson, & Zak, 1986a, 1986b; Wilson, Cameron, Jaffe, & Wolfe, 1989). Modest estimates indicate that one in ten women are physically abused by their partners. This means that approximately one million women in this country face the risk of physical injury at the hands of their male partner each year. According to Statistics Canada's national survey on Violence Against Women, three-in-ten women currently or previously married reported having been physically or sexually assaulted at the hands of a marital partner (Rodgers, 1994). When other forms of abuse are considered, such as emotional or economic abuse, the estimates of incidence, depending on how these are operationally defined, range from one in eight women to one in two (MacLeod, 1980, 1987; Rodgers, 1994; Thorne-Finch, 1992). Such figures exemplify the seriousness and pervasiveness of the problem.

Along with the increased public and professional awareness of the plight of abused women came a recognition of the need for and development of a new spectrum of

specialized services for this population (Beaudry, 1985). The establishment of women's emergency shelters has been one of the most significant and enduring of these. In March of 1993, when the most recent Transition Home Survey was completed by Statistics Canada, there were 371 such shelters for abused women across this country (Rodgers & McDonald, 1994). Today, in the province of Alberta alone, thirty such shelters exist and are recognized as providing accommodation and support services to over ten thousand women and children on an annual basis (Office for the Prevention and Treatment of Family Violence, 1993).

As the sheltering movement advances into its third decade, an abundance of data have been accumulated regarding the prevalence, severity, and impact of violence against women and children. The National Clearing House on Family Violence (1992) has a reference collection of approximately six thousands books, periodicals, and articles which address this issue. However, while there exists a plethora of literature regarding family violence, only a handful of researchers have studied women's shelters, the very structures designed to respond to such violence (Epstein, Russel & Silvern, 1988; Ferraro, 1983; McKenna, 1986; Mickish, 1987; Pahl, 1985; Pennel, 1987; Rodriguez, 1988; Srinivasan & Davis, 1991; Tice 1990). Even less attention has focused on the effect that the shelter environment may have on those employed there (Epstein & Silvern, 1990; McKenna, 1986; Mickish, 1987).

My interest in the effects of working in a shelter environment on staff, and, in particular my interest in shelter workers' experiences with violent and/or threatening incidents, arose largely as a result of a discussion that occurred at a meeting of the

Alberta Council of Women's Shelters (personal communication, June, 1993). During this meeting of executive directors, a colleague raised the concern that the staff in their shelter had been experiencing a substantial number of client and non-client perpetrated threats and assaults. Incidents ranged from overt verbal hostility and personal attacks, to aggressive confrontations of a physical nature or threats of physical violence. The discussion which followed raised a number of questions including: How many other shelter workers are being similarly threatened? What societal, environmental, and organizational factors may be contributing to this? How are shelters responding to this issue? Furthermore, this group of shelter directors raised concerns with respect to the level of fear such episodes might engender and the emotional impact on shelter staff exposed to such behaviours. Discussion focused on the possible implications for staff morale, emotional stress, and burnout. While there were variations in my colleagues' responses to the issue of violent or threatening incidents, the pooled experiences of these shelter directors suggested that such incidents are, unfortunately, not uncommon.

A subsequent search of the literature, however, revealed a lack of empirical information pertaining to the questions that had been raised or to the danger that may be a part of the working conditions in women's shelters. In fact, only one journal article could be found that addressed the issue of shelter staff being subjected to abusive behaviours (Stout & Thomas, 1991).

Women's shelters are agencies that have been designed specifically as safe havens from danger and abuse. The idea that staff employed in such shelters might be at risk for abuse was not only ironic but of great concern. This concern, in combination with

the lack of literature around the issue of shelter staffs' exposure to abusive behaviour in the workplace, became the motivating factors underlying the current study.

The central purpose of the present study was to determine the incidence of threats, verbal abuse, and physical assault directed toward staff who work in Alberta shelters for battered women, and to determine the extent to which shelter staff experience fear in relation to these threatening and abusive incidents. A secondary purpose of this study was to discover the organizational strategies that shelter agencies are currently utilizing in the prevention and management of violent or threatening episodes.

**CHAPTER 1**  
**EXPOSURE TO DANGER IN THE WORKPLACE:**  
**A REVIEW OF THE LITERATURE**

The dearth of empirical research regarding women's shelters and shelter staff led to a literature search further afield, into studies completed with personnel in other occupations. This literature indicated that, while exposure to danger in the workplace has been a concern to those in business and industry for several decades, researchers have only recently begun to examine the occupational dangers associated with work in human service organizations (Jermier, Gaines, & McIntosh, 1989). Studies regarding the incidence of threats and assaults directed toward human service professionals (psychologists, social workers, psychiatrists, nurses, police, and educators) were subsequently utilized in order to present an overview of the variables of interest to the current study. This literature was considered relevant to the present study due to similarities in the nature of the work, the client populations served, and the fact that shelter workers often come from one of the academic disciplines listed previously.

**The Incidence and Prevalence of Abusive Behaviours  
Directed Toward Those in the Helping Professions**

Until the mid-1960s, threatening and assaultive behaviours directed toward those in the helping professions were not considered to be a problem (Rosenbaum, 1991). In fact, Tyron (1986) reports that a literature review of the articles covering this topic between 1889 and 1970 was only two and one half pages in length. However, public and



professional concern about violent incidents in the workplace, and indications that such aggressive behaviour is increasing, has led to more such investigations being conducted in recent years (Lion, Snyder & Merrill, 1981; Whitman, Armao & Dent, 1976). Between 1970 and 1980, Schultz (1987) noted a 560% increase in the number of published articles pertaining to this issue that were listed in Index Medicus.

Much of the research has focused on assaults against medical personnel. Michael Kalogerakis was one of the first authors to gather North American statistics regarding client-perpetrated aggressive behaviours toward practitioners. In a study of incident reports conducted between 1964 and 1969 in a Veteran's Administration (V.A.) Hospital, he documented 443 attacks against nursing staff.

In 1981, Lion et al. published the results of a study of formal incident reports in a state hospital employing 800 nurses. In one year, 203 assaults had been formally documented. However, based on daily ward reports, the authors estimated that five times that number had actually occurred. In a more recent study (Lanza, 1983) conducted with 40 nurses who had been victims of a client assault, each of the participants reported an average of seven assaults. In other research with nursing personnel, conducted in 1985 by the same author, 80% reported having been assaulted by a client at some time during their career. In further research with 112 clinical and non-clinical staff in a V.A. hospital, Thackery and Bobbitt (1990) determined that 48% of the respondents had been physically attacked, while 57% reported having assisted in the restraint of a client who had been attacking another staff member.

In the field of mental health, a study completed with 115 Maryland psychiatrists (Madden, Lion, & Penn, 1976) revealed that 42% had been physically assaulted by a client. More recently Caldwell (1992) conducted a survey of 224 clinical and 76 non-clinical staff from two mental health agencies in Wisconsin. Sixty-two percent of the study participants reported experiencing a critical incident involving serious threat to life or physical safety or witnessing a serious injury of another staff member. Twenty-eight percent reported that such an incident had occurred within the last six months.

In the first survey conducted on professionals from a combination of disciplines (social work, psychiatry, and psychology), Whitman et al. (1976) found that 24% of the 101 respondents had been assaulted one or more times in the past year. Seventy-four percent had been assaulted at some time during their career while 43% had been personally threatened, and 79% reported at least one incident in which a client was perceived as being a threat to others. In another survey of 453 social workers, psychiatrists, and psychologists, Bernstein (1981) reported that 14% had been physically assaulted, while 36% reported having been threatened.

Tyron (1986) surveyed 300 independent psychologists, chosen randomly from the American Psychological Association registry, who were working in a variety of institutional, clinical, and private practice settings. She reported that 81% of the respondents had experienced at least one incident of physical attack, verbal abuse, or other harassment. As she did not differentiate between these categories of abuse in the article, it was not possible to determine their respective frequencies. Only 8% of those assaulted reportedly brought criminal charges against their assailants.

A later nation-wide survey of 340 psychologists in clinical practice conducted by Guy, Brown and Poelstra (1990) found that 40% of the subjects had been attacked at least one time and some as many as twenty times; (mean = 2.4, and mode = 1). Forty-nine percent reported being verbally threatened.

For social work practicum students in field placements in agencies delivering social services, client violence, especially in conjunction with family violence cases, was reported to be one of the most prevalent treatment issues (Star, 1984). Tulley, Kropf, and Price (1993) similarly studied 126 practicum students (graduate and undergraduate) and 91 field instructors in family services agencies. They found that 13% of the students had experienced physical attacks, 25% had witnessed an assault on another staff member, and 22% reported having been verbally abused by a client. Twenty-four percent of the field instructors reported having been physically assaulted, 42% experienced verbal threats, and 62% had been verbally abused by clients.

In a national stress survey of 500 social workers, Lampkin (1984, as cited in Schultz, 1989) discovered that 66% of social workers felt threatened in both field and office visits with clients. In a 1992 survey of a 1400 worker division of Kentucky social services, 225 incidents of physical assault and threats were reported in the course of one year (Dillon, November, 1992).

Horejsi, Garthwaite, and Rolando (1994) conducted a survey of child protection workers employed by the Montana Department of Family Services. One in ten workers reported a physical assault by a client or non-client. Ninety-seven percent reported one or more incidents per year of being screamed or cursed at by a client, 33% reported

having been threatened with death, and 27% reported having been threatened with physical injury. Threats to harm a member of the social worker's family were reported by 9% of the workers, while 6% reported receiving threats from clients to damage the worker's property.

Verbal threats against social workers, such as threatening to kill the worker or members of the worker's family, were found by Schwartz (1989) to be the most prevalent type of abuse reported by the 83 workers in his study. He also found that telephone harassments had an effect upon, and occasionally directly involved, members of the worker's family.

In the only study that pertained to the issue of shelter staff's exposure to abusive or threatening incidents, Stout and Thomas (1991) conducted a survey of 44 shelter workers from 44 different urban and rural shelters across nineteen states in the United States of America. The authors found that 10% of the respondents reported experiencing a physical attack by a resident client, while one worker reported being attacked by a resident's abusive partner (Stout & Thomas, 1991). Receiving verbal threats from a client's partner was reported by 65% of respondents, and varied in frequency from once a month to "a couple of times a year" (p. 80). Thirty percent of the shelter workers reported being the targets of their client's verbal attacks. Twenty-eight percent of the shelters had been broken into by the partners of their clients.

The literature indicates that it is not uncommon for those employed in the helping professions to be subjected to incidents of threats and assaults in the course of their practice. The forms of abusive behaviours to which these individuals are exposed include

verbal assaults, threats to physically harm the employee, direct physical attacks on the employee, and, albeit less frequently, threats to harm members of the employees family.

### **The Context of Violence**

A variety of circumstances surround incidents of threatening and assaultive behaviours of clients and non-clients. A number of these research findings are of interest and relevance to the present study.

While not contained to any one type of setting, a higher risk for violence has traditionally been linked with institutional settings such as psychiatric hospitals and correctional facilities (Guy et al., 1990; Kalogerakis, 1971; Schultz, 1987; Tardiff, 1974). However, this may be changing as violence and threats of violence toward service providers in a variety of non-institutional settings appear to be escalating (Dillon, 1992; Horejsi et al., 1994; Murdach, 1993).

Some have attributed this escalation to the move toward deinstitutionalization which has resulted in many more clients with mental health and/or drug and alcohol abuse problems requesting assistance from agencies not equipped to deal adequately with their problems, or the increased demand load (Guy et al., 1990; Schultz, 1987; Tutt, 1989). In his research with Boston district psychiatrists, Tardiff (1974) reported that, while fewer than half of the psychiatrists saw violent clients, 84% of these professionals were seeing their violent clients on an outpatient basis. Furthermore, Tutt (1989) found that the vast bulk of routine violence was occurring in group home/residential type

settings whereas in the past, the majority of violent episodes occurred in institutional settings.

Lion et al. (1981) noted that 66% of those involved in violence toward staff in a state hospital were diagnosed with mental health disorders, and 18% had a drug dependency. In considering factors which may lead to violent confrontations, staff in a social services department indicated that 47% of the incidents involved clients perceived to have mental health problems and 5% involved clients who had drug or alcohol problems (Tutt, 1989). Murdach (1993) also noted that social workers and other helping professionals were increasingly being asked to provide services to high risk client groups including those with mental health problems, anti-social behaviour, and drug and alcohol dependencies.

In an exploratory study of social workers who had been assaulted, Atkinson's (1989) findings indicated that 50% of the assailants had substance abuse problems. Authors, including Newhill (1992) and Horejsi et al. (1994) have determined that the risk of violence increases in cases involving alcohol or drug abuse. The majority of respondents in the latter study identified the presence of alcohol or drug use by a client as adding substantially to workers' risk. Withdrawal from drugs, including alcohol, was also found to induce aggression. This information is certainly relevant to shelter work as the literature indicates that 40% to 60% of family violence cases involve substance abuse by one or both partners (Office for the Prevention and Treatment of Family Violence, 1992). Furthermore, in those instances where substance abuse is occurring, the violence tends to be more severe. These findings are supported by the results of the

national survey on Violence Against Women (Statistics Canada, 1994) which found alcohol to be a prominent factor in family violence cases. In one-half of all violent partnerships the perpetrator was found to be drinking (at least four times per week) and approximately one-quarter of the women who have lived with violence reported using alcohol, drugs or medication to help them cope with the situation.

It has been noted recently that those in the helping professions are faced with situations that were generally not encountered in the past. For example, there may be more intervention in domestic violence currently, due in part to the increased awareness of and subsequent screening for this condition. Domestic violence, by its very nature involves potentially life-threatening situations. Discussions of actual or impending loss or separation from a spouse can create a high risk of triggering violent outbursts (Martin, 1977). The volatility of such cases and the potential for danger for professionals intervening in same, is becoming more widely recognized (Anderson & Bauer, 1987; Mickish, 1987; Star, 1984).

### *Triggering factors.*

A number of factors in a variety of helping agencies have been identified as being potential triggers to violent incidents. These include: a client perceiving that limits or rules are being imposed, (they report feeling pushed around, mistreated); staff insisting that a client confront upsetting material; discussing highly charged material such as a client's inappropriate behaviour; and/or asking a client to leave the facility (Atkinson, 1989; Horejsi et al., 1994; Maslach & Jackson, 1982; Star, 1984). Similarly, Newhill

(1992) notes that violence may be provoked at times when a client perceives she/he is being rejected. Further support of this is provided by Stout's and Thomas's (1991) research which indicated that "asking residents to leave shelters" (p. 80) was, according to the respondents, the primary precipitator of residents' abusive or threatening behaviours.

Attempting to intervene in a client-to-client confrontation was also found to be a triggering factor in 18% of the episodes reported by Lion and his associates (1981). Refusal to comply with a client's request is another trigger identified in the literature (Star, 1984). Clients who have behaved aggressively report feeling ignored, frustrated, and angry with services that they perceive as impersonal and dehumanizing, and staff whom they view as indifferent and unconcerned. A combination of increased demands on services, aggravated by a decrease in personnel and material resources available, would appear to have the potential to create an environment perceived as inattentive and uncaring.

### *Organizational factors.*

Some have traced violent incidents to overly permissive, or, severely repressive control systems (Star, 1984). Interestingly, both extremes have been identified as existing across the many different women's shelters (Benson, 1990; Ferraro, 1983; Pahl, 1985).

Other environmental conditions that appear to be related to violent incidents include overcrowding, lack of privacy, clients in close proximity to others who are in a



state of distress, high noise and activity levels, and not enough staff to adequately respond to situations (Kalogerakis, 1971; Lanza, 1985; Newhill, 1992). Such conditions are known to characterize many shelter environments (McKenna, 1986; Mickish, 1987).

The position held by a staff member also appears to be associated with the likelihood of assault. Lanza (1985) determined that those in management or administrative positions were somewhat less likely to be attacked than were those individuals on the frontline who had more frequent and direct contact with clients. Studies completed by Thackery and Bobbitt (1990) and Caldwell (1992) in other hospital settings, support these findings as only 28% of non-clinical staff (housekeeping, clerical, reception,) reported having been assaulted, compared to 61% of the clinical staff.

Others' findings indicate that the greater the number of hours worked, the greater are the number of assaults reported. In a similar vein, the more clients a staff member saw, the more likely she or he was to report having experienced an incident of aggression. Those with more years of working in a particular setting were also more likely to report a greater total number of incidents. These findings are not surprising given the increased opportunity for abuse to occur if one is working longer hours, with more people, over a greater number of years (Lanza, 1983; Tyron, 1986).

### *Work experience.*

The findings were somewhat inconsistent with regard to the work experience of staff and the likelihood of experiencing a violent incident. Tutt (1989) found that newly appointed staff were more likely to experience attacks (27% of staff victims had held

their position for less than one year). Others also found that the level of professional experience, regardless of discipline, was related to the likelihood of attack. While those respondents who had a greater number of years of experience tended to report a greater total number of attacks, the bulk of attacks occurred during the training years, indicating that the frequency of attacks decreases as one gains experience (Guy et al., 1990; Lions et al., 1981; Madden et al., 1976; Star, 1984).

Conversely, Reid and Kang (1985) reported no significant relationship between a staff person's length of experience and the likelihood of assaults. Further, in their study of social work practicum students Tulley et al. (1993) found students were in fact less likely to experience threats or assaults than were their respective field instructors. This may be related to students being purposely shielded from clients who are known to be hostile.

#### *Perpetrators of aggressive behaviours.*

The literature indicates that perpetrators of aggressive behaviour are more likely to be male than female, and male staff are somewhat more likely to be attacked than are female staff. These differences however, were not statistically significant (Guy et al., 1990; Tutt, 1989). Interestingly, the incidence of women perpetrating violence is reported to be increasing and researchers caution staff to be equally prepared for attacks from females (Schultz, 1987; Tutt, 1989). Of note is the study by Guy et al. (1990) which reports that women attacked other women more often than they attacked men.

This finding is of relevance to the current study as shelter workers are predominantly female, and nearly half of their clients are adult females.

Kalogerakis (1971) found that individuals who associate with violent individuals, lack self-esteem, have a history of frequent quarrels with family and friends, and a life experience that may create bitterness and resentment, pose a greater risk for violence. One of the most consistent findings in the literature is that the vast majority of assailants have a history of violence and or a history of exposure to violence (Anderson & Bauer, 1987; Atkinson, 1989; Lanza, 1985; Lion et al., 1981; Tutt, 1989). It appears that a history of violence is the best predictor of an individual's likelihood of currently being violent.

### **Forms of Violence**

Generally, researchers categorize the forms of aggressive behaviour that are directed toward human service workers into three basic types. These include physical assault, threats, and verbal abuse.

#### ***Physical assault/abuse.***

Physical assault, potentially the most lethal form of aggressive behaviour, occurs the least frequently of the three forms. While fatalities have been known to occur (Dillon, 1992), these incidents are extremely rare.

Descriptions of assaultive episodes reveal that attacks ranged in severity from the use of hands and feet to the use of weapons such as guns and knives (Guy et al., 1990).

Staff victims report being grabbed, hit, slapped, choked, kicked, punched, thrown on the floor, struck with an object, and being knifed, or shot at (Atkinson, 1989; Lanza, 1983; Schultz, 1987; Stout & Thomas, 1991).

Studies have reported that injuries resulting from such incidents occur in 23% to 38% of cases and range in severity from minor to moderate. Of note is the fact that none of the cases reported by Atkinson, (1989) or Guy and his associates (1990) were considered to be of a serious nature. However, Lanza's findings (1983) were somewhat more alarming with 21% of the nurses who had been assaulted reporting injuries that were considered to be life-threatening.

### *Threats.*

This form of aggressive behaviour includes: threats to injure or kill a staff person or member of the staff's family, threats to sue, threats to have staff fired, and threats to damage, and/or actual damage or destruction of personal or agency property. Damage to personal property is an intimidating act perceived as an indirect threat to the person. Such actions include intentional damage to staff's clothing, vehicles, glasses, or other personal possessions. These behaviours, common in all of the settings studied, have the potential to generate fear and are, therefore, particularly damaging to staff morale (Schultz, 1987).

### ***Verbal abuse.***

Verbal abuse, though not likely to be as frightening as the other forms of aggression, occurs with the greatest frequency and may be, over the long term, as damaging and stressful to the recipients as are the other forms of aggressive behaviour (Tyron, 1986; Walker, 1979). The descriptions of verbal abuse reported in the literature include being called derogatory names, being yelled or cursed at, being accused of doing a poor job, and being spoken to in a subservient manner, demanding services.

Most incidents of aggressive behaviour include more than one form of abuse. Physical abuse is likely to be preceded by verbal abuse and threats are often accompanied by damage to property, an action which serves to add emphasis to the threat of violence to the person (Tutt, 1989). Female staff are less likely to experience verbal abuse but are just as vulnerable to physical attack as are male staff (Tyron, 1986).

### **Summary: Helping Professionals Exposure to Abuse**

The research findings as a whole identified that verbally and physically assaultive and threatening behaviours of clients are one of the primary sources of work-related danger for those employed in the helping professions (Lawson, 1987; Wagner, 1990). Clients, though predominantly identified as the assailants, are not the only individuals known to perpetrate aggressive behaviour toward professionals (Horejsi et al., 1994; Stout & Thomas, 1991; Tulley et al., 1993). Non-clients who engage in such behaviours tend to be individuals who are significant to the client, such as a spouse, friend, or

relative, although incidents have occurred whereby the perpetrator of the abuse was unknown to either the client or the staff victim.

Unfortunately, aggressive client behaviour toward helping professionals is not a rare occurrence (Schwartz, 1989; Tyron, 1986) and, according to some, such incidents are on the rise (Acton, 1990; Schultz, 1987; Tyron, 1986). Furthermore, aggressive behaviour is not confined to any one population of clients, nor is its direction limited to any one discipline in the helping professions (Tulley et al., 1993). Schwartz (1989) estimates that as many as one half of all human service personnel will be victims of a client assault at some time during their career, while Wagner (1990) warns that all direct service practitioners are in danger of being assaulted at some point.

### **Staff and Agency Responses to Threatening or Assaultive Behaviours**

The studies pertaining to threats and violence directed toward human service providers have tended to focus on matters of incidence and prevalence (Schultz, 1987; Thackery & Bobbitt, 1990; Tulley et al., 1993). Only limited empirical or substantive evidence exists with respect to the effect of the exposure to threatening and violent behavior on staff victims. Few research studies have attended to the reactions or fears staff members experience in association with abusive incidents. Again, the research completed by Stout and Thomas (1991) was the only study found that addressed the issue of staffs' fear and reactions in the context of women's shelters.

Similarly, the literature with respect to human service agencies' preventative or remedial management of abusive or threatening incidents, is limited in both quantity and

scope. The following two sections serve to provide an overview of the information that is available with respect to both individual and agency responses to such incidents.

### **Staff Reactions to Threatening or Violent Behaviours**

In the few studies that have addressed workers' reactions to threats and violence in the workplace, researchers have found staff victims to experience similar responses (Atkinson, 1989; Bernstein, 1981; Madden et al., 1976). Initially staff victims report shock, dismay, and disbelief concerning such episodes. Emotional detachment is common at this stage and is generally followed by a "period of struggle" characterized by feelings of fear, anxiety, and anger (Atkinson, 1989, p. 35). Given time and the opportunity to evaluate and understand the experience, a readjustment with full integration of the incident is achieved. This process of resolution can be facilitated by supportive friends, co-workers, family, and a supportive administration or agency. In the absence of such support, workers can run the risk of remaining in the period of struggle (Anderson & Bauer, 1987; Caldwell, 1992).

Exposure to a violent or threatening situation can result in a number of interrelated emotional, behavioral, cognitive, and attitudinal responses. These are discussed in the following three sections.

#### ***Emotional responses to threats and violence.***

The literature consistently identifies fear as the dominant affective response of individuals who are exposed to threatening or assaultive behaviour. This is followed by

reports of anxiety and anger (Anderson & Bauer, 1987; Atkinson, 1989; Bernstein, 1981; Caldwell, 1992; Gross, 1991; Jermier et al., 1989; Lanza, 1983, 1985; Pope & Tabachnick, 1993). Bernstein (1981) reported that 61% of the therapists in his survey felt physically afraid of one or more clients at some time on the job. Of interest was that the number of therapists who reported fearing an assault was disproportionately higher than the number (14%) who had actually been assaulted.

In her study of psychologists, Tyron (1986) found the majority to experience moderate levels of fear associated with incidents of threatening or assaultive behaviours. Female workers reported being more fearful than male workers. Similarly, results from a survey of 285 psychologists, randomly selected from the American Psychological Association registry, indicated that therapists do experience fear in the context of their work (Pope & Tabachnick, 1993), such that 89% reported feeling fearful that a client would attack a third party.

Atkinson (1989) found that all of the respondents in her survey of social workers (each of whom were victims of at least one assault) reacted with fear, anger, and anxiety. She noted, however, that these feelings were reportedly contained to the workplace and did not affect the respondents' personal lives.

In shelters for battered women, Stout and Thomas (1991) concluded that fear, although not a constant emotion experienced by staff, is at times a factor for the majority. Fifty-six percent of the workers noted that concern for their personal safety had increased since working in the shelter, and 74% reported that they were increasingly concerned for other's personal safety. Contrary to Atkinson's (1989) findings, shelter



workers reported that their personal relationships had been affected by their experiences in the shelter. The majority noted an increased difficulty in their interpersonal relationships due to the increased stress in their lives, diffuse anger, and decreased trust. They attributed this to an increased awareness of the prevalence of violence and their own vulnerability (Stout & Thomas, 1991).

Similarly, Horejsi and associates (1994) reported that one third of rural social workers felt very fearful on the job at least once a month. Twenty-five percent were fearful that harm might come to a family member because of their work.

Feelings of anger toward the aggressive individual were also reported as was anger toward one's self (Atkinson, 1989; Lanza, 1983, 1985). Staff tended to self-blame, believing that they could have handled the situation differently, prevented it completely, or at least predicted its occurrence (Atkinson, 1989). Also common were feelings of anger toward the agency for maintaining a system where violence can occur and then offering only meagre, if any, support to victims. Along this same vein, studies of police officers concluded that those who report frequent exposure to dangerous situations also report a heightened disaffection for their employer (Anderson & Bauer, 1987; Jermier et al., 1989).

Several studies found that in addition to fear, anxiety, and anger, those who had been the target of aggression also reported feelings of vulnerability, embarrassment, self-doubt, guilt, and inadequacy (Anderson & Bauer, 1987; Atkinson, 1989; Bernstein, 1981; Lanza, 1983; Tulley et al., 1993). The authors speculate that these feelings may lead to changes in workers' perceptions of themselves as they begin to question their

professional competence. On a more positive note, those who reach resolution regarding their experience report developing a more realistic perception of their vulnerabilities, their capabilities, and more reasonable expectations regarding their performance (Atkinson, 1989).

In the Caldwell (1992) study of employees from two different mental health settings, heightened emotional reactivity and intrusive thoughts (symptoms of post traumatic stress) were reported by 61% of the clinical staff and 28% of the non-clinical staff up to a year after their direct or indirect involvement in a violent incident. Over 8% of these individuals actually qualified for the diagnosis of Post Traumatic Stress Disorder given the number of symptoms reported.

Sleep disturbances, eating problems, and difficulties in concentration are only a few of the debilitating effects associated with the emotional responses addressed above (Pope & Tabachnick, 1993). While these emotional responses underlie a number of subsequent behavioral, cognitive, and attitudinal changes associated with exposure to threats and violence, feelings of fear appear to play a dominant role. While this may not be surprising, the reported effects of fear in terms of contributing to alterations in staffs' behaviour, and their perceptions, feelings, and attitudes towards themselves and others, do raise concern (Atkinson, 1989; Jermier et al., 1989; Lanza, 1983; Pope & Tabachnick, 1993).

Other researchers have found that fear which is associated with dangerous encounters with clients, contributes to stress in human service workers in the fields of social work, police work, and corrections (Gross, 1991; Hiratsuka, 1988; Horejsi et al.,

1994). In studies of the phenomena of burnout, defined here as “a state of exhaustion brought about by excessive demands on an individual’s energy, strength, or resources” (Cummings & Nall, 1983, p. 227), researchers have examined a range of contributing work-related factors, including ‘exposure to danger’. Studies of workers who are frequently exposed to danger, such as police and emergency room personnel, suggest that these individuals experience particularly rapid burnout (Golembiewski & Byong-Seob, 1990; Maslach & Jackson, 1982). Burnout has been found to have far-reaching implications for the well-being of staff and agency service delivery to clients (Freudenberger, 1975). As exposure to danger has been identified as “endemic to shelter work” in shelters for battered women, these findings are of particular interest to the current study (Epstein & Silvern, 1990, p. 9).

*Behavioral and cognitive responses to threats and violence.*

Workers’ behavioral responses that are associated with fear and anxiety include avoidance of certain clients and situations out of fear of a recurrence of threatening or violent behaviour (Atkinson, 1989). Bernstein (1981) and Star (1984) noted that, following such an experience, many workers express discomfort in seeing the client again and tend to avoid or reduce such contacts. Many (66%) of the psychologists in Tyron’s (1986) study reported that they discontinued their involvement with the aggressive client altogether. Other authors (Anderson & Bauer, 1987; Jermier et al., 1989; Lanza, 1983) concluded that workers experienced fear and anxiety about returning to work altogether, at least on a temporary basis. In the other extreme, cognitive responses of denial and

rationalization may result in some workers responding counter-phobically, by purposely placing themselves in danger (Atkinson, 1989; Lanza, 1983, 1985).

Altering behaviour in regard to client selection and certain treatment practices occurred in 51% of the psychologists surveyed by Tyron (1986). Similarly, Atkinson (1989) also found that most of the social workers in her study reported that they subsequently avoided treatment practices that they feared might elicit an angry response such as addressing upsetting material or confronting an issue. Conversely, Bernstein (1981) reported that each of the therapists in his study denied that client assaults or threats affected subsequent treatment practices.

Cognitive responses to attacks included preoccupation with thoughts of the assault and self-blame. Workers also reported an increase in thinking about the dangerousness of their work, being preoccupied with security issues, and thinking about taking a self-defense course (Atkinson, 1989; Lanza, 1983, 1985; Stout & Thomas, 1991). Individuals' increased awareness of the need for precaution and increased sensitivity to the potential for violence led to hypervigilant and self-protective behaviours including increased advocacy for workers' safety. These self-protective behaviours continued to play a long-term role in their careers.

Some workers reported that their understanding of the management and treatment of aggressive clients had increased, as did their understanding of trauma. The latter had the effect of creating alliances between co-workers who had experienced an assault or threat of assault.

The question of whether workers require time off from work to recover from threatening or assaultive experiences was addressed in Lanza's study (1983). She found that 45% of the respondents lost work-time of one to two days. A further 65% reported that their recovery took longer than one week, while 28% required anywhere from 24 to 52 weeks before feeling fully recovered. These findings suggest that the majority of staff victims returned to work prior to feeling fully recovered, a fact that is of interest given that other research (Atkinson, 1989) has found that workers reported that their performance on the job suffered while they struggled to resolve their experience.

*Attitude changes in response to threats and violence.*

Changes in attitudes and beliefs have been noted to occur as a result of exposure to danger. Such exposure challenges an individual's beliefs about the world being safe and predictable, causes them to reassess their own vulnerability, and disrupts interpersonal trust. In occupations where exposure to danger is a frequent occurrence (i.e., police work) more extreme attitudinal changes such increased cynicism, suspicion, and negativity toward clients, co-workers, the employer, and the job in general have been noted (Anderson & Bauer, 1987; Jermier et al., 1989).

**Agency Management of Threatening and Abusive Incidents**

Two major areas are considered here in regard to agency responses to danger in the workplace. The first pertains to prevention and includes: the training of staff in violence management, the physical safety and security of the environment, and the

policies and procedures established to guide the management of violent or potentially violent situations. The second area is concerned with remediation to staff victims and considers what agency supports may be provided to reduce trauma and enhance resolution.

Confronting a threatening or violent individual can be a disturbing and frightening experience, particularly for those who have no training in violence management (Star, 1984; Tardiff, 1976). Inexperienced workers, regardless of professional discipline, were repeatedly found to be more likely to have been involved in threatening or assaultive incidents (Guy et al., 1990; Lion et al., 1981; Madden et al., 1976; Tutt, 1989).

Training and skill development in violence management is thought to be a key factor in reducing the risk of such incidents (Thackery & Bobbitt, 1990; Tyron, 1986). Those who have experienced violence or threatening incidents strongly recommend that such training occur as part of job orientation (Caldwell, 1992; Stout & Thomas, 1991; Thackery & Bobbitt, 1990).

Despite these findings, most individuals in the helping professions reviewed here report having received virtually no training in the management of threatening or assaultive behaviours. Guy and associates (1990) found that for the group of 340 psychologists they studied the total number of hours of training on this matter ranged from zero to fifty-six, with a mode of zero and a mean of only three hours training. Others have found that graduate students report little, if any, training on this topic. Only 26% of the practicum students studied by Tulley and associates (1993) indicated that they were provided with training through their agency of placement. Fifty-four percent,

however, reported that safety issues had been addressed in their social work program. Fifty percent of the practitioners surveyed by Pope and Tabachnick (1993) rated their graduate training in this area as non-existent to poor. It would appear that many new professionals may subsequently be entering the work force ill-equipped to deal with violent or threatening situations.

The level of support provided by agencies for the remediation of staff victims appears to be low. Even though traumatic events occurred fairly often in the facilities studied by Caldwell (1992), organizational support was rated as minimal or non-existent. Debriefing sessions were rare. Procedural reviews designed to evaluate if prescribed procedures had been adhered to and were effective in managing the incident, occurred in only 20% of the cases and reportedly focused on what staff victims had done wrong.

Atkinson (1989) found that support from co-workers, administrators, friends, and family, following an incident of client aggression, tends to lessen the trauma to individuals and facilitate resolution. Although the social workers in her study reported receiving support from their co-workers, administrative support was found to be limited, if not totally absent. Similarly, debriefing sessions, peer reviews, or staff networking, were not prevalent in the social service agencies reviewed by Schultz (1987). He found few counselling or other significant services for employees. Furthermore, trauma leave was not provided by any of the agencies in his review. Sadly, Lanza (1985) found that 45% of the nurses she surveyed did not even expect to receive support from their administrators.

Some researchers (Caldwell, 1992; Jermier et al., 1989; Lawson, 1987) have noted that when incidents of threats and abuse directed toward staff are left unaddressed, with feelings of fear unacknowledged, denied, or concealed, it tends to result in those staff experiencing varying states of chronic uneasiness, emotional exhaustion, depersonalization, and detachment. In studies with police officers, Jermier et al. (1989) found that when the employer is unable or unwilling to meet the responsibility of providing a safe environment, employees' commitment to the job is reduced. Workers who met with management disinterest, or a slow response to providing protection, tended to experience ongoing stress and anger.

While some agencies had developed guidelines and procedures for dealing with violence, reporting the violence, managing staff victims, and had established policies on training around violence management, most had not. Even where such policies did exist, adherence to the procedures appeared to be discretionary and many staff were, in fact, unaware of them (Lion et al., 1981; Madden et al., 1976).

### Summary

In summary, exposure to threatening and violent incidents is not an uncommon occurrence for those involved in the provision of human services. The dominant theme in the literature is that danger in the workplace associated with these aggressive behaviours directed toward staff, does produce fear and related affective distress. This may have substantive personal and professional affect for staff victims as these experiences have the potential to influence relationships with clients, co-workers, and



employers, and the potential to alter workers' perceptions of themselves in terms of their professional competence and their vulnerability. Furthermore, it would appear that the level of support that is afforded to staff who are subjected to these behaviours has the capacity to influence the extent and resolution of the trauma they experience. Individuals who are frequently exposed to threats and violence and/or those who are unable to fully resolve their frightening experiences, appear to be at risk for heightened emotional exhaustion, mental strain, physical and mental fatigue, and chronic uneasiness (Anderson & Bauer, 1987; Atkinson, 1989; Jermier et al., 1989; Pope & Tabachnick, 1993).

Of note, is the fact that verbal abuse and verbal threats resulted in staff victim responses that were similar to those occurring after physical assaults (Atkinson, 1989; Tyron, 1986) suggesting that such experiences may be as frightening and as potentially harmful to the health of staff victims, as are physical assaults (Schwartz, 1989). As verbal abuse and threats occur with greater frequency than physical assault, this is of particular concern.

Human service workers have a right to work in a reasonably safe environment provided by their administrators and governing bodies. When this does not occur, and workers' rights to safety are being violated, it is likely that agency functioning and the quality of client service is jeopardized.

There is a significant lack of empirical data with respect to these issues as they pertain to women's shelter. My personal experiences and discussions with other shelter directors and staff members have provided speculative and anecdotal accounts which argue that several conditions associated with work in shelters might render shelter staff

vulnerable to incidents of threatening or abusive behaviours.

## CHAPTER 2

### ALBERTA WOMEN'S SHELTERS: A PROGRAM DESCRIPTION

Before proceeding with the report of the methodology utilized in the current study, I believe it is appropriate to first provide the reader with a brief description of the programs in women's emergency shelters in Alberta. This overview will serve to enhance the reader's understanding of how shelter staff might come to be the targets of client or non-client aggressive behaviours.

The following program description provides a general overview of Alberta's women's emergency shelters. It is acknowledged that variations exist amongst shelter agencies with respect to their philosophical orientations; goals and missions, and the scope of the services and programs that they provide. Shelters do, however, adhere to the fundamental principle of respect for the dignity and worth of the individual and in so doing hold to the basic beliefs that all individuals have the right to security and protection under the law; all individuals have the right to live free of assaults, abuse and violence; no person should be forced to remain in a violent or abusive home because of the lack of alternatives; and, the principle of the integrity of the person implies the right to make informed choices in one's own life decisions. Furthermore, shelters are guided by the belief that families should be protected from the invasion of their privacy except when the interests of individual family members and/or the interests of society are jeopardized. (Alberta Council of Women's Shelters Policy Document, 1987).

### **The Purpose of Shelters: Basic Emergency Services**

Broadly stated, the immediate aim of women's shelters is to provide a safe and supportive environment for women and children who are fleeing an abusive situation. To this end, shelters offer short-term, secure, accomodation, in addition to food, personal incidentals, and clothing (donated items) to their residents.

In-house services provided by shelters depend to a great extent on the needs of the victimized women and children, and vary with the availability of services in the surrounding community. Most facilities provide crisis counselling, and practical assistance and general information to their adult clientele. In-house shelter services for children most often include child care and individual crisis counselling. Other in-house services include emergency transportation (i.e., to the shelter) or general transportation (to appointments, court, and/or school), advocacy services, and court accompaniment. In addition, shelters provide public education services and crisis phone lines to their communities. Shelters also offer individual case referrals to and liaison with community resources which include, but are not limited to: police and medical services, mental health and social service agencies, drug and alcohol treatment services, cultural resources, housing authorities, schools and child care agencies, legal aid, and the criminal and family court systems.

In addition to the above, shelters also provide services to non-residents by responding to their information and support needs. A variety of crisis intervention services exist for non-residents in the form of referrals to other resources such as those identified above, drop-in crisis counselling, the provision of meals, emergency clothing,

and/or household items, and advocating on their behalf with food banks or surplus stores so that they may access these services. All of the aforementioned basic emergency services are provided to communities 24 hours a day, 365 days of the year.

Those eligible for admission to a women's shelter in order of priority are: abused women with dependent children; abused women without children; women in crisis such as those suddenly without home or resources for a variety of reasons; and, other women. This latter group may include transient women, women awaiting hospitalization or receiving outpatient services, women awaiting other specialized residential services such as alcohol or drug treatment, second stage housing or referral to another shelter, or women who may be experiencing problems with extended family.

If a resident is not fleeing an abusive relationship and a high risk case requires accommodation, the low risk client will be discharged to make space for the higher need client. However, in such circumstances every reasonable attempt is made to secure alternative accommodation for the low risk client.

The maximum length of stay for most emergency women's shelters is twenty-one days. The length of stay may be extended only in exceptional circumstances. Shelters which provide second stage housing may accommodate women and their children for several months.

### **Long-Term Goals: Beyond Crisis Intervention**

In addition to the provision of short-term crisis intervention services, most shelters also have longer term aims with respect to the eradication of violence against women and

children. A myriad of strategies and approaches, both preventative and remedial, may be employed by shelters to further such aims. These may include a range of programs including, but not limited to the following: programs directed toward public and professional awareness and education around the issue of domestic abuse; the provision of recovery, support, education, parenting and/or treatment programs for women; programs of support, education, intervention, and treatment for children and adolescents; and treatment programs for men who have perpetrated abuse against women.

Some shelters provide outreach services to that segment of the population that cannot or need not reside in the shelter. In addition, some shelters provide follow-up services to former residents. Such follow-up programs serve to maintain change efforts and bring stability to families as they move into independent living in their community.

In the delivery of each of these services, Alberta's women's emergency shelters are required to comply with a variety of provincial core and program specific standards and federal standards and legislation. These can be found in Appendix D.

### **Who Uses Shelter Services?**

The most recent statistics on Alberta shelters, provided by the Office for the Prevention and Treatment of Family Violence (1993), indicates that 4,523 women and 5,653 children used shelter residential services during the 12 month period from January 1, 1993 to December 31, 1993. The average age of women residents was 30 years, with 80% reporting that they were between the age of 20 and 39 years. The average age of

child residents was 5 years, ranging in age from 1 month to 25 years (those dependents over the age of 18 were identified as having a disability).

In addition to the residential services provided, these shelters reported a combined total of 42,488 telephone or face-to-face contacts with non-residents during the same time frame. These non-resident contacts were primarily with adult women but also included more than 3,000 contacts with adult males, over 600 contacts with children, in excess of 700 contacts with teens, more than 300 contacts with elders (individuals 65 years of age or over) and 438 contacts with individuals whose ages were unspecified.

### **Shelter Funding**

The vast majority of Alberta women's shelters receive their funding for the provision of basic emergency 'essential' services through contractual agreements with the provincial government's Department of Alberta Family and Social Services. These contracts are reviewed and renewed annually. The 'essential service' funding covers the following: direct client costs, facility and administrative expenditures, fixed assets, and staffing expenses. The allocation of funds to shelters follows a prescribed format dependent upon the number of licensed beds per shelter. Funding for staff salaries is based on a staffing model and wage scale prescribed by the government funders. Individual shelters are at liberty to increase their staffing model and staff wages, however, any exceeding of the prescribed models and wage scales becomes the sole financial responsibility of that shelter.

In recent years, the increased demand for shelter services, in combination with government budget restraint, has resulted in government support falling short of the desired 100% funding of basic emergency 'essential services'. It has subsequently become incumbent upon individual shelters to subsidize their 'essential services' budgets through other avenues. Shelters that do not contract with the provincial government for their essential services budget or receive only a portion of their operating budgets from this source, have the difficult task and added burden of having to seek out piecemeal funding from a variety of other resources and must engage in a number of fund raising activities.

Shelter programs which address preventative and remedial concerns are considered by government funders to be 'non-essential' services and subsequently are not covered within the 'essential services' shelter/government contracts. As such, all of these programs operate only when funding can be secured from a variety of alternative sources. Shelters tap into municipal, provincial, and federal grants; pursue grants and subsidies from other provincial ministries and a variety of philanthropic and charitable associations and foundations; rely heavily on the financial and material donations of local businesses, corporations, churches, service clubs, and individual donors; and, increasingly upon the fund raising efforts of their governing boards.

Shelters face a constant struggle to maintain the financial and material resources required to meet the demand for their services. This places pressure on board members, staff, and clients. Staff and clients live with the reality of limited and oft times inadequate shelter and community resources. Too many abused women and their



children know what it is like to be placed on a waiting list for admission to a shelter. In 1993, more than 1,700 families were turned away from shelters in this province because there was no room to accommodate them (Office for the Prevention and Treatment of Family Violence, 1993). Too often shelter residents must 'wait in line' to access time with a shelter support worker. Too frequently that support worker is the only one on duty and has been consumed with the needs of other occupants, each of whom have equally pressing issues and problems. It is difficult to provide more than a cursory service to clients under such conditions.

### **Shelter Residents: Coping With the Crisis**

By the time most abused women and their children enter a shelter, they are likely to have experienced prolonged exposure to an abusive environment. Statistics indicate that abused women will report having experienced, on average, 35 episodes of violence prior to seeking help from police (Office for the Prevention and Treatment of Family Violence, 1992; Women's Secretariat, 1994). Associated with these experiences are other negative life stressors such as previous marital separations, strained relationships with extended family, prior multiple relocations, police involvement, problems at work, changes in income, and child behavioral problems which interfere with family and school activities (Jaffe et al., 1986c).

Not surprisingly, researchers have found that women who are battered by their spouses report lower levels of self-esteem (MacLeod, 1980; Pressman, 1989; Walker, 1979), and report significantly more somatic complaints, higher levels of anxiety, and

more depressive symptoms than do non-battered women (Jaffe et al., 1986c). In an attempt to dull the pain of their abusive situation some women turn to prescription and non-prescription drugs and/or alcohol (Rodgers, 1994). However, this creates the risk of developing a substance abuse or misuse problem, only adding to the number of issues with which the victims of family violence must deal.

Ironically and seemingly unfairly, women who enter shelters not only have to deal with the emotional and physical problems related to having been abused, but must then, in the span of three short weeks make a number of critical decisions such as where they and their children are going to live and whether they are going to return to their partners. Such planning and decision-making requires an examination of the most basic, and yet major, aspects of their lives. Women must address the status of their changed financial circumstances and the effect this will have on their acquisition of more permanent accommodation and their financial ability to refurbish a new residence. In fact 74% of women who reside in shelters must rely on the donations of others in order to set up their new household as they cannot access their possessions due to the danger involved (Rodgers & MacDonald, 1994).

A change in the amount and source of finances may require significant changes not only in the standard of living but in lifestyle in general. For those who have been full-time homemakers, attention now turns to their employability. Some women may require retraining and/or upgrading to enhance their employment possibilities. For those who are employed outside of the home, the economic realities of a single income may require considerable adjustment be made in terms of prioritizing needs, often resulting in

a change in, if not the forfeiting of 'non-essentials', such as recreational and social activities once taken for granted. For women who have been financially dependent upon an abusive spouse and have not had the opportunity to gain experience around financial management, these new responsibilities can initially appear to be overwhelming.

The educational and/or day care needs of children is another primary order of business for the women residing temporarily in shelters. The impact of the family's trauma may necessitate special care and educational services. Should the children return to school, issues of safety and risk of abduction must be considered. Circumstances may dictate that children register in a new school. This adds to the adjustment demands children are already facing.

Women need also consider their own emotional needs and status in addition to those of their children. This requires an exploration of the programs and services available in the community which are designed to assist them in their recovery from domestic violence.

Furthermore, women must make a determination with respect to their own safety and the safety of their children should they chose to continue living in the same community as their estranged spouse. The abusive partner may be stalking them, keeping a vigilant watch outside the shelter (intimidating to both them and the other residents), or may be making direct or indirect threats of further harm or child abduction. In such instances women must determine if they are going to apply for court orders designed to deter such behaviours such as an interim custody order, an order of restraint, or a peace bond. While information on and support in obtaining such orders are a part

of most in-house shelter services, the decision to proceed with such action is the domain of the abused woman. Weighing into this decision is an assessment of the batterer's response to such action being taken by his victim (the woman's risk level may increase) and the skepticism the woman may have with respect to the enforceability of such orders.

Should the abused woman wish to secure legal representation for any of these hearings or for issues pertaining to divorce, separation, or matrimonial property, financial ability once again becomes an issue. Legal aid may be one recourse, however, applicants are required to go through a process of eligibility determination which can be time consuming and carries no guarantee of acceptance. Such delays can create additional stress.

Attending to the legal actions that may have been or might be initiated by the police, such as the laying of criminal charges against the abusive partner, has further implications for the abused woman and her children. For instance, they may experience a great deal of fear around the anticipated reaction of the abusive partner should they be required to provide testimony in court.

One of the most pressing concerns for abused women during this time period, and one which is reportedly ongoing for many separated or divorced women from abusive relationships, is the issue of their on-going relationship with their ex-partner (Tutty, 1993). The abusive partner's right to visitations with his children are most often a part of a custody court order. Subsequently, unless other arrangements can be made, this results in abused women having to face their estranged partners during visitation exchanges. In addition to subjecting them to the possibility of further abusive

encounters, these contacts also leave women vulnerable to the estranged partners' attempts to persuade them to return to the relationship before they have had an opportunity to clearly determine their own needs and desires. Dealing with ex-partners and, inextricably linked to this, coping with related court actions, in addition to attending to the needs of their children, have been identified as central concerns for those women leaving an abusive relationship (Tutty, 1993).

In addressing each of the above issues, women will likely be exposed to a myriad of social, legal, mental health, employment, and educational services. Such exposure and the resultant abundance of new information and networks can be both overwhelming and intimidating.

In actuality, these represent only a few of the challenges facing the women residing in shelters. In addition to addressing the critical questions related to their future, women and their children must, simultaneously, adjust to the new shelter environment. They have been uprooted from their home and their established support systems, including their friends, family, and sometimes school and work. Their new environment is semi-institutional, and communal-like. They are joining a group of other women and children, generally strangers to them, who are also, individually and collectively dealing with their own personal crises. Given this context, the presence of adjustment difficulties in both adult and child clients appears to be an understandable response to an abnormal situation.

Research has shown that children who have been exposed to domestic violence are at high risk for behavioral adjustment problems (Jaffe et al., 1986a, 1986b, 1986c;

Wilson et al., 1989; Wolfe, Zak, Wilson, & Jaffe, 1986). Both girls and boys from violent families show more internalizing behavioral problems and less social competence than their nonviolent comparison groups. These internalizing behaviours include clinging to adults, complaining of loneliness, appearing unhappy or sad, feeling unloved, becoming easily jealous, and worrying. Boys also display more externalizing behaviours than either girls, or a comparison group from nonviolent families. Externalizing behaviours consist of disobedience, lying and cheating, destroying objects, displaying cruelty to others, and fighting.

These findings parallel my own observations and the subjective reports of other shelter staff with respect to the behaviour of children residing in the shelter. Conflicts between sibling and non-sibling groups appear to be relatively common. Children often use aggressive behaviour as the first line of attack to attain a goal or resolve a conflict. This is not surprising given that research indicates that children who grow up in homes where there is wife assault may begin to act out learned behaviour (Allan, 1991). Both parents and child support staff must be vigilant in their supervision of the children's interaction. Such child conflicts bring an interesting dynamic to shelter life as many result in altercations amongst parents as they attempt to protect and defend the actions of their children.

Adults end up in conflicts with other residents or with shelter staff for a variety of other reasons as well. Disputes may erupt over chores, standards of cleanliness, food preferences and cooking styles, social conduct, and differing opinions on child-rearing practices. Limited resources also play a role in setting the stage for conflict, as residents

compete for donated clothing, household items, and particularly for worker's time and attention. Any suggestion that one client might be receiving a disproportionate share of these commodities has the potential to increase in-house tension. A worker denying a client's request for a particular item or service, that may not be available or is beyond the scope of the services that the shelter provides, has the potential to trigger a heated confrontation.

### **Shelter Work: Roles and Risk**

While providing the necessary assistance and support to women and children as they address their particular situations and make decisions regarding their future, shelter staff also have the responsibility of ensuring the safe and smooth operation of the shelter. Fulfilling this role does, on occasion, require staff members to intervene in conflicts between adult clients, child clients, and/or parent-child conflicts. Intervening in such situations creates the risk that workers become the unintended targets of displaced anger. Furthermore, shelter workers often have the difficult task of addressing sensitive issues with clients including aspects of the client's conduct, their parenting style, the proposed involvement of child welfare officials, or the lack of or termination of services for a variety of reasons. Confronting such issues or imparting information of a negative nature can pose a risk with respect to shelter workers becoming the recipients of a client's anger.

Additionally, a large component of a shelter worker's role involves advocating for clients who are negotiating with other community resources, educating the public and

professional community about family violence and the needs of abused women, and working in a variety of ways to ensure the advancement of women's rights. All of these activities can potentially place workers at risk for abusive or threatening incidents by virtue of the professional role that they play in the community. For example, one worker disclosed that while giving a public presentation to promote awareness of family violence, she was subject to the glaring looks and subtle threatening gestures of a male audience member. This man was reportedly the husband of a former shelter resident, and his behaviour left no doubt in the mind of the worker that he was not impressed with the work being done there.

### Summary

Unquestionably, shelters and their staff play an integral role in interrupting the cycle of violence through their fundamental activities of crisis intervention, and the provision of ongoing support, information, referrals, advocacy, and education for their clientele. Those familiar with sheltering operations acknowledge that while this occupation provides many challenging and rewarding opportunities to employees, it also presents a number of unique, yet stressful, work-related conditions. The very nature and dynamic of family violence involves life-threatening situations which are likely to escalate when women attempt to separate themselves and their children from the abusive partner. This demands constant vigilance by staff so that the facility remains secure, thus ensuring the safety of both clients and staff from the actions of estranged spouses.



Furthermore, chronic under-funding typifies most shelter agencies and places limits on the number of resources and services available to clients. Such financial restraints influence the environment of shelters in a variety of ways. For example; a lack of privacy, and crowded, noisy, living and working conditions are, unfortunately, the hallmarks of many shelter environments. In addition, inadequate staffing models and subsequent work overload are other consequences of inadequate funding.

Staff and clients work and live together under the same roof with a number of different family units. Each family is experiencing its own crisis and adjustment difficulties while simultaneously trying to live communally with virtual strangers. Add to this, prolonged, inter-family contact and the enduring nature of staff/client contact throughout the eight to twelve hour shifts, and the potential for 'in-house tension' is evident.

The above description of women's shelter's programs, their operations, and environments, was intended to provide the reader with a sense of the complexity and range of shelter services, the numerous and complex needs of shelter clients, and some of the dynamics associated with life and work in a shelter environment. In no way was it intended, nor should it be perceived, as a criticism of these agencies, their staff, or the clients who access these facilities. On the contrary, shelters are to be commended for the comprehensive and valuable services that they provide to their respective communities on extremely limited budgets and scarce resources. The fact that the vast majority of clients proceed through the shelter system in tact, having attained their short term goals, speaks to the strength of these women and to the emotional and social support that is

afforded them through their positive interactions with shelter staff and the other women residents.

### **Rationale for the Current Study**

Shelter workers do face the issue of violence on a daily basis in their practice with individuals and families for whom this is a serious problem. In addition to helping clients cope with their violent situations, shelter workers are required to deal with abusive and threatening behaviours that are directed toward them. As the literature reviewed for the current study indicates, experiences such as these carry implications for the emotional and physical health and safety of those helping professionals who are exposed to physical and verbal assault and threats of assault. Exposure to episodes of abuse which engender fear, anger, and anxiety, appears to influence not only workers' behaviours but their perceptions of themselves, their clients, and their workplace, subsequently affecting workers' performance. The implications this may have for the delivery of shelter services lends urgency to the need for an examination of the issue of staff abuse in the context of women's shelters.

The primary purpose of the present study was to gather information regarding shelter staff's experience with threatening and violent behaviour in the workplace and their feelings of fear associated with such danger. The secondary purpose of the study was to collect information about the methods that currently exist within shelters to help prevent or manage violent and/or threatening episodes. It is my hope that these efforts

will elicit information that will provide support for and direction in the development of agency policy, procedure, and training regarding the management of violence.

Shelter staff must be free to attend to the business of helping others without being hampered unduly with concerns for their own or others' safety. By openly addressing the issue of staff safety in the workplace, it is hoped that such concerns will be kept to a minimum.

## **CHAPTER 3**

### **METHOD**

#### **Research Design**

A cross-sectional survey design was utilized in this exploratory study of abusive incidents directed toward staff in women's shelters in Alberta. The cross-sectional survey design and a self-administered questionnaire format was chosen for its efficiency as a method of gathering large amounts of data on the characteristics, feelings, facts, and behaviours of large numbers of subjects. In addition, it is a relatively expedient and inexpensive method for determining the existence and level of a problem (McMurtry, 1993). The survey was mailed to the entire population of shelter workers in the 30 Alberta women's shelters (an estimated 340 employees).

#### **The Research Questions**

The purpose of this study was to gather information which would answer the following four research questions:

- 1) What is the incidence, prevalence and source of threats, verbal abuse, and physical attack on staff who work in shelters for battered women?
- 2) What levels of fear do staff experience in relation to such abuse?
- 3) How frequently do shelter staff experience fear while at work?

- 4) What organizational strategies have shelters employed to prevent or manage episodes of threatening or violent behaviour?

For the purposes of this study shelter staff are defined as those individuals who are employed in shelters for battered women to provide direct and/or indirect services to shelter clients. The source of an incident refers to the perpetrator of a threat, verbal abuse, or a physical attack. Incidence is the frequency or rate of occurrence of threats, verbal abuse or a physical attack, in the past year, while prevalence refers to the frequency or rate of occurrence of threats, verbal abuse or a physical attack, at any time in the past (ever).

Threats are defined as verbal expressions or physical signs (gestures or stances) of an intent to do harm in some way to another person. Blocking someone's pathway, raising an arm as though to strike another, damaging personal or agency property, or threatening a staff member with the loss of their job, are all examples of threats.

Verbal abuse is defined as negative comments directed toward another person with the intent to diminish their sense of self worth. Examples of verbal abuse include: shouting and cursing at someone, calling someone a derogatory name, accusing another person of doing a poor job, and/or speaking to someone in a demanding, disrespectful manner as though they were a subordinate.

A physical attack is defined as an exertion of physical force with intent to harm or injure another physically. Physical attacks include such actions as hitting, choking, pushing, punching, scratching, pinching, kicking, slapping, pulling hair, spitting on, or throwing an object at someone. Physical attacks may involve the use of objects or

weapons. The terms physical abuse and physical assault may also be used in this report in place of the term physical attack.

In the current study, fear is defined as an unpleasant feeling of anxiety associated with an expectation or awareness of danger concerning one's own or another's emotional and/or physical safety. Only the fear that shelter workers experience in association with their interactions with adult and child shelter clients, partners of shelter clients, or 'others' in the community while in the performance of their work, was considered in this study.

Two forms of organizational strategies were examined in this study, preventative strategies and response strategies. Preventative organizational strategies are defined as the methods that shelter agencies use in order to prevent or reduce threatening or violent episodes from occurring. Response strategies are defined as the methods employed by shelter agencies after the fact or in response to an episode of violence or abuse. Response strategies often have a remedial focus with an emphasis on lessening the impact to and/or facilitating the recovery of the staff victims.

### **The Survey Questionnaire**

In keeping with the research questions previously outlined, the questionnaire was divided into four major sections (see Appendix A). The focus of inquiry in the first section was the form, source, incidence, and prevalence of shelter workers' experiences with threatening or abusive behaviours directed toward them while at work. Questions were developed to operationalize these factors. Respondents were asked to provide their

best estimate of the number of times they had experienced abusive incidents, according to the source and type of abuse. To determine incidence and prevalence the subjects were asked to report how many incidents of abuse they had been exposed to in the past year and how many incidents of abuse they had experienced since beginning work in the shelter. Eight multiple choice questions were included in this section and were designed to address possible behavioral and cognitive changes that workers might have experienced as a result of exposure to threatening or abusive behaviours.

The second section of the questionnaire requested information about the fear that subjects experienced when they were the target of aggressive behaviours. The author developed two self-report measurement devices to operationalize fear. The first measure assessed the intensity dimension or level of fear shelter workers experienced as a result of their abusive experience. Fear is considered to be a function of perceived risk and perceived seriousness (Warr & Stafford, 1983). As such, researchers have found that in order for an individual to provide an accurate assessment of their fear level, specific conditions of an event need to be identified (Ferraro & LaGrange, 1987; Warr & Stafford, 1983). Respondents were therefore asked to think about their most recent incident of a specified form of abuse, according to a specified source, and to then indicate on a four point rating scale, ranging from 0 (representing no fear), to 3 (representing a good deal of fear), the level of fear that they experienced at that time.

The second measurement device assessed the frequency dimension of fear. Respondents were asked to indicate on a six-point rating scale, ranging from 0 (representing never) to 5 (representing daily), how often in their everyday work they fear

for their own safety, the safety of their family, and the safety of their clients. Also included were several other questions that determined if workers' fears were increasing or decreasing, the subjective dimension of their experience, and information with respect to shelter workers' emotional responses in addition to a fear response.

Section three of the questionnaire gathered information about the shelter, such as its size, and any methods that have been utilized to prevent or manage threatening or violent situations. These organizational strategies were operationalized through several questions which addressed staff training in violence management, facility security, policies and procedures for the management of aggressive behaviours, and remedial or support services to staff victims aimed at reducing trauma and promoting resolution. A further item sought suggestions or recommendations for future methods to address incidents of violence.

The final section of the questionnaire dealt with the respondent's personal data; training, educational, and occupational history; and her or his work demographics, including hours worked and current occupational role.

The research questionnaire was pretested to ensure clarity, comprehensiveness, and ease of completion, by administering it to a group of colleagues and conducting individual debriefing sessions. The pretest group consisted of a former women's shelter supervisor (now a graduate student in the social work management program), two graduate students in the clinical social work program, one member of the Faculty of Social Work, and a current shelter director (who was not included in the study).



Based on the feedback from the individual debriefing sessions, some minor revisions were made to enhance the clarity of several of the questions. In addition, changes were made to the organization and layout of certain parts of the questionnaire in order to enhance the flow of the document and, thus, facilitate ease of completion.

### **Procedures**

A list of Alberta women's shelters, and their respective directors, was obtained from the Alberta Council of Women's Shelters. Each shelter director was then contacted via telephone and an invitation was extended to have their shelter staff participate in the study. The content of each telephone call followed a standardized format and included: an explanation of the general nature and purpose of the research, the potential benefits of the study, the anticipated time commitment of participants, and the procedures to be utilized, with an emphasis on those which addressed issues of confidentiality. Each of the 30 directors consented to having their shelter staff participate on a volunteer basis.

Packages containing the appropriate number of questionnaires were mailed out between August 30 and September 2, 1994, to the directors of each shelter. Enclosed in each shelter package was a cover letter to the director (see Appendix B) requesting that they distribute the questionnaires to all staff, either at the next staff meeting, or via individual staff mail slots. Each individual questionnaire package contained a cover letter to the staff member (see Appendix C), the questionnaire, and a self-addressed, stamped, envelope for return purposes. This allowed individual staff members to independently

make the decision as to whether they would participate in the study. Completed questionnaires were then returned in the prepaid, self-addressed envelopes provided.

A follow-up phone contact to each shelter director occurred two weeks after the initial mailing to ensure receipt of the survey questionnaire packages and as a reminder to ask staff to return their completed questionnaires. No additional or replacement packages were required. A second follow-up telephone contact to each shelter occurred between three and four weeks after the initial mailing, again, as a reminder to return the completed forms.

### **Analysis**

The quantitative data was subjected to statistical analysis using the Statistical Package for the Social Sciences (SPSS-PC; SPSS, Inc., 1988). Frequency distributions, means, standard deviations, modes, and medians were calculated where appropriate. A considerable amount of qualitative data was obtained from the comment sections and open-ended questions. This data was categorized, interpreted, and themes identified.

### **Ethical Considerations**

The proposal for the current study was reviewed and approved by the Research Ethics Committee, Faculty of Social Work. Given the sensitive nature of the research topic, a number of issues pertaining to confidentiality, the participants' right to privacy, their protection from harm, and their right to self-determination, were thoroughly considered and steps were taken to ensure the meeting of these ethical guidelines. For

example, a large portion of the self-administered questionnaire specifically asked respondents to recall specific experiences and associated feelings which were likely of an unpleasant nature. To address the concern that participants might be upset through participating in the study, respondents were advised in the cover letter that their participation would require them to address issues of a sensitive nature, and, in doing so, they might experience some level of discomfort. The voluntary nature of the participation was stressed, as was an assurance that participants could withdraw at any time. Finally, respondents were encouraged to seek support from an appropriate colleague, friend, or professional to assist them in resolving their feelings, in the event that they responded with any distress to the survey.

A number of other concerns were considered given the unique nature of the study topic. For instance, subjects might believe that disclosing the number of threatening or abusive incidents in which they were involved would reflect poorly on their own performance or, suggest that they lack effective skills for diffusing such situations. Furthermore, respondents could also feel some guilt and embarrassment if they acknowledge being afraid in response to threatening situations, somehow seeing this as unprofessional. Finally, respondents could believe that their privacy or job security would be placed at risk in responding to questions of work-related conditions such as the level of supervisory support. To offset these possible concerns, efforts were made to ensure that the questions and transition statements were presented in a sensitive manner. Furthermore, confidentiality parameters outlining the handling, storage, and eventual destruction of the research documents were outlined in the cover letter. No

intermediaries handled the completed questionnaires as a further assurance of anonymity. In identifying these issues and clarifying the procedures it was believed that respondents would then be in a position to make an informed decision about their participation.

Other, more general concerns about how shelters could suffer from any negative publicity as a result of the study were also considered. Shelter directors and staff might be concerned that information about the incidence and prevalence of staff exposure to threats and abuse might reflect poorly on the image of clients, staff, and shelters in general. They could also be concerned that the levels of fear associated with these incidents might result in shelters being perceived as unsafe environments. Further concern with respect to the possible implications of the findings on continued public support of shelters was also possible. Additionally, directors and staff might fear that those who use shelters could be perceived in a poor light; that those who need shelter services might be reluctant to seek out the service; and that shelter operators may experience difficulty in attracting employees to work in shelter agencies.

Due to these concerns and the sensitive nature of the study, a two-stage consent process was utilized. As previously mentioned, consent was first sought from shelter directors via telephone, and then from individual participants via the cover letter. To ensure anonymity for participants and shelters identifying information was **not** requested, nor were consent forms utilized. Rather the completed and returned questionnaire served as notice of consent to participate.

Discussions about any aspect of the research study or data was limited to professional and consultative communications with my thesis advisor, and/or other staff

members in the Faculty of Social Work. The results were reported in aggregate form, with no shelter or individual being singled out for purposes of comparison. Care was taken in the interpretation of the results to ensure a balanced presentation of any of the positive and negative findings. An executive summary of the study results was offered to participating shelters upon completion of the research study.

### **Strengths and Limitations of the Current Study**

A number of steps were taken to reduce threats to the validity of the research study. These primarily focused on the soundness of procedures and soundness of the survey questionnaire. One of the primary threats to the external validity of any study utilizing a mailed survey is a low response rate, a factor that also has implications for selection bias because the few who respond may differ in some way from those who do not (McMurtry, 1993). To achieve the best possible response rate, and, thus, maximize the external validity of the study, a number of procedures, all of which have been previously described, were followed. To recap, pre-contact with shelter directors was conducted to explain the purpose and merits of the study thus enhancing receptivity. To control for researcher bias the contacts with shelter directors followed a standardized content format.

A cover letter was sent to potential subjects explaining the purpose and merits of the study, the time commitment required, the confidentiality parameters, and assurance of anonymity. The use of self-addressed envelopes with return postage eliminated any financial cost to subjects as well as the handling of completed questionnaires by an

intermediary. This further assured confidentiality. Finally, two follow-up telephone contacts with shelter directors were conducted in order to ensure they had received the packages while reminding them to ask staff to return the completed questionnaires.

History, maturation, and testing were not considered to be problematic to the internal validity of this study due to the one time only, cross-sectional design of the survey (Grinnell, 1993). Again, attempts to control for threats to internal validity due to selection bias were made through the efforts previously listed to ensure an acceptable response rate.

To reduce possible threats to internal validity as a result of instrumentation, the questionnaire was pretested as described earlier (Grinnell, 1993). To reduce measurement error and, thus, enhance internal validity, the pretesting of the instrument screened for socially desirable questions and responses, clarity of questions, and appropriateness and inclusiveness of response categories (Grinnell, 1993). Where appropriate, responses were pre-coded to reduce the chances of researcher error in compiling the data. Variations in the distribution and administration of the questionnaires could not be controlled for and remains one disadvantage of this survey design. However, in the pre-contact phone calls with shelter directors and, again, in the cover letters sent to the directors, suggestions were made with respect to the distribution of the questionnaires to help ensure that all potential subjects received a package.

Other limitations of this study are of a contextual nature, related to the fact that the knowledge base with respect to shelter organizations and those employed in such

agencies is in the early stages of development. Little has been reported about the work conducted in shelters or about the staff members who perform the work.

The major strength of this study is that it examines an issue that has been afforded scant attention as it pertains to staff in women's shelters (Stout & Thomas, 1990). Furthermore, to the best of my knowledge, the issue of shelter staffs' exposure to incidents of threats and abuse in shelters for battered women has not yet been studied anywhere in Canada.

## **CHAPTER 4**

### **RESULTS: THE INCIDENCE, FORM, AND SOURCE OF ABUSE DIRECTED TOWARD SHELTER WORKERS**

#### **Characteristics of Respondents**

Questionnaires were mailed to 340 staff members in all 30 of Alberta's women's shelters. The rate of return was 48% or 162 questionnaires. Nine of the returned questionnaires were incomplete, and one was returned after the extended deadline, resulting in a final total of 152 usable returns being included in the analysis.

The study participants ranged in age from 19 to 60 with a mean age of 37 years. (5 respondents did not report their age). Ninety-eight percent were female (N=149) and 2% were male (N=3). The respondents had been employed in their respective shelters for an average of 3.3 years ranging from 1 month to 15 years. Notably, 61% of respondents (N=92) had been employed at the current shelter for less than the average length of years, and one quarter had been employed for less than 1 year. Only 11% (N=16) of the respondents reported previous work experience in a shelter environment, with a range of from 1 month to 7 years and a mean of 2.5 years.

The type of job positions held by the respondents are displayed in Table 1. The majority (66%) held counselling positions as either crisis counsellor/support workers, or child care counsellor/support workers. Twenty-four percent of the staff members were employed in a variety of administrative positions including program coordinator, assistant



director/manager, director, administrative assistant, or clerical worker. The category of other included such positions as: follow-up workers, outreach workers, shelter nurses, shelter teachers, security staff, and group facilitators.

**Table 1.**  
**Number of Respondents According to Job Position**

<b>Job Position</b>	<b>Frequency</b>	<b>Percent</b>
Crisis counsellor/support worker	85	56
Child care counsellor/support worker	15	10
Program Coordinator	14	9
Assistant Director/ Manager	3	2
Director	9	6
Administrative Assistant	6	4
Clerical	3	2
Housekeeping	3	2
Other	11	7
Missing data	3	2
Total	152	100

As illustrated in Figure 1, the majority of shelter staff were employed on a full-time or nearly full-time basis of thirty-three hours per week or more (61%, N=94). Thirty-eight percent (N=57) worked on a part-time basis (one respondent did not complete this item).

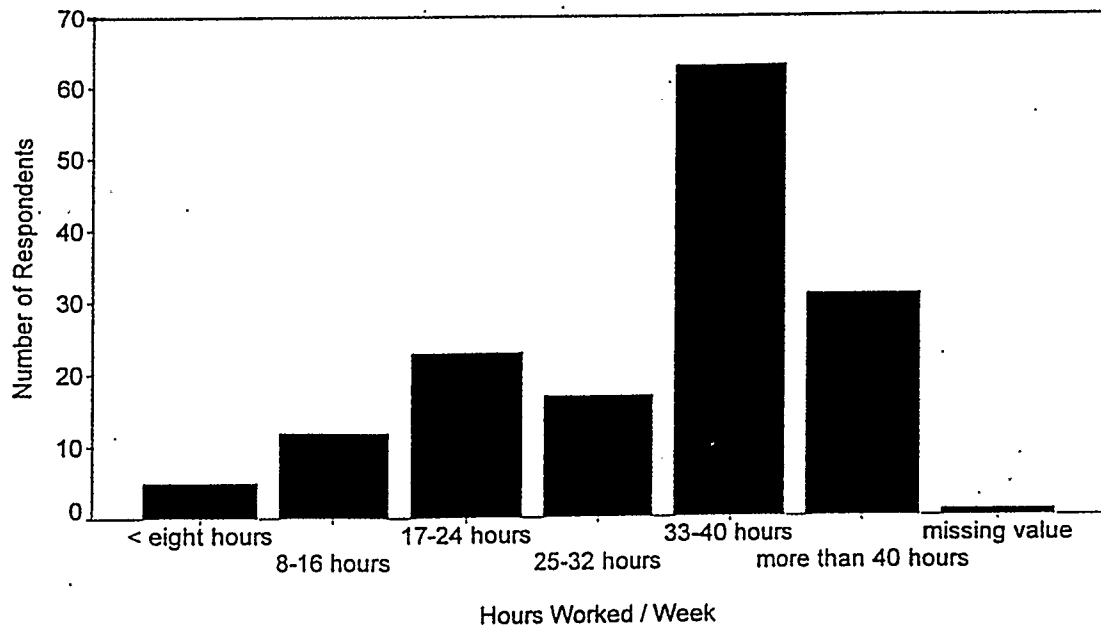


Figure 1: Number of Workers According to Hours of Work/Week

Eighty percent of the survey participants ( $N=121$ ) reported that they had attained some post-secondary education with the modal level of education being the completion of a college diploma or certificate. Figure 2 provides a detailed breakdown of educational status. The other category included the completion of work-related courses such as: management, communication, and accounting (one respondent did not answer this item).

In addition to educational level, each respondent was asked to indicate the number of hours of formal training that they had completed over the course of their career, with regard to managing threatening or abusive situations. The data for this variable were extremely skewed such that the survey participants reported an average of 36 hours of formal training (mode = 0, median = 8, range = 0 to 998 hours, with only one

individual reporting the maximum). Twenty-eight percent of the staff (N=42) reported that they had never received formal training in the prevention or management of violence. Seventy-two percent of the respondents (N=106) indicated that they had received some training of this nature. Of those who had received training, more than two thirds (N=74) reported receiving less than the mean number of 36 hours of formal training, and more than one third (N=44) reported receiving ten or fewer hours of training.

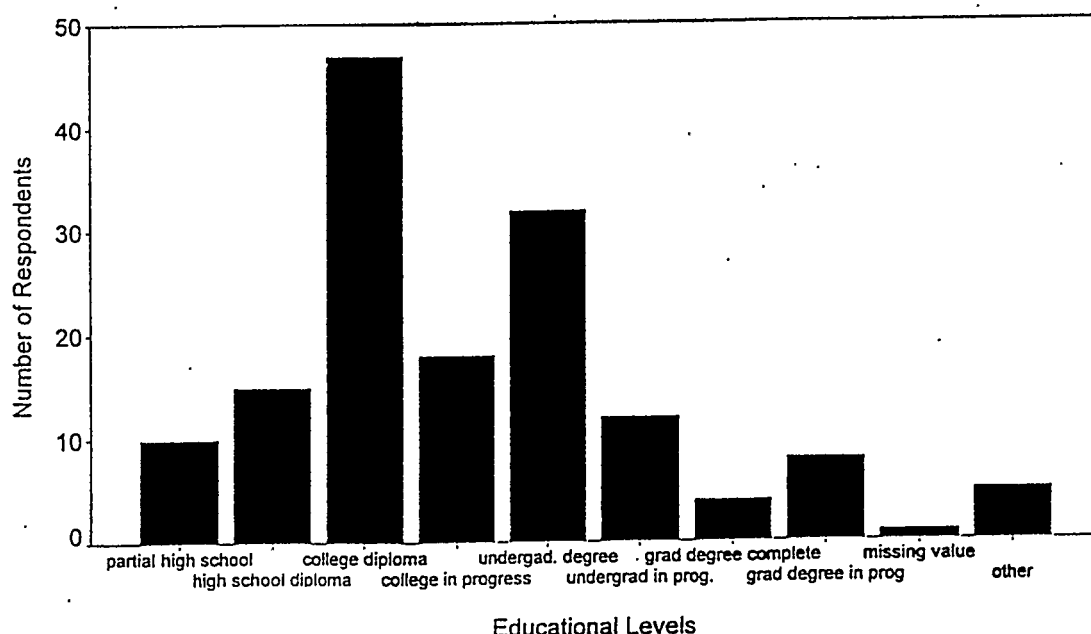


Figure 2: Number of Workers According to Educational Levels

Shelter size, as determined by the number of licensed beds, ranged from 3 to 54 beds, with a mean and mode of 21. The shelters were subsequently grouped into categories of small (3-14 beds), medium (15-21 beds), and large (22-54 beds). As can

be seen from Table 2, the number of returns from the small shelters was somewhat less than the number of returns from medium or large shelters. However, it must be noted that there are fewer small shelters in the province and these employ fewer employees, thus lowering the potential number of respondents from the smaller shelters. Taking this into consideration, the respondents provide a well balanced representation of shelter sizes.

**Table 2.**  
**Number of Respondents According to Shelter Size**

Shelter Size	Frequency	Percentage
Small	39	26
Medium	55	36
Large	53	35
Missing Data	5	3
Total	152	100

### **The Incidence, Form, and Source of Abuse Reported By Shelter Workers**

To determine the incidence of abusive episodes, the respondents were asked to record the number of times that they had encountered abusive or threatening situations during the past year. They were also asked to report the form of abuse that they had experienced and to indicate the source.

Of note is the fact that 83% of the respondents (N=126) reported that they had experienced some form of abuse on one or more occasions in the past year. The forms of abuse included verbal attacks, the witnessing of attacks (verbal or physical) on a third party, threats to harm the shelter worker, physical attacks, and threats to harm the workers' family. The sources (or perpetrators) of the abusive episodes included, in order

of proportion, child clients, adult clients, spouses or partners of clients, and an array of others, including the friends or relatives of clients, shelter managers and co-workers, other professionals in the community, and members of the general public (known or unknown). Only 17% of the surveyed shelter workers (N=26) reported that they had not experienced any form of abuse during the previous year.

Of the 126 respondents who were exposed to threatening or abusive episodes (all forms and sources considered) the total number of incidents reported per staff member ranged from 1 to 653. The vast majority of those abused (79%, N=100) reported fewer than the mean number of 29 incidents, and slightly more than half (51%, N=65) reported fewer than ten such incidents per year.

The notable positive skew to this data can, in part, be attributed to six participants, each of whom reported more than 270 abusive episodes over the course of the past year (more than 5 incidents per week). These six cases were examined separately to determine if these individuals differed in some respect from the majority of individuals who reported fewer incidents (2 or fewer incidents per week).

All six of the respondents who reported extreme numbers of abusive incidents held frontline positions. On average, this group had worked in their current shelters for a somewhat longer period of time (7 months longer); they had a higher mean age (39 years as opposed to 35 years) and; on average they had fewer hours of formal training (15 hours as opposed to 35 hours) than did the group who reported 2 or fewer incidents per week. In fact, four of these six participants reported having received no training at all, one reported 2 hours of training, and one indicated that she had received approximately 90 hours of training.

Each of the different forms and sources of abuse are discussed in detail under their respective headings in the sections that follow. The descriptive statistics for each of the different forms of abusive incidents are illustrated in Table 3 which also provides the percentage of respondents reporting for each form of abuse.

### Verbal Abuse

As can be seen in Table 3, 78% of the shelter workers (N=119) reported that they had experienced verbal abuse. Of these, 66% (N=79) reported 1-10 occurrences while 34% (N=40) reported between 11 and 358 such incidents. Only four participants reported that they had experienced in excess of 100 incidents of verbal abuse in the past year. In the open-ended section of the survey, workers described being "cursed" and "screamed at," referred to as "useless," accused of "breaking up families," "not really caring," and performing their jobs "only for the money." Others reported being treated "like a servant" by some shelter residents who could, at times, be very demanding, (e.g., Call me a cab! Phone my social worker! Get me my meds!).

**Table 3**  
**Number of Abusive Incidents According to Form (N=152 respondents)**

Form/Type of Abuse	Range Min-Max	Mean	S.D.	Median	Percentage Reporting	
					Yes	No
Verbal	0-358	14.1	42.9	3.0	78%	22%
Witnessing Attack	0-365	10.6	46.1	1.0	51%	49%
Threats to Harm Worker	0-119	3.2	11.0	0	45%	55%
Physical Attack	0-21	1.1	2.9	0	31%	69%
Threats to Harm Worker's Family	0-4	.06	.3	0	3%	97%

As can be seen in Table 4, when these shelter workers were asked about the source of the verbal abuse, the majority (N=94) indicated that they had been verbally abused by an adult client. However, more than two thirds (N=83) reported that they had experienced verbal abuse by a child client, and more than half (N=68) identified the partner or spouse of a client as the source of verbally abusive behaviour. Almost one-quarter of these shelter workers (N=28) reported that they had been verbally abused by someone other than an adult client, child client, or spouse/partner of a client. Others who had verbally abused them included relatives and friends of the client (10 cases), members of the general public including town council and service club members (5 cases), co-workers (4 cases), shelter management (4 cases), other professionals from the resource community (4 cases), and unidentified male callers (2 cases).

**Table 4**  
**Incidents of Verbal Abuse by Source (N=119 respondents)**

Source of Abuse	Range	Mean	S.D.	Median	Percentage Reporting	
					Yes	No
Adult Client	0-208	6.1	23.1	1.0	79%	21%
Child Client	0-150	4.2	15.3	1.0	69%	31%
Partner/Spouse	0-50	2.6	6.4	0	57%	43%
Other	0-30	1.3	4.2	0	23%	79%

#### **Witnessing an Attack on a Third Party**

As was noted in Table 3, 51% percent of the respondents (N=77) reported that they had been witness to an attack on a third party including a co-worker, child, or adult

client. Such attacks included episodes of verbal abuse and threats, in addition to physical assault. Four respondents reported witnessing an unusually high number of attacks (211 to 365) during the past year, however, the vast majority (80%, N=62) saw 10 or fewer such incidents.

Table 5 provides results with respect to the source of witnessed attacks. Child clients were identified as the aggressors by 84% of the respondents (N=65) with a further half (N=36) of the respondents reporting having seen adult clients initiating attacks. Only 15% percent of the witnesses (N=12) reported seeing attacks perpetrated by the partner or spouse of a client. Another 6% indicated that they had witnessed an attack by someone other than the above sources including attacks by family members directed toward adult clients (N=3), and two cases whereby individuals unknown to the shelter program attacked shelter staff and residents.

**Table 5**  
**Incidents of Witnessed Attacks by Source (N=77 respondents)**

Source of Attack	Range	Mean	S.D.	Median	Percentage Reporting	
					yes	no
Child Client	0-360	8.9	42.5	0	84%	16%
Adult Client	0-116	1.4	9.4	0	46%	54%
Spouse/Partner	0-6	.2	.7	0	15%	85%
Other	0-9	.1	.9	0	6%	94%

### Threats to Harm Shelter Staff

Threats of being personally harmed, as previously noted in Table 3, were reported by 45% (N=69) of the shelter workers surveyed. While the number of threats per



worker ranged from 1 to 119, the vast majority of these workers (85 %, N=59) reported that they had experienced ten or fewer such threats during the past year. Only eight individuals reported experiencing 11 to 45 threats, and only one respondent experienced threats in excess of 100.

Of those who had been threatened with personal harm, slightly more than half (N=36) identified adult clients as the source of such threats, while half (N=35) reported being threatened by child clients (see Table 6). More than one third of these workers had received threats from the partner or spouse of a client (N=28). Threats from other sources were reported least frequently (N=14) and included being threatened by the members of a client's family (6 cases), the general public (3 cases), shelter staff (3 cases), and unknown callers (2 cases).

**Table 6**  
**Number of Incidents of Threats to Harm Staff by Source (N=69 respondents)**

Source of Threats	Range	Mean	S.D.	Median	Percentage Reporting	
					yes	no
<b>Adult Client</b>	0-10	.6	1.6	0	52%	48%
<b>Child Client</b>	0-100	1.7	8.8	0	50%	50%
<b>Spouse/Partner</b>	0-10	.4	1.2	0	40%	60%
<b>Other</b>	0-10	.3	1.3	0	20%	80%

A description of these threats in the open-ended section of the survey reveals them to have been severe in nature. They ranged from threats to take legal action against a worker or threats to have a worker fired, to threats involving bodily harm and, in the extreme, death. Physically threatening behaviours ranged from subtle gestures such as

moving into the “personal space” of the worker as in “cornering,” or “blocking an escape route,” to more overt gestures such as “a raised hand” or “fist” or the “waving of an object/weapon” as though about to strike.

### **Physical Attacks**

As previously noted in Table 3, almost one third (N=48) of the survey participants reported that they had been physically attacked during the past year. Of these, 42 shelter workers (or 87%) reported having experienced 5 or fewer such assaults. Six workers (13%) reported being attacked between 7 and 21 times.

As illustrated in Table 7, the vast majority of the respondents who reported being physically attacked indicated that these assaults originated from child clients (N=43). While the mean number of child-perpetrated attacks was 1, incidents were reported to range from 1 to 20 attacks per worker.

Only a few workers (N=6) reported that they had experienced a physical attack by an adult client, with each of these reporting only one such attack. One respondent indicated that she had been assaulted by another source but did not specify the perpetrator. None of the shelter workers reported having been physically attacked by the spouse or partner of a client over the previous twelve month period.

The descriptions of physical assault in the open-ended section of the survey included being bitten, spat upon, kicked, punched, slapped, pinched, pushed, and having hair pulled. Several respondents described incidents of being struck by items such as ashtrays, books, and toys which had either been thrown at them or used as weapons.

While no serious injuries were reported over the past year, a few attacks did result in black eyes, stitches, and bruising.

**Table 7**  
**Number of Incidents of Physical Attacks by Source (N=48)**

Source of Physical Attack	Range	Mean	S.D.	Median	Percentage Reporting	
					Yes	No
Child Client	0-20	1.0	2.8	0	89%	11%
Adult Client	0-1	.04	.19	0	13%	87%
Spouse/Partner	0	0	0	0	0%	100%
Other	0-2	.01	.10	0	1%	99%

#### **Threats to Harm Workers' Family Members**

In Table 3, only five respondents (3%) reported that they had received threats against their family members with the number of threats per worker ranging from 1 to 4. In the past year there were no reports of child clients or adult clients using this form of abuse. Four shelter workers reported having their families threatened by a client's spouse or partner and two workers had threats made against their families by 'other' unspecified persons. The descriptions of these threats showed that they were primarily verbal in nature although one worker reported that she had been followed home by an estranged spouse who, earlier, had verbally threatened to harm her. She reported thinking at the time that her family might also be at risk.

### **Summary of Abusive Incidents According to the Form and Source**

Overall, 126 shelter workers reported that they had experienced or witnessed a combined total of 4,416 incidents of verbal abuse, threats, and/or physical attacks while at work during the past year. As indicated in Table 8, verbal abuse accounted for the greatest proportion of all the abusive incidents, witnessing an attack on a third party accounted for the second greatest proportion, and 11% of the abusive episodes were in the form of threats to harm the shelter worker. Only a small portion (3.8%) of the total number of incidents consisted of physical attacks on shelter workers, and less than 1% of incidents were in the form of threats against the members of a worker's family.

With respect to the sources of abuse, child clients were found to be the source of the greatest number of incidents of abuse. Shelter workers who witnessed attacks on a third party most often identified children as the aggressors. Information regarding the targets of these child-perpetrated attacks was volunteered by several respondents. They reported that the mothers of these children and other children (siblings or other child residents) were as likely to be the target of attacks by children as were shelter staff. Nonetheless, child clients did account for the vast majority of all physical attacks directed toward shelter staff and were responsible for the greatest number of threats to harm shelter workers.

Adult clients were responsible for a further 28% of all abusive incidents. Of the forms of abuse, verbal abuse was most frequently directed toward shelter staff. As a group, adult clients were responsible for the majority of the verbally abusive incidents reported. While adult clients were rarely involved in physical attacks against shelter

workers, they were responsible for 213 of the witnessed attacks (verbal and/or physical) on a third party. The targets of the witnessed adult client aggression included their children, other adult shelter residents and, occasionally, staff. Adult clients made fewer threats toward shelter staff than did child clients, however, they threatened staff more frequently than did spouses or other individuals.

**Table 8**

**The Number of Incidents of Abuse According to the Form and Source (N= 4,416 incidents, 152 respondents)**

FORM OF ABUSE	SOURCES				Total Incidents/ Percentage
	Adult Clients	Child Clients	Spouse/ Partner	Other	
Verbal Abuse	916	632	393	198	2139 (48%)
Witnessed Attacks	213	1353	28	21	1615 (37%)
Threats to Harm Workers	97	265	67	52	481 (11%)
Physical Attacks on Workers	6	164	0	2	172 (3.8%)
Threats to Harm Workers' Family	0	0	5	4	9 (0.2%)
Total Incidents/ Percentage	1232 (28%)	2414 (55%)	493 (11%)	277 (6%)	4,416 (100%)

The spouses or partners of adult clients were responsible for 11% of all forms of abusive incidents perpetrated against shelter workers during the past year. Verbal abuse and threats to harm workers were the tactics most frequently used by this group. While threats to harm a shelter worker's family were very rare (9 in total), spouses or partners were responsible for more than half of these incidents. There were no reported incidents

of spouses or partners having physically attacked shelter workers during the previous one year period.

### **The Prevalence of Abuse Reported By Shelter Workers**

To determine the prevalence of abusive incidents, shelter staff were asked to provide their best estimate of the number of times that they had experienced abusive or threatening incidents since beginning work in the shelter. Information regarding the form and source of abuse was also requested.

Data pertaining to the prevalence of abuse were analyzed in the same way as were the data for the incidence of abuse. The results revealed little new information and, subsequently, will not be reported in the same detail as were the data for incidence. However, when the two sets of data for the different reporting periods are compared, some observations warrant reporting.

### **A Comparison of the Number of Shelter Workers Reporting Abusive Incidents Over the Two Reporting Periods**

The number of shelter workers who reported experiencing some form of abuse since beginning work in the shelter was slightly greater (N=134) than the number reporting abuse in the past year (N=126). As can be seen in Table 9, this observation was consistent for all forms of abuse, which reflects workers having experienced abusive incidents earlier in their career, but not during the past year.

**Table 9**  
**Percentage of Shelter Workers Reporting Abuse According to Form and Reporting Period**

Report Period	Forms of Abuse					
	Verbal Abuse	Witness Attacks	Threats	Physical Attacks	Threats Against Family	All Forms of Abuse
Past Year	78% (N=119)	51% (N=77)	45% (N=69)	31% (N=48)	3% (N=5)	83% (N=126)
Since Beginning Work	83% (N=127)	59% (N=91)	57% (N=86)	41% (N=63)	7% (N=10)	88% (N=134)

**A Comparison of the Number of Abusive Incidents According to Source and Form Over the Two Reporting Periods**

It was reported by 134 shelter workers that a combined total of 18,358 incidents of abuse were experienced since beginning work in the shelter. No attempt was made to determine if the incidence of abuse has increased or decreased over the years due to the variation in length of employment of respondents and the varying lengths of time that individual shelters have been in operation. Of note, is that all frequency distributions for abusive episodes since beginning work were extremely positively skewed as were the frequency distributions for abusive incidents in the past year. As with the incidence data, a very small portion of shelter workers reported extremely high numbers of abusive incidents, while the vast majority had experienced few incidents. This pattern, thus, appears to occur consistently over time.

As can be noted in Table 10, the proportion of abusive episodes attributed to adult clients, child clients, spouses, and others also remained virtually identical for both reporting periods.

**Table 10**  
**Percentage of Abusive Incidents According to Source and Reporting Period**

Source	Reporting Periods	
	Past Year (Percentage of Abusive Incidents)	Since Beginning Work (Percentage of Abusive Incidents)
Adult Client	28%	30%
Child Client	55%	54%
Spouse/Partner	11%	11%
Other	6%	5%

When the forms of abuse were considered and compared for the two reporting periods, a few minor differences were noted. In the past year, none of the shelter workers reported that adult clients or child clients had made threats against their families. However, when reporting for the full period of employment 23 workers did, in fact, report experiencing such threats from child and adult clients. In addition, the incidents that occurred since beginning work in the shelter included six reports of spouses or partners having physically attacked shelter workers while no such attacks had been reported during the past year.

As indicated in Table 11, verbal abuse and threats were the most frequently reported forms of aggression directed toward shelter workers for both reporting periods. During the past year verbal abuse accounted for a slightly smaller proportion of all the incidents of abuse than it did since beginning work.

The witnessing of attacks over the past year contributed more to the total number of incidents than it had since the beginning of the workers' careers. Such shifts suggest that workers over the past year had experienced proportionately less verbal abuse and had



witnessed a larger proportion of attacks than they had in earlier times. The proportion of physical attacks against workers or threats to harm the workers' or their families remained virtually constant over the two different reporting periods.

**Table 11**  
**Percentage of Abusive Incidents According to Form and Reporting Period**

Form of Abuse	Reporting Period	Reporting Period
	Past Year (Percentage of Abusive Incidents)	Since Beginning Work (Percentage of Abusive Incidents)
Verbal Abuse	48%	55%
Witnessed Attacks	37%	27%
Threats	11%	14%
Physical Attacks	3.8%	3.8%
Threats Against Family	.2%	.2%

### **The Subjective Dimension: Case Examples**

Establishing the incidence and prevalence of abuse, according to source and form, is an initial step toward developing a knowledge base with regard to the issue of the abuse of shelter staff. However, these statistics alone, do not convey the emotional impact, fear, and concern, that is generated by these incidents. Numerical accounts alone limit our ability to fully understand the experience of the individual. In order to capture the subjective dimension, respondents were asked to provide a brief narrative description of the most severe abusive incident in which they had been involved. The following section summarizes the feedback and communicates a more holistic account of the respondents' experience and the meaning such events might hold for individuals so victimized.

Seventy percent of the respondents (N=105) contributed a combined total of 111 brief descriptions of their most memorable incident (a few offered more than one incident). Only five respondents made comments which indicated that they had nothing substantial to report (two such excerpts are provided below).

None of the incidents I've experienced have been severe; just verbal abuse over the phone, and occasionally face to face confrontations.

I haven't experienced any serious incidents. I believe residents [of the shelter] know which staff they can take advantage of, [threaten or intimidate], and which ones won't let them get away with this behaviour.

In describing their most severe incident, the majority of respondents (N=61) relayed episodes that involved adult clients. The following five excerpts were selected from the respondents' narrative descriptions as they provide specific examples of a variety of altercations which involved an adult client:

A client came back into the shelter after visiting with her common-law. She yelled at me telling me I didn't know how to do my job and what kind of a person was I, etc. Meanwhile, her husband was waiting for her at the back door.

I physically interjected my body between two clients who were arguing and verbally abusive toward one another in order to prevent them physically attacking each other. I felt at great risk. One of the clients directed a great deal of abuse towards me and acted physically threatening.

I saw a client verbally and physically attack one of my co-workers. The client was removed by other staff. The police arrived and arrested the client who had remained outside the shelter. My co-worker had to seek alternative housing at the advice of the R.C.M.P. for a few days due to the danger.

Two clients were physically assaulting each other. When I tried to intervene I was punched in the jaw.

I was yelled at and blamed for a 'mark' on a child I didn't do and told to step outside after being pushed against the wall.

Twenty-six shelter workers described their most severe incident as involving the estranged partners of their clients. The following six excerpts convey the nature of these episodes and are representative of the intensity of altercations with abusive spouses:

A spouse directed anger at me. Screaming, yelling, putdowns. Threatened to take legal action.

Abusive male on property trying to drag wife away. Had her in his grasp but she freed herself. He was angry and volatile. Police were called. Husband jumped into her running car and drove it to edge of parking lot and then pushed it over the edge into the riverbank.

Threats to harm me, saying he knew where my office is and it's not safe enough because a gun can be used to blow my head off. Told to 'really watch it' and what I do as sometimes the 'people we love are not there anymore.'

Husband of client would not leave the area, threatening wife, staff, and other residents with his presence. Sat out in his vehicle playing loud music 'Wanted Dead or Alive' or would prowl area on foot. This continued off and on for several months. There was a general air of helplessness, fear, anxiety, which heightened every time he returned.

A husband threatened suicide and taking out anyone who was in his way, 'somebody's going to die before this is over. I know what you drive b . . . !'

A spouse of a client called the shelter at 5:30 in the morning and made a bomb threat. Told me I had 20 minutes before it went off.

Incidents that had been perpetrated by child clients qualified as the most severe incident for 20 of the shelter workers. The following five quotations illustrate the nature of these episodes:

An adolescent boy who was extremely abusive verbally and physically to his mom, other clients, and staff, threw household items, damaged shelter property, and tried to break out of an upstairs window. It took two or three staff to restrain him.

A school-aged boy had to be removed from the play room as he was a danger to other children, throwing toys very hard and wielding a hockey stick. Another staff and myself removed him and he cursed and kicked us leaving bruises all over our legs.

A five-year-old child throwing wooden blocks and toys, slamming doors, screaming, pushing sibs, striking mother. Swearing and threatening to take a knife and kill sibs, mom, or anyone in his way.

A child threatened to get 'dad's gun' and shoot me and burn down the place with me in it.

Four-year-old child constantly referred to his mother as 'you dumb sl . . .' and to staff as 'you b . . . s'. I had to intervene when he was fighting with another child resident. Aggression was directed toward me and I was punched in the eye with a toy - black eye!

Incidents perpetrated by those in the 'other' category were rarely reported as the most severe. Only three respondents relayed such experiences and each involved relatives of a client as in the following example:

A women came to the shelter supposedly to visit her abused sister-in-law but let her violent brother inside. A tense confrontation occurred, but no violence erupted. They left, but only after I called police. [(The staff)

activated client security system so they couldn't reach the client living area].

Eleven of the narrative descriptions provided by respondents made reference to the mental health status of the aggressive individual. The following four quotes are examples of such episodes:

Dealing with a client with mental illness I verbalized my actions before moving so as not to alarm her. She was behaving defensively and displaying threatening actions, i.e., punching her palm with her fist.

Client told another worker within my hearing that she had torn her teddy bear apart rather than me. Person had a history of mental illness and had talked earlier about tossing another worker across the room.

A large door was slammed closed by an unstable client resulting in me getting two broken fingers.

A woman client chased two staff members with a weapon [knife] while threatening to harm them [mentally unstable].

Eleven of the incidents shared by workers involved drugs and/or alcohol as indicated in the following five quotations:

A woman who is an alcoholic and addicted to street drugs and suicidal had called the shelter saying she was going to kill herself. Child welfare and the R.C.M.P. intervened. The woman became very hostile when she was later brought to the shelter by police. Police informed her she was going to be arrested for outstanding warrants at which time she held them at bay, threatening to kill herself with a butcher knife.

Client threatened staff and other residents with knife [kitchen] if they didn't provide her with alcohol.

Client intoxicated - on drugs - verbally abusive and physically threatening to staff and residents - pushing furniture around, took a swing at staff member.

Intoxicated resident lunged at me with a raised fist threatening to kill me. A third party stepped in between us.

Woman was asked to leave shelter due to her ongoing cocaine use. Numerous obscenities yelled at me and told to 'watch your back.'

Eight respondents indicated that their worst case scenarios were those which involved confronting a woman about parenting issues. Hostility and tension was further heightened when child welfare authorities were required to intervene. The following two statements capture the general nature of such encounters:

After lengthy discussions with myself, a client decided to do a custody agreement with child welfare. After her children had been taken into care, she told a co-worker that she was going to kill me.

I witnessed a dispute between a client and child welfare worker. I feared the child welfare worker was going to be assaulted. I had to talk client through the situation.

Four of the narrative descriptions involved cases where there was a potential for client suicide. One other worker shared her concerns about this issue in the general comments section of the questionnaire, writing:

When a distraught and depressed client attempts suicide that is a frightening and stressful occurrence. This is a fear that we have to deal with more often than threats or abuse towards staff.

Using, or threatening to use a weapon was reported in twenty of the incidents described. One worker wrote, “the spouse of a client threatened to come to the shelter with his gun and blow me away for helping his wife.” Another reported that, “an intoxicated client called into the shelter saying she had a gun and threatened to rearrange my face.”

Guns or knives were the weapons most frequently referred to in the narrative reports. However, four of the cases described by respondents involved bomb threats and, in a number of other scenarios, vehicles were reportedly used as weapons. One worker reported that an angry spouse had followed her as she drove home from work and ran her car off the road with his vehicle. Another reported witnessing a spouse attempting to run over his wife as she was running to get into the shelter. One other worker shared that she had watched an enraged spouse repeatedly ram into the back of his wife’s vehicle as it sat in the shelter parking lot. His wife was trapped inside her car. Three respondents reported experiences where the spouse of a client had used a vehicle to ram the shelter building in an attempt to gain access.

### **Summary**

The data pertaining to the incidence, prevalence, form, and source, of abusive and threatening episodes resulted in the following major observations:

- 1) The majority of respondents had experienced at least one incident of some form of abuse at some time during their career.

- 2) Verbal abuse accounted for the largest proportion of abusive incidents directed toward staff. Threats against a staff member's family accounted for the least number of abusive incidents. Almost one third of shelter workers reported experiencing a physical attack.
- 3) Child clients were identified as the perpetrators in the largest portion of the incidents of abuse directed toward shelter workers and were most frequently identified as the aggressors in the witnessed attacks on a third party. The spouses or partners of clients and 'others' were reported less frequently than either child clients or adult clients as the perpetrators of such incidents.
- 4) The results which address the proportion of incidents according to source and form of abuse suggest that these proportions have tended to remain constant over time.
- 5) A number of themes with respect to the context of violence and potential triggering factors emerged from the narrative descriptions provided in the open-ended portion of this section. These themes included alcohol and drugs, the mental health status of some aggressors, weapon usage, and parenting/child welfare issues.

In light of the intense nature of some of the abusive episodes described by respondents, shelter workers' exposure to such incidents would certainly appear to have the potential to engender feelings of fear, for both their own and other's safety. This will be addressed in the following chapter.



## **CHAPTER 5**

### **RESULTS: FEAR LEVELS**

#### **Shelter Workers' Response to Incidents of Abuse**

This chapter addresses the levels of fear that participants reported in association with incidents of an abusive or threatening nature. Other emotional, behavioural and cognitive responses noted by the participants are also reported in this section.

#### **Levels of Fear**

Survey participants were asked to indicate, on a scale of zero to three, the level of fear that they experienced during the most recent episode of a specific form and source of abuse. For example, respondents were asked to report the level of fear that they had experienced when verbally abused by an adult client, or physically attacked by a child client. The responses of those who had not experienced a particular form of abuse by a specific source were coded and reported as 'not applicable' for that particular form and source as not having had the experience they clearly could not report on an associated level of fear.

I was interested in determining if fear levels differed depending on the form of abuse experienced. Fear scores for each participant were subsequently calculated for each of the five forms of abuse. This was done by totalling each of the levels of fear a respondent reported when she or he was exposed to a particular form of abuse, all

sources considered, and then dividing this sum by the number of sources. Let's assume, for example, that a respondent, indicated a level of fear of 1 when physically abused by a child client, 3 when physically abused by an adult client, and 3 when physically abused by a spouse or partner of a client. Furthermore, let's assume that she had never been abused by any other individual and so reported not applicable with respect to the category of 'other'. This respondent's fear score pertaining to physical abuse would be  $1 + 3 + 3 = 7$ , divided by 3 (as there were three sources of abuse) which equals a fear score of 2.3 for physical abuse, all sources considered.

A fear score for each of the forms of abuse, averaged across all sources, was calculated in this manner for each respondent. This resulted in each respondent having five fear scores, each of which pertained to a particular form of abuse including verbal abuse, threats, threats to family, witnessing attacks, and physical abuse.

I was also interested in determining if fear levels differed depending on the source of abuse. Subsequently, a fear score for each participant was calculated with respect to each source of abuse, considering all forms. This resulted in four fear scores for each respondent, with each score representing the level of fear a respondent experienced when abused by a particular source, be that an adult client, a child client, a partner or spouse of a client, or some other person (averaged out across all forms). These fear scores pertaining to the source of abuse were calculated by using the same process described above. For example, a respondent, reporting on their level of fear when abused by a child client, indicates a level of fear of 0 when verbally abused by a child, 1 when threatened, 2 when physically attacked, 3 when witnessing a child attack a third party,

and 1 when a child threatens the worker's family. The respondent's fear score with respect to child-perpetrated abuse would therefore be,  $0 + 1 + 2 + 3 + 1 = 7$ , divided by 5(forms of abuse) = 1.4. Fear scores could range from 0 to 3. The higher scores indicated more fear.

Finally, a Total Average Fear Score was determined. This score took into consideration both form and source and was calculated for each respondent by taking the average of the nine fear scores.

*Levels of fear according to the source of abuse.*

Illustrated in Table 12 are the statistics related to the central tendency with respect to the levels of fear that respondents experienced when they were abused by a particular source. Not surprisingly, average fear scores differed somewhat according to who was perpetrating the abuse such that abusive incidents that were perpetrated by the spouses or partners of clients resulted in a higher mean fear score than did those incidents perpetrated by adult clients, child clients, or 'others'. Child-perpetrated episodes of abuse resulted in the lowest mean fear score.

**Table 12**  
**Central Tendency for Fear Scores by Source of Abuse (averaged across all forms)**

SOURCE	MEAN	S.D.	MEDIAN
Adult Client	1.25	.85	.99
Child Client	.64	.63	.51
Spouse/Partner	1.37	.93	.99
Other	1.21	.96	.99

The distribution of fear scores according to the source of abuse, and averaged across all forms, is displayed in Table 13. When children had perpetrated the abuse, the average fear scores were found to be positively skewed such that the bulk of the respondents had scores which fell within the lower end of the scale indicating a little fear (scores greater than zero but less than or equal to 1). Only a few individuals obtained average fear scores which fell on the higher end of the scale, representing a good deal of fear (scores greater than 2 and as high as 3).

The distributions of average fear scores for abuse by adult clients, the spouses or partners of clients, and 'others', were somewhat bimodal. Scores clustered at the lower and higher ends of the scale while fewer respondents achieved fear scores in the mid-range or fair amount of fear category.

**Table 13**  
**Distribution of Fear Scores by Source (averaged across all forms)**

SOURCE	LEVELS OF FEAR				NUMBER OF CASES		
	No Fear 0	A Little > 0-1	A Fair Amount > 1-2	A Good Deal > 2-3	Report- ing	Did Not Apply	Missing
<b>Adult Client</b>	22 (19%)	38 (33%)	25 (21%)	31 (27%)	116	31	5
<b>Child Client</b>	37 (35%)	47 (44%)	20 (19%)	2 (2%)	106	41	5
<b>Spouse/ Partner</b>	14 (17%)	30 (35%)	11 (13%)	30 (35%)	85	62	5
<b>Other</b>	6 (21%)	10 (36%)	4 (14%)	8 (29%)	28	118	6

*Levels of fear according to the form of abuse.*

Illustrated in Table 14 are the statistics on the central tendency of levels of fear scores when a particular form of abuse was being perpetrated. Once again, the average fear scores differed depending on the abusive tactic being described. Witnessing an attack on a third party resulted in the highest mean fear score, while verbal abuse resulted in the lowest mean fear score. It is of some interest that physical attacks on workers and threats to harm workers produced lower mean fear scores than did the witnessing of abuse.

**Table 14**  
**Central Tendency for Fear Scores by Form of Abuse (averaged across all sources)**

FORM	MEAN	S.D.	MEDIAN
Verbal Abuse	.94	.77	.99
Threats	1.16	.77	.99
Threats Against Family	1.09	1.04	.99
Witnessed Abuse	1.32	.81	1.29
Physical Attack	1.24	.83	.99

The distribution of fear scores according to the form of abuse perpetrated (and averaged across all sources) is displayed in Table 15. The largest proportion of respondents for each form of abuse had fear scores in the lower end of the scale which represents a little fear. The distributions of these fear scores for each form of abuse resemble each other in that there is a clustering of scores at both the lower and higher ends of the scale. Again, fewer respondents scored in the mid-range of the scale.

**Table 15**  
**Distribution of Fear Scores by Form (averaged across all sources)**

FORMS	LEVELS OF FEAR				NUMBER OF CASES		
	No Fear	A Little	A Fair Amount	A Good Deal	Reporting	Did Not Apply	Missing
<b>Verbal Abuse</b>	28 (24 %)	53 (44 %)	17 (14 %)	22 (18 %)	120	27	5
<b>Threats</b>	14 (16 %)	33 (39 %)	19 (22 %)	20 (23 %)	86	61	5
<b>Threats Against Family</b>	6 (33 %)	6 (33 %)	0 (0 %)	6 (33 %)	18	129	5
<b>Witnessed Abuse</b>	14 (16 %)	28 (33 %)	17 (20 %)	27 (31 %)	86	60	6
<b>Physical Attack</b>	13 (17 %)	26 (35 %)	12 (16 %)	24 (32 %)	75	72	5

The Total Average Fear Score was calculated by averaging the nine fear scores across both the form of abuse and the source of abuse. The respondents reported a mean Total Fear Score of 1.01 (standard deviation of .69, a median of .99, and a mode of 0). The distribution of these scores was somewhat positively skewed such that the bulk of them (55.5%) fell below the mean indicating that, most workers had experienced, on average, a low level of fear, while 32% had experienced moderate levels of fear, and only 12.5% had experienced a good deal of fear.

*Changes in the level of fear experienced.*

Survey participants were asked if the level of fear that they experienced at work had changed as a result of their exposure to violent or threatening episodes. The results are reported in Table 16.

The majority of survey participants reported that fear for their own safety had increased since they had experienced abusive incidents at work. Several workers noted no change in their fear levels, while only a few individuals reported that they had experienced a decrease in their level of fear. (Seven respondents did not respond to this item).

Exposure to abusive incidents while at work seems to have had little affect on the respondents' levels of fear concerning the safety of family members. More than three-quarters reported that their fear had neither increased or decreased in this regard.

A large majority of the respondents indicated that fear for their clients' safety had increased. Only a quarter of the shelter workers reported no change in this level of fear while, again, few workers indicated that they had experienced a decrease in fear.

**Table 16**  
**Changes in Levels of Fear**

<b>CHANGES IN LEVELS OF FEAR</b>					
<b>FEAR FOR:</b>	<b>Increased</b>	<b>No Change</b>	<b>Decreased</b>	<b>Number Reporting</b>	<b>Did Not Apply</b>
<b>Own Safety</b>	62(57%)	43(39%)	4(4%)	109	36
<b>Family's Safety</b>	19(22%)	68(77%)	1(1%)	88	57
<b>Client's Safety</b>	84(72%)	28(24%)	4(3%)	116	29

In summary, most shelter workers reported an increase in the level of fear they experienced for their own safety and the safety of their clients as a result of their exposure to abusive or threatening incidents. Such exposure, however, appeared to have influenced very few workers' levels of fear with respect to their families. Few individuals reported a decrease in fear for their own or others' safety. However, because

the scale was presented in the survey in a manner that departed from the traditional left to right incremental format used in most standardized measures, it is suspected that the individuals who reported a decrease in fear level may, in fact have misread the directions.

### Frequency With Which Shelter Workers Experience Fear

To determine how prevalent are feelings of fearfulness for shelter workers, participants were asked to report approximately how often they felt fear for their own safety, or for the safety of others such as clients or family members in their everyday work. The results are displayed in Table 17.

**Table 17**  
**Frequency of Fear (N=152)**

FEAR FOR:	FREQUENCY					
	LESS THAN Once/Month			MORE THAN Once/Month		
	Never	1-2/yr.	3-6/yr.	Monthly	Weekly	Daily
Own Safety	36(24%)	60(41%)	24(16%)	13(9%)	4(3%)	10(7%)
Family's Safety	103(71%)	27(18%)	7(5%)	1(1%)	2(2%)	4(3%)
Clients' Safety	12(8%)	23(16%)	25(17%)	26(18%)	32(22%)	28(19%)

Note. Of the 152 respondents, one indicated the question was not applicable, 4 did not complete the item with regard to fear for their own safety, 5 did not respond in regard to fear for the safety of clients, and 7 left the item pertaining to their fear for family's safety unanswered.

Fearing for the safety of clients was reported by the greatest number of respondents with more than 90% having experienced such fear. The majority of respondents reported fearing for clients' safety at least once a month and as frequently as daily. The greatest proportion of these individuals reported that they fear for their clients' safety on a weekly basis.



Fearing for their own safety is also a common experience for shelter workers. Seventy-six percent reported feeling this fear at some time in their everyday work while only one-quarter reported that they had never experienced such feelings. Three-quarters of those who fear for their own safety do so less than six times a year while the remainder fear for their own safety at a rate of one to thirty times a month.

The vast majority of respondents reported that in their everyday work life they never fear for the safety of their family members. Of the few respondents who did experience some level of fear for family members, most reported that this occurred less than six times per year.

In summary, shelter workers reported rarely feeling fear with respect to the safety of their family members. However, in their everyday work experience, the majority of shelter workers reported that they do, at times, fear for the safety of their clientele and fear for their own safety. Of note, is the fact that these workers experience fear with greater frequency when it pertains to their clients' safety than when it pertains to their own safety.

### **Other Emotional Responses**

A multiple response question was included in the survey to determine what other emotional responses, in addition to fear, shelter workers experience as a consequence of being exposed to violent or threatening episodes. Table 18 lists these emotional responses and provides the number and percentage of respondents who reported having experienced such emotions. Percentages for these results were calculated out of 126

eligible respondents. The remaining cases were either reported as not applicable (22) or were missing data (4).

The results indicated that slightly more than three-quarters of the respondents (76%) experienced frustration, and slightly less than three-quarters reported anger as a result of an abusive incident. Anxiety was the next most frequently reported feeling, with close to two thirds of the respondents (62%) indicating that they had experienced some level of this emotion. Furthermore, slightly more than one-half of the respondents (51%) reported feelings of self-doubt while slightly less than one-half acknowledged experiencing a sense of helplessness.

**Table 18**  
**Shelter Workers' Emotional Responses to Abusive Incidents (N=126)**

EMOTIONAL RESPONSE	NUMBER REPORTING	PERCENTAGE REPORTING
Frustration	96	76%
Anger	86	67%
Anxiety	78	62%
Self-doubt	65	51%
Helplessness	59	47%
Disbelief	55	43%
Irritability	55	43%
Shock	54	43%
Sadness	46	36%
Embarrassment	37	29%
Self-blame	29	23%
Other	10	8%

Each of the reactions of disbelief, irritability, and shock were reported by 43% of the respondents. Slightly more than one-third reported sadness, while less than one-

third reported experiencing embarrassment. Approximately one-quarter of the respondents reported that they blamed themselves for the incident.

Emotional responses in addition to those listed on the questionnaire were reported by ten of the respondents. These included feelings of resentment, inadequacy, disappointment in self, frustration with the system (as opposed to the abuser), empathy for the abusive person, a sense of isolation when support from supervisors or colleagues was lacking, a general sense of uneasiness which might be classified as anxiety, and emotional and mental exhaustion. Two respondents volunteered physical responses under this category; an "adrenaline rush" and "physical exhaustion."

Clearly, exposure to an abusive or threatening episode resulted in a myriad of affective reactions for the majority of the study participants. The impact of these experiences also appeared to affect the ways in which workers conducted themselves in their subsequent client/worker interactions on the job, and the ways in which they thought about themselves, their jobs, and their clients.

### **Behavioural and Cognitive Changes as a Result of Exposure to Violent or Threatening Situations**

Respondents were asked a series of multiple choice questions to determine if behavioral or cognitive changes had occurred as a result of their exposure to threatening or violent situations. The results, displayed in Table 19, indicate that the majority of shelter workers do experience certain changes as a result of such involvement.

**Table 19**

**Changes Reported as a Result of Exposure to Abusive Incidents (N=152, Missing Data=4)**

REPORTED CHANGES	NUMBER AND PERCENTAGE REPORTING			
	Yes	No	Total Eligible Respondents	Question Not Applicable
<b>Avoid Clientele</b>	78 (60%)	51 (40%)	129	19
<b>Manner of Relating to Clients</b>	80 (62%)	48 (38%)	128	20
<b>Feelings Toward Clients</b>	65 (52%)	62 (48%)	127	21
<b>Question Competence</b>	74 (59%)	52 (41%)	126	22
<b>Considered Quitting Job</b>	36 (28%)	91 (72%)	127	21
<b>Perception of Seriousness of Issue</b>	114 (88%)	16 (12%)	130	17
<b>Took Legal Action</b>	3 (2%)	116 (98%)	119	29

The majority of respondents acknowledged that as a result of their exposure to incidents of abuse they sometimes or often avoided clients. Close to two-thirds of the respondents (62%) indicated that they had changed the way in which they relate to their clients, while slightly more than one-half reported that their feelings toward clients, had, in fact, changed.

Well over half of the respondents (59%) indicated that they had questioned their competence as a direct result of the abusive incidents they had experienced. While more than one-quarter of the respondents (28%) reported that they had occasionally or frequently considered quitting their job, the vast majority had never considered this option.

Not surprisingly, 88% of the respondents perceived shelter workers' exposure to threats, verbal abuse, and attack to be a serious issue. Forty-nine individuals considered the issue to be somewhat serious, 29 viewed it as fairly serious, and 36 workers believed

the issue to be definitely serious. Only 16 considered the issue not to be of a serious nature.

Of note is the finding that only three respondents had taken legal action against an aggressor and only another four had even considered pursuing the matter legally. This is interesting given that 10% of the 152 respondents reported having suffered a physical injury in association with an incident of abuse.

### Summary

This chapter has provided the data pertaining to the fear and other affective responses of shelter workers to abusive incidents. Also addressed in this chapter were the behavioural and cognitive changes reported as a result of workers' exposure to such incidents.

The results indicate that the majority of respondents do experience fear when confronted with an abusive situation. Their average fear scores differed according to who was perpetrating the abuse, and according to the form of abuse to which they were being exposed. With respect to the sources of abuse, the respondents' mean fear score was highest when the spouses of clients were perpetrating an abusive behaviour and lowest when they were faced with the aggressive behaviours of child clients. With regard to the forms of abuse that respondents confronted, their average fear score was highest when faced with witnessing an attack on a third party, and it was lowest when they were the targets of verbally abusive behaviours.

Most of the shelter workers reported an increase in their level of fear subsequent to their exposure to abusive incidents. In their everyday work, the vast majority of respondents reported feeling fearful at times. Most indicated that this feeling occurred less frequently than once a month when it was in reference to their own safety. However, in reference to the safety of shelter clients, they experienced fear more frequently.

The vast majority of shelter workers who were exposed to violent and threatening episodes experienced a variety of emotional responses in addition to the feelings of fear reported earlier. The affective responses addressed here, while in no way considered inclusive, are believed to underlie a number of the behavioral and cognitive changes also reported by respondents. A number of workers indicated that their involvement in abusive or threatening episodes had influenced some change in their work behaviour, and appeared to have affected some of the workers' perceptions of themselves, their relationships with clients, and, to some extent, their feelings toward the job.

## **CHAPTER 6**

### **RESULTS: STRATEGIES FOR THE PREVENTION AND MANAGEMENT OF VIOLENCE**

Given that exposure to abuse can influence such a variety of affective, behavioural, and cognitive responses, it is important to examine the tactics that shelter agencies are utilizing to respond to violent incidents in the workplace. This chapter reports on the results which pertain to both the preventative and management strategies shelters are currently employing in an attempt to address the issue of workers' exposure to abuse in the workplace.

A series of questions gathered information pertaining to what strategies shelters utilize in the prevention and management of violent or threatening situations. These questions addressed two major areas. The section on preventative measures included questions about the current level of building security; the existence of policies, procedures, and guidelines; the training provided with regard to these policies, procedures and guidelines; and the training provided with respect to violence management.

The second section, on managing abusive situations, focused on the post-incident or response activities that some shelters currently employ. This was primarily concerned with what strategies were used to promote remediation for staff victims. Agency supports to reduce trauma and enhance resolution are considered in this section and include questions about possible reviews of the procedures used at the time of the incident, the provision of a debriefing session for the involved staff, the facilitation of

peer support, and time off for counselling or recovery if necessary. The documentation of incidents, while not a remedial strategy, is included in this discussion as it represents a post-incident activity.

A total of eleven strategies for the prevention and management of violent situations were addressed in the survey. The results show that an average of seven strategies are currently being employed in Alberta shelters (standard deviation = 2.6, median = 7, and mode = 8). Only two individuals indicated that none of the eleven strategies were utilized in their place of employment.

### **Strategies Aimed at Prevention**

As illustrated in Table 20, more than one-half of the survey participants reported being only 'somewhat' satisfied with the level of physical security existing in their shelter and a further 7% were not at all satisfied with their facility's security features. In contrast, 41% of the survey participants felt 'very' satisfied with the level of security afforded them.

The majority of shelter workers who responded indicated that their shelters do have policies, procedures, and guidelines in place for them to follow when faced with an abusive or threatening situation. In contrast, a total of 20 respondents reported that such policies either did not exist in their shelters or they were not aware if these elements existed.



**Table 20**  
**Number Reporting Preventative Strategies**

PREVENTION STRATEGIES	LEVELS OF SATISFACTION			Missing Data
	Very Satisfied	Somewhat Satisfied	Not Satisfied	
Physical Security	62 (41%)	78 (52%)	11 (7%)	1
	YES	NO or DON'T KNOW		
Policy Procedure & Guidelines	131 (86%)	20 (13%)		1
Training on Policy Procedure & Guidelines	109 (72%)	38 (25%)		5
Training on Violence Management	64 (42%)	86 (57%)		2

Almost three-quarters of the workers surveyed (72%) reported that they were provided with training with respect to the shelter's policies, procedures, and guidelines which address violence management. The remaining workers had not received any such training.

Of importance is the fact that more than half of the study participants indicated that their shelter does not provide staff with training, or access to training, on the management of threatening or violent situations. This finding is of some significance given that over one-quarter (28%) of the respondents reported that they had never received any training in this respect from any source, either prior to or during their current employment. More than one-third of those who had received training from some source reported fewer than ten hours.

### Remedial or Response Strategies

The results pertaining to the remedial/response strategies currently employed in shelters are displayed in Table 21. These indicate that nearly two-thirds of the workers (63%) reported that their shelter conducts a post-incident review of the procedures followed during a violent or threatening episode. The same portion of respondents indicated that they are provided with debriefing sessions. Taking immediate action to increase building security was a strategy reported by more than one-half of the shelter workers. The remaining respondents indicated that either their shelters did not conduct procedural reviews, debriefings, or act immediately to increase security, or, they didn't know if such activities occurred.

**Table 21**  
**Number Reporting Response/Remedial Strategies (N-152) (Missing Data = 2)**

STRATEGIES	NUMBER REPORTING		
	Yes	No	Don't Know
Post-incident Reviews	94 (63%)	52 (35%)	4
Debriefing Sessions	94 (63%)	52 (35%)	4
Increased Security	86 (57%)	60 (40%)	4
Facilitation of Peer Support	81 (54%)	64 (43%)	5
Time Off for Recovery	35 (25%)	108 (72%)	8
Time Off for Counselling	48 (32%)	94 (68%)	8
Documentation of Incidents	141 (94%)	7 (4%)	4

A small majority of shelter staff reported that peer support is facilitated in their shelter for those individual staff members involved in abusive incidents. However,

supportive administrative measures, such as providing an abused staff member with time-off work to recover from an incident, appears to be a rarely-employed remedial strategy with almost three-quarters (72%) indicating that this option is not available. Similarly, over two-thirds of the respondents (68%) reported that no provision exists in their shelter for time off for counselling following an abusive incident.

Documenting incidents of threats or abuse was the most frequently reported post-incident activity, with 94% of respondents indicating that this procedure is practiced in their shelter. The fact that this activity is practiced with such universality suggests that it serves an important function, however, what this function might be was not pursued in the current study.

In addition to reporting on the presence or absence of the above strategies, respondents were asked to indicate their level of satisfaction with the support that they received from their coworkers and their direct supervisors. Fifty-seven percent of the respondents reported that they were very satisfied with the support they received from their coworkers (N=84), while 26% were moderately satisfied (N=34). Only a few workers were dissatisfied with collegial support (N=6). Nineteen respondents indicated that the question did not apply to them.

With regard to the level of support provided by direct supervisors, 46% of the respondents indicated that they were very satisfied (N=68), 22% were only moderately satisfied (N=32), and 14% were not at all satisfied (N=21). Twenty-six respondents considered the question not applicable to them (five individuals did not respond to the question).

When shelter workers were asked “how much attention is paid to workers exposure to violent or threatening situations” in their respective shelters, 44 % (N=64) of the respondents indicated that the issue receives the right amount of attention. Forty-seven percent indicated that not enough attention (N=27) or that only some attention (N=43) is afforded this issue. One worker thought that the issue received too much attention. Eleven respondents considered the question not applicable to their situation and several of these volunteered that they had not been employed long enough to make an accurate assessment of the situation (five individuals did not respond).

#### **Additional Strategies Utilized by Shelters in the Prevention and Management of Violence**

Survey participants were asked to describe any additional strategies that were being utilized in their shelters to prevent or manage violent incidents. Sixty-seven respondents identified strategies that they had found to be effective while 28 respondents noted strategies which were ineffective or in some way problematic. Furthermore, 70 respondents offered suggestions or recommendations with regard to what actions might be taken in their shelter to enhance approaches to the management of threatening or abusive incidents. To facilitate a review of the information obtained, the respondents' feedback was divided into four broad categories: 1) feedback pertaining to building security, 2) feedback pertaining to issues of policy and procedure, 3) staff development and training issues, and 4) internal and external support systems. The following sections provide a summary of this feedback.

### **Building Security Features**

Strategies with respect to building security that were considered to be effective and are either currently in use or were being recommended involved an array of equipment and electronic devices which are specified below:

- Motion detector lights and camera surveillance of the outside of the building and entrance areas;
- Intercom systems to the outside of the building allowing communication with individuals outside without giving them entrance until it has been determined appropriate;
- The use of walkie-talkies, a cell-phone pack, and panic or alert buttons;
- Call-trace feature on telephones to enable tracking of harassing or threatening phone callers;
- Buttressing of the building with bullet proof and/or shatter proof glass, window gratings, and the use of large, strategically placed objects, (i.e., cement blocks, or large planters) to prevent attempts to ram the building with a vehicle;
- Frequent building security checks by staff during their shift.

Some respondents cautioned that problems occur with malfunctioning equipment, particularly with alert buttons and walkie-talkies, and call-trace was described as an inefficient tracking tool. A few shelter workers recommended that more attention needs to be afforded to the internal and external layouts of their facilities. In particular, staff and resident parking areas need to be sheltered and observable from the building, and interior common areas made easier to monitor.

## **Staff Training**

Training in the prevention and management of violent or threatening situations was the strategy most frequently recommended by respondents within this section. Such training typically includes a focus on communication and negotiation skills for the purpose of preventing or diffusing critical situations. The second most frequently suggested strategy was training for staff with regard to the established policies and procedures.

Some shelter workers expressed the concern that current training is not extensive enough and that not all of the relevant staff are included. As such, they recommended that administrative, clerical, and housekeeping staff be included in all such training since they are often the first to be in contact with a hostile or potentially hostile individual. Several respondents suggested that such training be mandatory and repeated at regular intervals. One shelter worker, advocating for refresher courses, commented, "we must continue to emphasize the importance and necessity for vigilance at all times . . . there is a complacency that sets in when you've been a long-term employee."

Workshops on stress reduction, self-defense courses, and education on the identification and management of mental health disorders, were also identified as training needs. Further, the provision of training to shelter residents was recommended, with such training focusing on stress reduction and how to parent during crisis.

## **Policy and Procedures**

A number of policies were identified as effective and/or recommended for implementation. These included a staffing policy which requires double staffing during evening and night shifts, and/or a policy with regard to designated on-call staff. Such individuals would be on stand-by to provide consultation, debriefing, or assistance and relief to on-duty staff when problems arise. From the comments volunteered it appears that working alone on evening and night shifts, a common practice in the majority of shelters, leaves shelter workers feeling particularly vulnerable.

Introducing a policy that addresses the temporary or permanent exclusion of individuals who present a high risk to the safety of staff and residents was deemed important by several respondents. It was also recommended that shelters develop policies with respect to the readmission of individuals who have previously demonstrated abusive or threatening behaviours. When clients are excluded or not accepted for readmission, respondents recommended that they be assisted, where appropriate, in securing alternative accommodations, however, finding other appropriate accommodation can be problematic, particularly in rural communities.

Respondents cited certain problems with respect to exclusion policies, including workers' inconsistent application of such policies. Such inconsistency leaves staff and residents with mixed messages about what behaviours will or will not be tolerated. Other shelter workers indicated that exclusion policies tend to be biased in favour of the offending individual, with a subsequent cost of placing staff and other residents at risk for further abuse. As one respondent commented, "abusing staff is not grounds for

exclusion in our shelter . . . it is expected that staff should accept this treatment as part of the job.” Another respondent revealed that, “hostile clients are asked to leave only if they present a physical danger . . . verbal abuse and threats appear to be acceptable ways of behaving!”

One individual suggested that a policy with respect to the initiation of legal action against an abusive individual would be helpful in that, “it would send a message to all involved that we have zero tolerance for abuse.” Another respondent suggested that a “curfew” policy might contribute effectively to the prevention of violent or threatening incidents. Somewhat surprisingly, only one individual mentioned the importance of a policy which would address shelter residents “drug and alcohol possession or use.”

Respondents offered a number of suggestions pertaining to specific procedures employed in their shelters which they deemed to be effective. High security alerts and rehearsed plans of action implemented during high risk conditions, and strong internal communication systems to ensure that staff are kept informed of the current security concerns were two such suggestions. Staff meetings which provide updates on policy and procedural changes, the use of a communications book, the thorough documentation of incidents, and the detailed physical descriptions of estranged spouses and their vehicles are examples of how inter-staff communication might be strengthened.

Other suggestions included: the utilization of phone and door answering procedures to screen callers and protect confidentiality; the use of caution cards regarding potentially violent or high risk clients; and assigning an assumed name when admitting those clients at high risk for being pursued by an estranged partner so as to minimize the



risk of confidentiality being breached, or placing such clients, through the shelter network, in an alternative shelter or facility. One further suggestion included the issuing of a written notice to trespassers, which reportedly facilitates legal action if required. In summary, the most frequently cited problems with respect to policy and procedure were the lack of clarity, the lack of training, and the noted inconsistencies in implementation.

### **Support System Factors**

Effective internal sources of support were identified as originating from co-workers, management, and/or supervisors. Co-workers were reported to provide both instrumental and affective support through the following actions: active listening, sharing experiences, serving in a consultative capacity, debriefing, and being ready to switch off with one another when a client is directing hostility toward a particular staff member. A unified team approach with consistency in the application of policy and procedure was perceived as both a supportive strategy as well as an effective method of managing the potentially volatile situation.

A management or supervisory approach which involved supporting the decisions and actions of staff, which took staffs' concerns seriously, and which acted upon staffs' recommendations regarding security issues, was perceived as most effective. The following comment made by one respondent summarizes the perceived benefits noted by many others in having a supportive supervisor:

Our director appreciates the difficult split decisions that we have to make during critical incidents. Regardless of

outcome our actions are always supported. Knowing this support will be there makes it easy to conduct a critical review of our actions and learn from it.

In contrast, other respondents expressed concern that management seldom took the issue seriously. When incidents occurred, they perceived a tendency to “blame the staff member” or to “minimize” the worker’s fear and the seriousness of the situation.

The following comments by survey respondents capture the essence of these observations:

When something goes wrong (an incident occurs) there is an immediate assumption that the staff is at fault.

Sometimes management doesn’t appreciate the fact that staff are often in as much danger as the abused women(client).

Management doesn’t take the issue seriously . . . they think we should have no emotions, i.e, we shouldn’t feel afraid or hurt.

I was threatened with a letter of reprimand when I expressed my fear of working my next shift if the client who had threatened me was still there.

Recurring recommendations were noted with regard to a need for management to give the issues of violence against staff, staff health, and staff safety a position of high priority. As one director noted in her response:

Just doing this questionnaire has made me realize that we need to do more for staff regarding this issue . . . it also made me aware of just how much fear and discomfort I have endured here . . . I will work to develop more training on prevention and develop strategies to better assist staff in coping.

Debriefing sessions were frequently reported as an important remedial and support strategy. However, to be of benefit, several respondents noted that the sessions must be timely, facilitated by an experienced person (possibly someone from outside the agency), be safe, comfortable, and consist of all those individuals for whom the situation is relevant. When debriefings are delayed, or the debriefing group includes individuals who don't want to be there or don't consider the session necessary, then "it loses its effectiveness for those who need it."

Debriefing sessions for those clients who had been involved in altercations with others were also recommended as an important response strategy. In addition, some respondents encouraged the use of spiritual sweats and the practice of seeking elder advice when and where appropriate.

Establishing a well-developed protocol and rapport with the local police department was the most frequently cited strategy for building an external support system. Recommendations with regard to the use of this support system included: informing police immediately when a high risk situation exists; requesting additional police patrols when the situation warrants; having a direct phone line or direct dial to the police station; and calling for police assistance as soon as the situation has been assessed as deteriorating.

Using the court system as an external source of support was identified by a few respondents as a somewhat effective strategy for the prevention of violence. This was suggested specifically with regard to assisting clients in obtaining restraining orders or

peace bonds against estranged spouses. Concern with the effectiveness of restraining orders was also reported.

Finally, a few respondents recommended that provincial shelters network with one another. Such an inter-shelter network would allow the sharing of experience, ideas, and strategies for the purpose of enhancing the prevention and management of violence and abuse in shelters.

### Summary

This chapter has outlined the results pertaining to the status of preventative measures and response activities currently engaged in by the shelter agencies involved in this study. The findings indicate that these agencies employ, on average, three preventative and four remedial or response strategies in an attempt to provide an environment which is both safe and supportive for staff and shelter residents. Results from the open-ended portions of this section suggest there are areas of violence prevention and management that could be enhanced, and the respondents were able to provide a number of useful recommendations to this end. These included suggestions with respect to building security, policy and procedure, staff training and development, and a number of internal and external support system factors.

## CHAPTER 7

### DISCUSSION

The results of the current study, which have been presented in the previous three chapters, indicated that:

- 1) the vast majority of respondents had been exposed to and/or the target of abusive and threatening behaviours of others while at work in the shelter;
- 2) these experiences engendered a number of feeling responses in respondents, the most prominent one being fear;
- 3) many respondents reported that they had experienced a change with respect to their perceptions and feelings about themselves and their clients, and, in regard to their feelings toward and interaction with clients, as a result of their exposure to threatening situations; and,
- 4) shelter agencies are currently in the process of addressing these issues through the implementation of various strategies aimed toward the prevention and management of abusive and threatening incidents in the workplace.

In this chapter, these major observations will be discussed in some detail. The discussion is presented under section headings which reflect the key areas of interest examined in this study, including: the incidence of abuse according to the form and source; the affective, behavioral, and cognitive responses of survey participants to episodes of violence and abuse; the contextual factors; and, the strategies utilized by shelter agencies in the prevention and management of abusive episodes. Where

appropriate, the results are discussed in relation to the findings of studies completed with other professional groups. The implications that the results may have with respect to shelter programs and policies are integrated into this discussion. Finally, given the lack of empirical study completed to date with respect to the issue of staff abuse in shelters for battered women, this chapter concludes with a section that suggests directions for future research. In order to provide a context for the discussion of the implications of the results, the first section of this chapter addresses the study's strengths and limitations.

### **An Overview of the Research**

As indicated in the methodology chapter of this thesis, specific procedures were utilized in the survey in the hope of attaining a high response rate. Despite these efforts, slightly fewer than half (48%) of all those employed in women's shelters in Alberta responded to the survey questionnaire. However, according to Rubin and Babbie (1989, p. 320) "a response rate of at least 50% is usually considered adequate for analysis and reporting." As the response rate in the current study was close to 50%, a determination was made to proceed with the analysis and reporting of the data. It is worth noting here, that although the response rate was less than desirable, the distribution of responses, according to shelter size, provided a good representation of both rural and urban agencies. Nonetheless, the degree to which the results of the study are truly representative of the total population of shelter workers in the province, remains unclear.

The low response rate may, in part, be related to method and procedure as the lack of control over the distribution and administration of the questionnaire was clearly

a disadvantage. Further, the sensitive nature of the issue being examined is believed to have played a significant role in the response rate outcome. Potential respondents may have been deterred by the request to address what for them, may be a painful topic, or, they may have perceived some risk to their job security or harm to the image of shelters if they were to respond.

Given the voluntary nature of the study, it can be surmised that the individuals who agreed to participate provided a self-selection sample. However, because of the anonymity afforded participants and because data was not available on the total population of shelter workers there was no way of knowing or comparing the general characteristics of those who responded with those who did not. One could speculate that the non-respondents were primarily those who had experienced few, if any, incidents of abuse. As such, they may have subsequently chosen not to participate, believing that the topic did not apply to them or that it was not an issue to warrant their time and attention. However, the converse must also be considered. The non-respondents might have experienced an abundance of abusive incidents, may have become accustomed to such episodes, and developed the perception that this phenomena is simply a part of their job. On the other hand, some of the non-respondents may have experienced episodes of a severe nature and were reluctant to share this information since doing so would possibly dredge up negative memories, feelings of shame, self-doubt, or a fear that such information might reflect poorly on their competence and shelter operations in general.

Equally troublesome in a study of this nature is the inherent methodological difficulty associated with self-reports regarding traumatic episodes and/or sensitive topics.

This is particularly relevant when it involves retrospective evaluation, subject to the vagaries of recall. As two of the more common defenses against trauma are repression and suppression, respondents were essentially being asked to recall that which they may not remember or are trying to forget (Caldwell, 1992; Lanza, 1983). It would be unlikely, therefore, to assume that all of the non-respondents had been free of abusive or threatening incidents. Rather, one might expect that some of the non-respondents chose not to complete the questionnaire because they did not wish to focus on unpleasant memories and so avoided the task, or, simply forgot to do it.

Furthermore, of those shelter workers who did respond, some may not, perhaps by choice, have acknowledged the full extent of their incidents. They may not have accepted that the experiences resulted in less than positive feelings about themselves, their clients, their colleagues, and the agency. Such factors have the ability to influence the research findings as respondents may provide what they believe to be socially desirable responses (Edwards, 1982).

The measurement tool developed for the survey for the purpose of determining the level of fear, was, as part of the questionnaire, pretested prior to being administered. However, its psychometric properties were not assessed, a fact which poses a further threat to the validity of the results. As such, caution is warranted in interpreting the fear data pending further validation of the measure. Finally, given the somewhat low response rate, this study's findings and conclusions are not generalizable beyond the respondent group.



Despite the aforementioned limitations, this study did generate information which served to enhance the understanding of shelter staff members exposure to incidents of a threatening or abusive nature, an area which has received little attention to date. Keeping this study's limitations and the need for caution in interpreting the results in mind, some interesting themes emerged which are discussed in the remainder of this chapter.

### **Incidence of Abuse According to Form**

This exploratory study provided basic data on the source, incidence, and prevalence of threats, verbal abuse, and physical attacks on staff in shelters for battered women. The results indicate that the vast majority of respondents (88%, N=134) have experienced at least one incident of some form of abuse since commencing their employment in a woman's shelter. This finding is fairly consistent with the results of research looking at the abuse of other human service professionals such as social workers, psychologists, and psychiatrists (Horejsi et al., 1994; Tyron, 1986; Whitman et al., 1976).

The fact that eight out of ten respondents in the current study reported having been abused or threatened at some time while at work, lends weight to Wagner's (1990) assertion that virtually all helping professionals are at risk of being abused. Even if we were to speculate that the non-respondents (52% of the province's shelter workers) had never experienced any form of abuse (an unlikely occurrence), this would still result in almost 40% of shelter workers in the province, or more than one in three, experiencing some form of abuse as a result of their professional roles in shelters.

With respect to the forms of abuse experienced, the literature indicates that verbal abuse is the most frequently reported form of abuse across other professional groups studied (Horejsi et al., 1994; Stout & Thomas, 1991; Tulley et al., 1993) followed by threats, physical abuse, and threats against family members. Interestingly, this is the exact order of the magnitude of the forms of violence reported in the current study.

The data regarding the frequency of abusive incidents in the current study indicates that the majority of respondents experienced fewer than ten episodes per year of verbal abuse, threats, or the witnessing of an attack. The frequency of physical attack is even lower with the majority of those attacked reporting fewer than five incidents per year. Threats against family members of the respondents never exceeded four per year.

Due to the differing methodologies and operationalizations of variables in the various studies reviewed in the literature, it was not possible to make direct comparisons between shelter workers and other professionals in terms of the frequency with which they are exposed to different forms of abuse. However, a few distinct observations deserve mention.

The first is that the percentage of shelter worker respondents who report experiencing verbal abuse is similar to the percentage of child welfare workers reporting this form of abuse, yet the frequency with which shelter respondents experience verbal abuse is substantially less. Horejsi et al. (1994) found that the majority of child welfare workers were exposed to more than twelve incidents of verbal abuse and threats in the twelve months prior to their study while the majority of shelter workers in the current study experienced fewer than ten such incidents during one year.

With respect to physical attacks, fewer respondents in the current study reported being assaulted during the past year (31%) or since beginning shelter work (41%) than did the combined group of social workers, psychologists, and psychiatrists (74%) in the Whitman et al. study (1976), or the nurses (80%) in Lanza's (1983) study. Nevertheless, A greater percentage of the respondents in the current study reported being physically attacked than did the respondents (10%) in the study with shelter workers completed by Stout and Thomas (1991). Furthermore, a smaller percentage of child welfare workers (only 10%) than shelter workers in the current study reported having been physically assaulted (Horejsi et al., 1994) and fewer social work students (13%) and their field supervisors (24%) reported being physically attacked (Tulley et al., 1993).

The shelter workers who participated in the current study also fared better in terms of injury-producing attacks. Studies completed with other human services personnel found that 23% to 38% of physical assaults resulted in injury (Atkinson, 1989; Guy et al., 1990; Lanza, 1983; Schultz, 1987). The majority of injuries were minor or moderate in nature, although Lanza's (1983) findings indicated that an alarming 21% of the nurses who had experienced an assault reported it to be of a life-threatening nature. The current results indicate that only 10% of physical attacks on respondents have resulted in injury, none of which were considered to be severe. One explanation for this difference is that children are responsible for the vast majority of the assaults against the respondents in this survey. Because of their smaller physical stature, children are generally less capable of rendering serious harm. The other professional groups studied

worked predominantly with an adult population and were, therefore, attacked by both female and male adult clients.

With respect to threats made against family members, the percentage of child welfare workers (9%) in the study by Horejsi et al. (1994) who reported receiving such threats was substantially higher than the percentage of respondents (less than 1%) who reported this form of abuse in the current study. In summary, these findings suggest that risk may vary across professional disciplines, the nature of the work, and the work environment.

The results of this study indicate that abuse and threats directed toward shelter staff are sufficiently common to suggest that shelter agencies adopt policy supporting the in-service training of employees regarding the management of same. That staff receive such training was the most frequently made recommendation by workers in this survey. Furthermore, training and skill development in violence management is thought to be a key factor in reducing the risk of such incidents (Thackery & Bobbitt, 1990; Tyron, 1986). Untrained, inexperienced workers have been found by some to be at greater risk for abuse (Guy et al., 1990; Lion et al., 1981; Madden et al., 1976; Tutt, 1989). In light of these findings and the results of this study, shelter boards and administrators may wish to assess their current training policies.

Such training should be available to all staff, regardless of position, and should occur at regular intervals (perhaps annually) to offset complacency and to keep staff abreast of any changes in procedure or policy. Furthermore, training needs to be

comprehensive, and should focus on the development of communication and negotiation skills for avoiding, defusing, containing, and/or controlling abusive incidents.

The data presented here, in conjunction with evidence cited in previous studies of other helping professionals, is sufficient to warrant a recommendation that professional schools also include in their program curricula, training related to the prevention and management of violence. Course work should include techniques for the management of the physical environment which serve to protect workers and clients, and should develop students skills in the techniques for verbally reducing violence in client-to-worker encounters.

### **Incidence of Abuse According to Source**

Respondents reported being the direct target of, or witness to incidents of threats and abuse that were perpetrated by adult clients, child clients, the spouses or partners of clients, and/or an array of others including friends or relatives of clients, co-workers, managers, or members of the general public. Clearly, the shelter staff who responded to this survey were at greater risk of being abused by a child or adult client residing within the shelter than by an estranged spouse or any other source. The obvious and perhaps simplistic explanation for this observation is that adult and child clients have greater access to and subsequently more opportunity to abuse shelter staff. Child clients were responsible for the largest proportion of all incidents of abuse (55%). The majority of these child-perpetrated episodes consisted of shelter workers witnessing a child attack another individual such as a sibling, another child resident, their mother, or

a staff member. Children also perpetrated the greatest number of threats and physical attacks against respondents. This finding is not surprising in light of the most recent statistics which indicate the majority (55%) of the residents in Alberta shelters are children (Office for the Prevention and Treatment of Family Violence, 1993). In addition, studies have suggested that children exposed to domestic violence are likely to have learned that violence is an appropriate form of conflict resolution (Allan, 1991; Straus et al., 1980; Wilson et al., 1989). As Straus and his associates (1980) concluded from their survey of hundreds of American families, individuals learn to be violent "by being a participant in a violent family" (p. 121). Other studies have shown that children who are from violent families tend to display both internalizing and externalizing behaviour problems (Jaffe et al., 1986a; 1986b). In particular, male children were found to demonstrate more externalizing behaviours, including aggression in their interactions with others, than were male children from non-violent families. In keeping with this observation, it is of interest to note that in the open-ended portion of this survey, in everyone of the narrative descriptions of child perpetrated abuses where gender was mentioned, each was in reference to male children.

Directors may wish to consider how these findings might guide program development and resource allocation with regard to services for and intervention with children. Children's programs need to take into consideration the stress and adjustment difficulties that are associated with being from a family where violence has occurred, in addition to those difficulties associated with being uprooted from home, friends, and school.

Further implications can be seen with respect to current staffing models, and staff recruitment and hiring policies. For example, agencies may wish to assess if their current child-to-staff ratios are adequate, and if the qualifications and training of child support staff are in keeping with the demands of the job. Agencies may wish to consider whether or not the ratio of male to female staff is, or should be, more in keeping with the ratio of male to female clientele. In short, should shelters be recruiting more male child support workers to serve as positive male role models?

Adult clients were responsible for the second greatest number of all abusive incidents reported, and were responsible for the largest proportion of verbally abusive episodes, using this form of aggression more frequently than any other group of perpetrators. This finding differed from that of Stout and Thomas (1991) who found that the partners of abused women were responsible for the greatest proportion of verbal attacks. As mentioned earlier, verbal abuse was the most frequently reported form of abuse in this study, paralleling the findings in the literature (Horejsi et al., 1994; Stout & Thomas, 1991; Tulley et al., 1993). Verbal abuse, in comparison to the other forms of abuse, is the one most trivialized in society, which may explain why it somehow appears to be a more acceptable form of behaviour and, thus, the most frequently used form of abuse by adults. However, studies have shown that verbal abuse which attacks the core self-esteem of the victim, has a hurtful and debilitating effect on the recipient (Walker, 1979). As such, caution must be taken that this frequently-occurring form of abuse is not minimized.

Adult clients perpetrated other forms of abuse including threats to harm workers, and, less commonly, physical attack. The implications are that, with respect to the program needs of adult clients, shelter workers need to assess the relationship, parenting, and social stresses that are experienced by adult clients. Furthermore, shelter administrators need to ensure that they have adequate staff and material resources to deliver programs which address these issues. If not, they must work to ensure clients have access to such resources in the community.

Spouses or partners of clients were responsible for only 11% of all abusive incidents yet, were the group most likely to make threats against the workers' families. In addition these behaviours, as described in the narratives, appeared to be more severe and to carry a greater potential threat than did the behaviours of any of the others who were identified as having perpetrated abuse. Clearly, the behaviours displayed by the partners speak to the pain and desperation experienced by these individuals when separated from their family.

The implications of this result pertain to the service needs of the spouses or partners of shelter clients. There are varying opinions as to whether or not women's shelters should be in the business of providing support and treatment services to those who abuse women. The first priority is the safety of women and children, which is as it should be. Nonetheless, if violence against women is to be eradicated, those perpetrating the violence must be stopped. Shelters need to determine what role they will play in this regard. Minimally, shelters need to allocate time and energy to ensure that quality services are available to batterers through some resource in the community. This may



require that shelter agencies act as catalysts in the development of programs for batterers. It may require that shelters collaborate and/or serve as consultants to other agencies or individuals who do provide a direct service to men who batter. The knowledge and expertise that shelter staff possess with respect to family violence, puts them in a central position for influencing program design and delivery to this population.

The category of 'others' who abuse shelter workers were responsible for the least number of abusive incidents (5%). Of this group, friends or relatives of clients were most often cited as the aggressors. Few respondents reported co-workers or managers to be abusive which suggests a generally positive and supportive work environment. Indirectly supportive of this observation was the finding that the majority of respondents reported that they are satisfied with the level of support they receive from co-workers and supervisors.

As the data in this study indicate that the vast majority of incidents of staff abuse originate within the agency, further implications exist with respect to staffing models and staffing policies. The findings make a strong case for mandating a policy on double-staffing, particularly on all evening and night shifts. While this recommendation may be heartily received by shelter staff, the reality of current fiscal restraint and recent budget reductions may eliminate this as a feasible option for many shelter agencies. Nonetheless, shelters need to assess the appropriateness of current client to staff ratios which have definite implications for both staff safety and service delivery to clients. Minimally, there needs to be provisions in place for the use of stand-by or on-call staff who can be called in when the situations warrants.

Further implications for staffing policy are indicated with respect to recruitment and hiring practices. Including a component during staff recruitment that assesses an applicant's ability to behave appropriately and responsibly in the volatile situations which have been shown to arise in shelter environments would be a useful addition. Finally, informing potential employees of the risks involved in the job should be a standard component of the recruitment and screening procedures.

### **Some Contextual Findings**

It was not the intent, nor within the scope of this exploratory study, to examine the myriad of contextual factors associated with incidents of abuse or violence. However, in the information volunteered in the open-ended section of the survey some important contextual themes did emerge.

First, when shelter workers described their most severe incident of abuse, 10% of these incidents involved alcohol or drug use by the aggressor. This finding is not surprising given that earlier research has shown that, when associated with substance abuse, violence tends to be more severe (Office for the Prevention and Treatment of Family Violence, 1992). Secondly, another 10% of the most severe incidents reported by shelter workers' involved individuals with some type of mental health disorder. Thirdly, an additional 5% of the most severe situations involved individuals deemed at risk for suicide.

The literature pertaining to other professional groups indicates that between 5% to 50% of abusive incidents involve alcohol and/or drugs, while 47% to 66% of abusive

incidents involve persons with a mental health disorder (Atkinson, 1989; Lion et al., 1981; Tutt, 1989). Comparatively, this places the shelter survey respondents' reports of alcohol and drug related incidents within, but at the lower end of the reporting range, while their reports of incidents with individuals with mental health problems comprise a substantially smaller percentage than that reported in the literature.

The proportion of clients who are at risk for suicide was not reported in the literature reviewed for this research. However, in a study completed by Pope and Tabachnick (1993), fear that a client would commit suicide was the fear most widely reported by therapists.

As respondents in the current study were reporting only their most severe incident there is some basis to speculate that a higher reporting level for all three conditions, alcohol/drug involvement, mental health concerns, and suicide risk, might have resulted, had questions been specifically asked regarding these factors. Shelters may wish to make available to staff, specialized training in each of these areas to assist workers' skill development and confidence in appropriate client assessment and the delivery of service to those who are experiencing the above conditions. In addition, clear policy and procedures addressing the management of individuals under the influence of drugs or alcohol, or those posing a threat to themselves or others as a result of their mental health status, would be useful.

One other contextual theme that emerged from the qualitative portion of the survey was the role that parenting and child welfare issues play, with 8% of the respondents describing these as precipitating factors in their most severe incident.

Shelter workers are often placed in a seemingly conflictual role during such situations. While they are legally bound to report child welfare concerns to the appropriate authorities, this can place stress on the worker/client relationship. Workers must demonstrate not only skill but great integrity if the supportive relationship is to endure. Therefore, clarity in agency procedure and protocol for child welfare referrals and consistent supervisory support is essential for workers to be able to handle this sensitive and difficult aspect of their job. Furthermore, given the child behavioral adjustment difficulties associated with children from violent families, the shelter would appear to be a natural vehicle for the provision of parental support or parenting in crisis programs. In light of what is known about the intergenerational transmission of family violence (Allan, 1991; Straus et al., 1980) intervening with the mothers of young children appears to be a reasonable place to begin the change process.

In light of the above information, shelter employees and board members may wish to consider the amount of time and effort that they afford to the nurturing of positive working relationships with the local child welfare and police agencies. Clear and detailed protocol should be in place with respect to both of these resources and workers need to be familiar with such protocol and the conditions under which they are to initiate referrals.

### **Affective Responses to Incidents of Abuse**

Respondents noted a variety of emotional responses in association with abusive and threatening situations with fear reported by the greatest number of study participants.

This finding supports the results of studies, completed with other human service personnel, which showed that fear is the dominant affective response to threatening or assaultive behaviour (Anderson & Bauer, 1987; Atkinson, 1989; Bernstein, 1981; Jermier et al., 1989; Lanza, 1983, 1985).

As fear is a function of perceived risk and perceived seriousness (Ferraro & LaGrange, 1987; Warr & Stafford, 1983) it was not surprising to find that the levels of fear reported by respondents varied somewhat depending on who was perpetrating the abuse and what form of abuse was being perpetrated. With respect to the form of abuse, incidents of verbal abuse were generally found to result in levels of fear which were lower than the levels of fear reported in association with other forms of abuse. One explanation for these low levels may be that verbal abuse is simply not as fear-engendering as are other forms. Another explanation may be that the frequency with which workers are subjected to verbal abuse has a desensitizing effect which may be coupled with a tendency to minimize, at least in the short term, the potential seriousness and impact of this form of abusive behaviour. However, as a noted precursor to more violent forms of behaviour, verbal abuse needs to be viewed from a serious perspective.

Witnessing an attack on a third party generally effected higher levels of fear than did other forms of abusive behaviours. Not only did respondents experience a more intense fear response when the well-being of others was being threatened, they also experienced fear more frequently for their clients' safety than for their own. Experiencing higher levels of fear in relation to another's demise, as apposed to one's own, is not

a new phenomena (Pope & Tabachnick, 1993). Why this occurs is not clear, although I speculate that it is related to issues of responsibility and control.

With regard to different sources of abuse, it is of interest to note that while children were identified as perpetrating the greatest number of abusive incidents against the shelter workers in this study, these incidents resulted in the lowest levels of fear. Conversely, spouses of clients were reported to have perpetrated far fewer incidents of abuse against shelter staff than either child or adult clients. Yet, these infrequent incidents tended to create the highest levels of fear. This finding speaks to workers' awareness of the volatility of abusive men when faced with the loss of their partners and children, the knowledge that they have a history of violence against women (the best predictor of risk), and their superior physical strength, which renders them capable of causing more serious damage.

In the absence of normative data pertaining to levels of fear, it was not possible to determine how the fear levels of respondents in this study might compare to fear levels experienced by other individuals employed in women's shelters. While acknowledging the absence of such a gauge, I was, nonetheless, somewhat surprised that the respondents' fear levels, on average, were not higher. The process of calculating average levels of fear for each individual, according to form and source of abuse, does, of course, result in a minimization of the variations that exist between the different forms and sources and this factor must be considered here. A further explanation for the lower than expected levels of fear may in part be due to a tendency for workers to perceive abusive or threatening behaviours as not directed toward them, but rather to see

themselves as the targets of another person's displaced anger (Bernstein, 1981). This way of perceiving the events may help workers to cope. Other possible explanations for levels of fear being lower than anticipated may be related to difficulties in recall given that fear is a transient emotion (Ferraro & LaGrange, 1987; Warr & Stafford, 1983), or the influence of socially desirable responses (Edwards, 1982). Others have expressed concern that workers may have become so accustomed to working with the abuse and threats of angry people that they tend to underestimate or disregard the danger they really face (Horejsi et al., 1994; Tyron, 1986).

Nonetheless, the vast majority of respondents reported feeling some level of fear as a result of their abusive incidents. Although feelings of fearfulness were not constant, most workers in this study experienced fear with varying frequency in their everyday work life. Furthermore, most respondents reported that their feelings of fear had increased as a result of their exposure to threatening and abusive episodes. Given the potentially debilitating effects that fear, left unaddressed, unacknowledged, and unresolved, can have over time, these findings strongly suggest that shelter staff and agency boards need to work together to develop strategies which reduce fear engendering episodes and which effectively respond to workers' fear.

In addition to feelings of fear, the majority of respondents experienced frustration, anger, anxiety, and self-doubt (in descending order of frequency) in response to an abusive incident. Of some interest is the fact that more study participants reported feeling frustrated than reported feeling either angry or anxious. This differs from other

professional groups that reported feelings of anxiety most frequently (following fear), and then feelings of anger.

With somewhat less frequency, respondents in the current study reported feelings of helplessness, shock, disbelief, irritability, sadness, self doubt, and embarrassment. The emotional consequence of exposure to violent or threatening situations appears to be substantial.

When these feeling responses occur as a result of an abuse perpetrated by a client, they bring some important dynamics to the client/worker relationship. Supervisors need to provide guidance to workers as they address their affective reactions to such incidents in this rather unique context.

Comments in the open-ended sections of the survey speak to the need for supportive and responsive actions from shelter management regarding the feeling responses of staff victims. The acknowledgement and validation of workers' feelings is called for, along with efforts to facilitate resolution.

### **Staff's Behavioral and Cognitive Responses To Abuse**

In light of the above discussion, it would be reasonable to expect that workers' behaviours, their perceptions of themselves and others, and the way in which they think about certain issues might be affected by their exposure to abusive and threatening episodes. This does, in fact, appear to be the case.

The majority of respondents reported altering the way in which they relate to their clients, and at times, avoiding certain clients, subsequent to an altercation. These



responses are frequently reported in the literature (Atkinson, 1989; Bernstein, 1981; Star, 1984; Tyron, 1986). As the questionnaire did not ask workers to elaborate on how they alter the way in which they relate to their clients one can only speculate that they may have changed the form and content of interaction, perhaps avoiding sensitive topics or issues that may trigger a violent episode. Depending on the situation, avoidance may, in fact, be the most appropriate response in terms of self-protection. However, the implications over the long-term are obvious. Clients who behave in ways that are threatening and/or frightening have as much need for assistance and services as do those who do not behave in such a manner. Such service would be difficult to provide if workers engaged in prolonged avoidance of these individuals or their sensitive issues.

Given the reports of anxiety, self-doubt, self-blame, and embarrassment, it comes as no surprise that the majority of respondents at times question their competence. While self-evaluation is a necessary and healthy activity, integral for professional growth, this finding suggests the need for supportive supervision around such incidents to guide individuals in a balanced evaluation of their performance rather than leaving them to struggle with their questions and self-doubts.

In spite of the impact of abusive incidents upon the study participants, only a small majority (52%) reported a change in their feelings toward their clientele. Also of note was that only a minority (28%) ever considered quitting their jobs and most of these only occasionally. These findings speak strongly of the level of empathy and understanding that workers experience on behalf of abused women and children, and to the strength of the commitment of workers with regard to their work.

Certainly the vast majority of respondents (88%) have developed the perception that shelter workers' exposure to threats, verbal abuse, and attack, is a serious issue. Comments in the open-ended portion of the survey support this finding and call for management to treat the issue accordingly.

### **Strategies For Prevention and Management**

Agency staff have a right to expect the direction and support of their employers through the advancement of preventative and management strategies with respect to dangerous working conditions. However, the majority of respondents were less than completely satisfied with the physical security of their shelter facility. As higher fear levels were reported when attacks arose from external sources (i.e., the spouses of clients), increased attention to building security issues may serve to alleviate some concern. In addition, given that the majority of abusive incidents occur within the shelter, the use of electronic surveillance and communication techniques discussed in an earlier segment would be beneficial. Also, consideration of the architectural design and physical layout of offices, interview rooms, common areas, play rooms, outdoor recreation and parking areas, in light of what facilitates monitoring and is conducive to staff and client safety, would be a useful endeavour. Measures to make the environment safe are essential if workers are to adequately perform the delivery of shelter services to their clientele.

Shelter agencies in this study appear to be more vigilant in the development and provision of staff training around policies, procedures, and guidelines for managing

threatening and abusive incidents, than were the other human service agencies studied (Atkinson, 1989; Caldwell, 1992; Lanza, 1985; Schultz, 1987). Comments provided by respondents in the open-ended portion of the questionnaire suggest, however, that staff and boards need to work together to assure greater clarity and to screen for potential biases in policy. Respondents requested more comprehensive training in policy and procedure, and more attention to consistency in their implementation. The consistent application of policy and procedure, along with a well developed plan of action for responding to such situations is essential. Staff need to be intimately familiar with their role and the procedural responsibilities in an emergency, and be aware of the roles of other staff members. They should have a clear understanding of the conditions under which an abusive client may be excluded, and the policy and procedures pertaining to the admission of a client with a history of abuse toward staff or residents.

Respondents who identified problems with policies pertaining to the exclusion or readmission of clients with a history of aggressive behavior indicated that such policies tended to be biased in favor of the abusive individual. However, given the limitations of the current study, policymakers would do well to exercise extreme caution in their response to this observation. Any review or development of exclusion or readmission policies would need to guard against potential biases in either direction. The formulation of policies which attend to an individual's right to shelter service while ensuring the safety needs of staff and residents is a challenging task.

The documentation of abusive incidents, a practice widely reported by the respondents, and the documentation of high risk circumstances serves to communicate

to other staff when the potential for danger is high. Such documentation can also be used to guide policy and procedure development around violence management as well as guide agency decisions about which threatening or injurious incidents should be referred to the appropriate authorities for investigation and possible prosecution.

With regard to the provision of specialized training in the prevention and management of violence, shelter agencies fare only slightly better than other human service agencies (only 42% of the respondents indicated that their shelter provides such training or access to same). In addition, close to one-third of the respondents reported that they have not, to date, received training from any source with regard to this issue. In light of this information, specialized training is a matter which staff and boards may want to examine with some vigour. The legal, moral, and ethical implications of hiring staff who may be ill-prepared to deal with violent situations needs to be considered here. In the interest of protecting their own safety, staff have a responsibility to inform their agency administration of their training needs, access such training, and then take responsibility for the acquisition and practice of the necessary skills.

While only 54% of respondents reported that their agency encourages or facilitates peer support of those involved in abusive incidents, the vast majority of respondents (83%) reported that they are moderately to very satisfied with the support they receive from their co-workers. This finding suggests that even in the absence of management's promotion of peer support, collegial support does occur.

In contrast with the perceived levels of support provided by co-workers, fewer respondents (68%) reported being satisfied with the support that they received from their

direct supervisors. However, in comparison to the support afforded by their counterparts in other human service organizations, which was found to be minimal, or absent (Atkinson, 1989; Caldwell, 1992; Lanza, 1985; Schultz, 1987), shelter supervisors/managers seem to be perceived more favourably. One may speculate that part of this perception is related to the fact that the majority of shelter workers in the current study reported that they are provided with debriefing sessions, post-incident reviews, and immediate responses to enhance shelter security when incidents do occur. All of these strategies are supportive procedures advanced by shelter management and are to be encouraged as the literature indicates such activities, in conjunction with strong peer and supervisory support, are important for an individual's meaningful processing of a traumatic incident (Atkinson, 1989).

Of concern was the fact that few shelters in this study appear to offer staff significant counselling or recovery services, or time-off to attend such services, following an abusive or threatening episode. Fewer than one-third of the respondents reported their agencies to have these provisions in place. These findings approximate that of one other study completed with social workers from a variety of employment settings including, child and adolescent, elderly, health/mental health, corrections, handicapped, and emergency services (Schultz, 1987). Given the incidence of abusive behaviours reported in by respondents, shelter boards may want to review their practices in these areas and check on the status of workers' compensation, in addition to staff health and agency insurance policies. Individual or group counselling should be made available to workers who have experienced threats as should limited leaves of absence for recovery purposes.

These may very well be included in the further aims of employee assistance programs. In light of other findings that recovery may be prolonged when adequate support is not available and that job performance may suffer until resolution is achieved (Atkinson, 1989; Lanza, 1983, 1985) this would appear to be a prudent step.

The study by Atkinson (1989) suggests that when collegial and managerial support is afforded to staff victims of abusive or threatening incidents, it plays a key role in lessening the trauma and facilitating resolution. Conversely, when management shows no interest or does not act to enhance protection, staff members tend to experience ongoing stress, uneasiness, and may distance themselves from their work and the agency administration (Caldwell, 1992; Jermier et al., 1989; Lawson, 1987). As such, the findings in this study which pertain to the current status of shelter strategies, collegial and managerial support, and the suggestions and recommendations offered by shelter staff, are central. Shelter staff and boards may wish to use these to guide them in a review of their current practices and/or in the development of strategies which are responsive and effective.

Shelters might also wish to consider developing an inter-shelter network that would allow them to share their knowledge, experience and methods of reducing and managing the incidents of threats and abuse that shelter staff encounter. The provincial association may be one avenue through which such a network might be initiated.

## CONCLUSIONS

The study indicates that exposure to abusive and threatening behaviour was not an uncommon occurrence for shelter workers. These results parallel the evidence from previously-cited studies pertaining to professionals from other human service organizations.

The abuse to which survey respondents were exposed consisted primarily of verbal abuse, the witnessing of attacks on a third party, and threats to harm the workers. It is important, however, to note that almost one-third of the respondents reported having been physically assaulted during the past year, and 41 % reported having been physically attacked at least once since beginning work in a shelter. While the data indicate that the primary perpetrators of episodes of abuse are shelter clients, these were not the only individuals responsible for such behaviour. Shelter workers in this study also identified the spouses or partners of clients, the family and friends of clients, other professionals from the resource community, co-workers and managers/supervisors, and members of the general public, as aggressors.

The study also demonstrated that most of the respondents found their involvement in an abusive incident to be a disturbing experience. For many, these episodes resulted in some important emotional, behavioral, and cognitive consequences, including, but not limited to: feelings of fear, frustration, and anger; avoiding certain clients; questioning their own professional competence; and altering the way they feel about and relate to their clientele.

With respect to shelter agencies' attempts to ensure a safe and supportive working environment for staff, the data indicated that most agencies do employ some strategies in an effort to reduce the number of incidents, lessen worker trauma, and facilitate resolution. Nonetheless, respondents identified some gaps in or problems with their agency's preventative and response strategies and provided suggestions as to how these might be improved. Furthermore, many study participants recommended the implementation of strategies that had been proven to work in their shelters. Given the reality of the incidence of abuse against these shelter staff, their experience and input needs to be central in any effort that is put forward to address the issue.

Some important themes did emerge from the results of both the quantitative and qualitative portions of the survey. These, in conjunction with information from the literature, and the suggestions and recommendations offered by respondents with respect to strategies for enhancing worker safety and support, have served as the basis for the aforementioned implications for practice and policy. It is essential that those involved in sheltering (staff, managers, and board members) confront the reality of the abuse of shelter staff and introduce measures which will reduce, if not eliminate, its occurrence and harmful consequences.

The first step toward successfully addressing the incidence of staff abuse and the issue of staff safety requires that policy makers be informed about the current status of abusive and threatening incidents in their shelters. They must also be made aware of the possible, if not probable, negative consequences such incidents have for staff victims. Shelter directors and staff need to bring the information and issues to their governing



boards. These groups then need to work in cooperation with one another to develop policies and procedures which address the issues in ways that are supportive and attentive to shelter workers experiences and needs.

To achieve this requires that shelter agencies have a clear definition of their purpose, mission, and role. Governing board members, administrators, and staff, need to conduct a fundamental reappraisal of their attitudes regarding workers' roles and the agencies' perceptions and expectations of these roles. In addition, attitudes and beliefs around the stereotypes of those who perpetrate abuse must be examined. Furthermore, these groups need to address their beliefs and attitudes with respect to shelter workers' rights not to be abused, their attitudes around the legitimacy of workers' reactions, fears, and concerns, and the expectations they have about the type and amount of support that should be afforded staff.

When these questions have been answered, shelters will be able to determine, with clarity, their position on the issue of staffs' exposure to abuse and threats, establish the standards of safety that will be maintained in their agency, and set clear limits on the kinds of behaviours that will be tolerated, and those that will not be accepted. A clear position with respect to the above concerns will serve to guide shelter policy, procedure, and practice, with respect to the prevention and handling of violent and abusive incidents.

### **Suggestions for Further Research**

The data presented here is certainly only a first step toward assessing the incidence and impact of shelter staffs' exposure to threatening and abusive episodes and

shelter agency's responses aimed toward the prevention and management of such incidents. This research was hampered by a somewhat low response rate. Further, the lack of other similar shelter studies dealing with these issues means that the results should be regarded as exploratory, but, nonetheless, of relevance. The replication of the current study would be useful, given revisions in methodology such as greater control over distribution, or the use of randomized selection of a smaller sample size that would allow for direct contact with respondents. Such measures could enhance the response rate and allow for results which could then be generalized to the total population of shelter workers in Alberta. In addition, further surveys of this nature could serve to establish and improve upon the measurement tool developed to determine the respondent's levels of fear.

While acknowledging the limitations of the current study, the findings do suggest avenues for further research. It is somewhat concerning that clear profiles on staff victims, perpetrators, or high-risk agencies, based on empirical evidence, do not yet exist within the field of shelter work. There is a need for research which would identify and address the individual, organizational, and systemic factors that might influence the likelihood of incidents of abuse and violence. Research directed toward an examination of the differences and similarities between staff victims and non-victims, perpetrators and non-perpetrators, and shelters with a high incidence of staff abuse and those with a low incidence, would help to delineate certain high risk characteristics. Profiles of this nature would be useful to agency managers and workers in the identification and modification of factors associated with such episodes.

Data in this study cannot be generalized beyond the respondent population of shelter workers. However, similar surveys of shelter workers from other provinces in Canada, and with individuals from different professional disciplines could yield information of value with respect to their experiences with abuse in the workplace and help to establish norms in regards to levels of fear. This could then pave the way for comparative investigations with the potential to provide valuable learning with respect to geographical differences or trends. As well, information with regard to if and how different disciplines and different work environments influence individual's vulnerability to abuse and threats could be collected.

Because the greater number of abusive incidents come from those residing in the shelter, research needs to focus special attention on reducing this risk. Determining why clients may direct their abusive behaviours toward shelter workers was neither the focus nor within the scope of this research project. However, there is empirical evidence which indicates that a history of past violence is the best predictor of violence (Anderson & Bauer, 1987; Atkinson, 1989; Jaffe et al., 1986; Lanza, 1985; Lion et al., 1981; Tutt, 1989). Research that would enhance our understanding of why clients may abuse those who are attempting to assist them, would be useful.

Furthermore, contextual and triggering factors require rigorous investigation. More needs to be learned about the service and program needs of adult and child clients and the need for and effectiveness of programs designed to address client stress, parenting issues, and social interaction and relationship issues. Other worthwhile aspects for further investigation would include an examination of the role that limited resources,

staff training, and staff support play, and the influence agency management philosophy, and managerial and worker styles have, upon the patterns of violence and threats in shelters for abused women.

Further research about the effectiveness of the support procedures that have been advanced by management to reduce incidents of abuse and lessen trauma to staff victims is recommended. Identification and clarification of the variables which contribute to a high probability of abuse occurring, and those variables associated with a low probability of abuse occurring, would assist shelters' efforts to reduce risk. Similarly, the identification and clarification of management strategies associated with reducing trauma to staff and facilitating resolution, would be of benefit. Ultimately, such findings would give direction to shelter operators regarding the appropriate preventative and management actions required.

The current study attempted only a preliminary examination of some of the emotional, behavioral, and cognitive consequences of workers' exposure to threatening situations. The focus of the inquiry here was narrowed down to address these consequences only in relation to the work lives of shelter staff. Speculation based on findings in the literature (Lanza, 1983; Stout & Thomas, 1991), and the volunteered comments from the respondents, indicates that the consequences of these experiences reach beyond the confines of the workplace and have the potential to affect the personal lives of staff.

As one respondent wrote:

It is important to note, attitudes change with work in shelters. . . . Workers tend to become more suspicious, questioning personal relationships, quick to condemn or

doubt friends, partners, etc. This issue of violence and threats is much broader than your survey covers.

An examination of the influence that threatening and abusive experiences in the workplace have upon the personal lives of shelter workers would be a useful and interesting direction for further research to take.

Clearly, the absence of previous studies on the issue of shelter staffs' exposure to threatening and abusive incidents, and the many unasked questions and limitations of the current study, leave much yet to be discovered. Hopefully this preliminary study will serve as a useful point of departure for further in-depth analysis around this issue.

### SUMMARY

The very idea of shelter staff being subjected to abusive and threatening behaviour is in stark contrast with the image of women's shelters as safe havens. The topic elicits feelings of discomfort and vulnerability, and consequently there may be a preference by some to ignore the issue. Conflict between the need to address the issue and a need to preserve the image of shelters is understandable. The lack of literature addressing this problem, and the number of potential respondents who chose not to complete the questionnaire, speaks to the ambivalence that exists with respect to acknowledging shelter staffs' exposure to abusive episodes.

Nonetheless, the findings in the current study indicated that slightly less than one-half of the shelter workers in the province reported experiencing a combined total of more than 4,000 abusive incidents over the past year. This alarming figure would make

any attempt to ignore the issue not only difficult, but negligent. Clearly, "fear and dangerousness are factors to be reckoned with in shelters for battered women" (Stout & Thomas, 1991, p. 21).

To put this information in perspective, without risking minimization of the problem, readers do need to be reminded that the majority of shelter workers surveyed reported 10 or fewer abusive incidents per year. Nonetheless, in a field of practice which aims to eradicate violence against women and children, and which takes a position of zero tolerance for all forms of abuse, any rate of occurrence is not acceptable.

The study participants reported that several strategies aimed toward the prevention and management of abusive and threatening situations are being employed in their shelters. This finding is encouraging as it indicates shelter agencies are recognizing and acting on the problem. I am optimistic that with increasing awareness will come greater acknowledgement and understanding of the problem, and those governing and working in shelters will be motivated toward further examination, discussion, and the development of solutions to enhance the safety of shelter work environments.

In summary, the findings serve as a reminder that shelter staff are involved in work which is complex, challenging, stressful, and sometimes 'risky'. These workers are to be commended for the courage they demonstrate as they individually and collectively confront threatening and abusive situations and face their fears associated with exposure to danger. The response of managers to incidents of staff abuse are vitally important in reducing the likelihood of recurrence and in maintaining staff morale and confidence. Their action, or inaction, will be reflective of their beliefs.

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**APPENDIX A**  
**SURVEY QUESTIONNAIRE**  
**ALBERTA WOMEN'S SHELTERS**

The completion and return of this questionnaire will serve as your informed consent to participate in this research study.

Completion of the questionnaire will take 15 to 20 minutes.

Please return the questionnaire in the enclosed, self-addressed, stamped envelope, by **September 20, 1994.**

Neither you nor the shelter in which you work can, or will be, identified. Your anonymity is guaranteed.

## SURVEY QUESTIONNAIRE

### SECTION I

I am interested in determining the extent to which staff in women's shelters may be verbally abused, threatened, and/or physically attacked while at work. I would like you to provide your best estimate of how many times **IN THE PAST YEAR**, and how many times **SINCE YOU BEGAN WORK IN THE SHELTER** you have experienced such incidents. The type and source of aggressive behaviors are listed along the left margin below. Please write the number of times you have experienced each type of incident in the space provided across from the type/source. If you have never experienced such an incident, write "0" in the space provided.

Please provide your "best estimate" of the number of times you have experienced the following incidents:

	IN THE PAST YEAR:	SINCE YOU BEGAN SHELTER WORK:
<b>Verbal Abuse:</b>		
- by an adult client	_____	_____
- by a child client	_____	_____
- by a partner or spouse of a client	_____	_____
- other (please specify) _____	_____	_____
<b>Threats to Harm You</b>		
- by an adult client	_____	_____
- by a child client	_____	_____
- by a partner or spouse of a client	_____	_____
- other (please specify) _____	_____	_____
<b>Threats to Harm a Member of Your Family:</b>		
- by an adult client	_____	_____
- by a child client	_____	_____
- by a partner or spouse of a client	_____	_____
- other (please specify) _____	_____	_____
<b>Physical Attack on You:</b>		
- by an adult client	_____	_____
- by a child client	_____	_____
- by a partner or spouse of a client	_____	_____
- by another person (please specify) _____	_____	_____
<b>Witnessed an Attack on a Third Party (i.e., other staff or client):</b>		
- by an adult client	_____	_____
- by a child client	_____	_____
- by a partner or spouse of a client	_____	_____
- by another person (please specify) _____	_____	_____

If you have never experienced any form of verbal abuse, threats, or physical attack while at work you may skip to question number five on page 6. If you have experienced any of the above incidents please continue with the next question.

As a result of your experiences with verbal abuse, threats, and/or physical attack, have you:

1. Avoided certain clients or situations? (Please circle one number).  
 0-never  
 1-sometimes  
 2-often  
 8-not applicable
2. Changed the way you relate to your clients? (Please circle one number).  
 0-not at all  
 1-somewhat  
 2-definitely  
 8-not applicable
3. Changed your feelings toward your clients? (Please circle one number).  
 0-not at all  
 1-somewhat  
 2-definitely  
 8-not applicable
4. Considered quitting your job at the shelter? (Please circle one number).  
 0-never  
 1-occasionally  
 2-frequently  
 8-not applicable
5. Questioned your competence as a shelter worker: (Please circle one number).  
 0-never  
 1-occasionally  
 2-frequently  
 8-not applicable
6. Brought legal action against the person who threatened or attacked you? (Please circle one number).  
 0-no  
 1-yes  
 2-considered it but chose not to  
 8-not applicable
7. Experienced a physical injury? (Please circle one number).  
 0-no  
 1-yes  
 8-not applicable
8. Other. (Please describe) \_\_\_\_\_

In your opinion, how serious an issue is shelter worker's exposure to threats, verbal abuse, and/or physical attack?

- 0-not serious
- 1-somewhat serious
- 2-fairly serious
- 3-definitely serious



## SECTION II

Many workers experience some level of fear during or following a threatening, abusive or violent incident. I am interested in **how much** fear you experienced when faced with such incidents at work.

- Below, in the column on the left, is a list of possible incidents, (i.e., Physical attack by: "adult client.") Reading across from each incident, **please circle the number** which best describes how much fear you felt during the **most recent incident** of that type, (0 = no fear, 1 = a little fear, 2 = a fair amount of fear, 3 = a good deal of fear). If you have **never** experienced that type of incident circle the letter "N" for not applicable.

INCIDENT	LEVELS OF FEAR				
PHYSICAL ATTACK by:	<i>No fear</i>	<i>A little fear</i>	<i>A fair amount of fear</i>	<i>A good deal of fear</i>	<i>not applic- able</i>
adult client	0	1	2	3	N
child client	0	1	2	3	N
spouse/partner of client	0	1	2	3	N
other (please specify)	0	1	2	3	N
THREATS TO HARM YOU by:	<i>No fear</i>	<i>A little fear</i>	<i>A fair amount of fear</i>	<i>A good deal of fear</i>	<i>Not applic- able</i>
adult client	0	1	2	3	N
child client	0	1	2	3	N
spouse/partner of client	0	1	2	3	N
other (please specify)	0	1	2	3	N

<b>THREATS TO HARM YOUR FAMILY by:</b>	<i>No fear</i>	<i>A little fear</i>	<i>A fair amount of fear</i>	<i>A good deal of fear</i>	<i>Not applic-able</i>
adult client	0	1	2	3	N
child client	0	1	2	3	N
spouse/partner of client	0	1	2	3	N
other (please specify)	0	1	2	3	N
<b>WITNESS ATTACK on 3rd party by:</b>	<i>No fear</i>	<i>A little fear</i>	<i>A fair amount of fear</i>	<i>A good deal of fear</i>	<i>Not Applic-able</i>
adult client	0	1	2	3	N
child client	0	1	2	3	N
spouse/partner of client	0	1	2	3	N
other (please specify)	0	1	2	3	N
<b>VERBAL ABUSE by:</b>	<i>no fear</i>	<i>a little fear</i>	<i>a fair amount of fear</i>	<i>a good deal of fear</i>	<i>not applic-able</i>
adult client	0	1	2	3	N
child client	0	1	2	3	N
spouse/partner of client	0	1	2	3	N
other (please specify)	0	1	2	3	N

2. In addition to feelings of fear, many workers report a variety of other emotional responses to incidents of a threatening or assaultive nature. Which, if any, of the following emotions have you experienced during such episodes? (Please check as many as apply).

\_\_\_anger

\_\_\_embarrassment

\_\_\_self-doubt

\_\_\_anxiety

\_\_\_helplessness

\_\_\_sadness

\_\_\_shock

\_\_\_disbelief

\_\_\_self-blame

\_\_\_frustration

\_\_\_irritability

\_\_\_other (please specify) \_\_\_\_\_

3. As a result of your exposure to incidents of threatening or assaultive behaviour, has any of the following occurred: (Please circle the number which corresponds with the appropriate answer).

	increased	neither increased or decreased	decreased	not applicable
fear for your own safety	+1	0	-1	N
fear for your family's safety	+1	0	-1	N
fear for client's safety	+1	0	-1	N

4. I am interested in gaining a sense of the variety and range of shelter workers' experience with threatening or abusive behaviour directed toward them. In the space below would you please provide a brief description of the most severe incident you have ever experienced.

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5. Currently, in your everyday worklife at the shelter, approximately how often do you experience the following: Please circle the number that corresponds to the appropriate answer).

	never	1-2 times a year	3-6 times a year	monthly	weekly	daily
<b>fear for your own safety</b>	0	1	2	3	4	5
<b>fear for your family's safety</b>	0	1	2	3	4	5
<b>fear for client's safety</b>	0	1	2	3	4	5

### SECTION III

I would like to ask you some questions about your shelter and the methods used to prevent or deal with threatening or abusive situations.

- How many residential beds is your shelter licensed for? \_\_\_\_\_ (Please write the number in the blank provided).
- How satisfied are you with the physical security of your shelter? (Please circle one of the following numbers).
  - 0-not at all satisfied
  - 1-fairly satisfied
  - 2-very satisfied

3. Does your shelter have policies, procedures or guidelines for you to follow when faced with threatening or violent situations? (Please circle one of the following numbers).  
 0-no  
 1-yes  
 2-I don't know
4. Have you received training or orientation around these policies, procedures, or guidelines? (Please circle one of the following numbers).  
 0-no  
 1-yes  
 8-not applicable
5. In regard to threatening or abusive incidents does your shelter do any of the following? (Please circle as many numbers as apply).  
 0-take immediate action to increase security  
 1-provide a debriefing session for staff involved  
 2-review the procedures followed at the time of the incident  
 3-document the incident  
 4-facilitate peer support for those staff involved in the incident  
 5-provide the involved staff with time off to attend counselling if necessary  
 6-provide the involved staff with time off to recover if necessary  
 7-provide workers with training or access to training on the management of threatening or violent situations  
 8-None of the above
6. In addition to the possible shelter responses mentioned in the above question, are there other things your shelter does, or has done, which you have found to be helpful? (Please Comment)

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Which you have **not** found to be helpful? (Please Comment)

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7. Do you have any suggestions about what shelters might do to improve their tactics or strategies in managing threatening or abusive incidents? (Please comment)
- 
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8. Following a threatening or abusive incident how satisfied are you with the amount of support you receive from your co-workers? (Please circle one of the following numbers).

0-not at all satisfied  
 1-moderately satisfied  
 2-very satisfied  
 8-not applicable

9. Following a threatening or abusive incident how satisfied are you with the amount of support you receive from your direct supervisor? (Please circle one of the following numbers).

0-not at all satisfied  
 1-moderately satisfied  
 2-very satisfied  
 8-not applicable

10. In general, how much attention is paid to workers' exposure to violent or abusive situations in your shelter? (Please circle one number)

0-not enough attention  
 1-some attention  
 2-about the right amount of attention  
 3-too much attention  
 8-not applicable

#### SECTION IV

Finally, I would like to ask you a few questions about yourself for statistical purposes.

1. What is your gender? (Please circle one of the numbers)  
     0-male  
     1-female
2. What is your age? \_\_\_\_\_
3. How long have you been employed in the current shelter?  
     \_\_\_\_\_years \_\_\_\_\_months.

4. On average how many hours a week do you work in the shelter? (Please circle one number).
- 0 - less than eight hours/week
  - 1 - 8-16 hours/week
  - 2 - 17-24 hours/week
  - 3 - 25-32 hours/week
  - 4 - 33-40 hours/week
  - 5 - more than 40 hours/week
5. If you have worked in other shelters before working in the current shelter, please indicate how long you were employed:  
\_\_\_\_\_ years \_\_\_\_\_ months.
6. Please indicate the most recent level of education you have obtained. (Circle one of the following numbers).
- 0- Partial High School
  - 1- High School Diploma completed
  - 2- College Diploma or Certificate completed
  - 3- College Diploma or Certificate in progress
  - 4- University undergraduate degree completed
  - 5- University undergraduate degree in progress
  - 6- Graduate degree completed
  - 7- Graduate degree in progress
  - 10- Other (Please specify) \_\_\_\_\_
7. What job position do you currently hold? (Circle one number only. If you hold more than one position, circle the one you in which you spend most of your time).
- 0- Crisis Counsellor or Support Worker
  - 1- Child Care Counsellor or Child Care Support Worker
  - 2- Program Coordinator
  - 3- Assistant Director/Manager
  - 4- Director
  - 5- Administrative Assistant
  - 6- Clerical
  - 7- Housekeeping
  - 10- Other (Please specify) \_\_\_\_\_
8. In the course of your career how many hours of formal training have you received in the management of threatening or abusive behaviour? (Please give your best estimate).  
\_\_\_\_\_ hours.

Thank you very much for taking the time to complete this questionnaire. Your participation is greatly appreciated. If you have any other comments please use the space below.

**APPENDIX B: COVER LETTER TO SHELTER DIRECTORS**

August 29, 1994

Dee White  
#7309, 6651 Ranchview Drive N.W.  
Calgary, Alberta, T3G 1P3

Dear ( Shelter Directors Name ):

Thank you for giving me the opportunity to invite the staff in your shelter to participate in this survey of Alberta women's shelters. Enclosed you will find the appropriate number of questionnaire packages you indicated would be required for your shelter.

Each package consists of: a cover letter, an eight page questionnaire, and a self-addressed, stamped envelope. The cover letter informs potential respondents of the purpose of the study, the confidentiality parameters, and assures subjects that their participation is voluntary.

To assist in the dispersion of the questionnaire packages you may wish to distribute them at a staff meeting or place the packages in staff member's individual mail slots. A good response rate is critical to the validity of the study and so it is very important that all staff have timely access to the questionnaire. I sincerely appreciate your assistance with the distribution.

Once the research study has been completed I will provide all participating shelters with an executive summary of the research report. Again, a sincere thank you for your interest, time, and attention to this matter.

Sincerely,

Dee White



**APPENDIX C**  
**COVER LETTER TO SURVEY PARTICIPANTS**

Dee White  
#7309, 6651 Ranchview Drive N.W.  
Calgary, Alberta, T3G 1P3

August 29, 1994

Dear Staff Member:

My name is Dee White, and I am a graduate student in the Master of Social Work Program at the University of Calgary. I am requesting your participation in a research survey of women's shelters in Alberta which I am conducting in partial completion of the requirements for my graduate degree.

The purpose of the research study is to find out how often shelter staff are exposed to threats, verbal abuse, and/or physical attack while at work, and how much fear they experience in association with such incidents. In addition I am interested in learning what strategies shelters use to prevent or manage threatening or violent situations. The information gathered will be useful in informing and guiding shelters as they address issues of staff and resident safety, remedial support, and staff training in the management of aggressive behaviour.

Your participation in this research is voluntary. Due to the design and procedures utilized in this study the information gathered can in no way result in you, or the shelter you work for, being identified. Your anonymity is guaranteed!

All responses on the questionnaire will be kept completely confidential, and may only be shared with my thesis advisor at the University of Calgary. All completed questionnaires and research documentation will be kept in a locked file cabinet to which only I have access. These documents will be destroyed by shredder six months after the study is completed.

Results of the study will be reported in aggregate form and presented to my thesis advisor and the three members of my thesis committee for scholarly purposes. Participating shelters will also be offered an executive summary of the results. Any one shelter cannot be singled out for comparison, due to the procedures which ensure anonymity.

The topic area being studied is of a sensitive nature and many questions require that you recall unpleasant experiences. Should you experience discomfort as a result of responding to these questions, I encourage you to seek support from an appropriate colleague, friend, or professional. Remember, your participation is voluntary and you may withdraw from the study at any time.

To protect anonymity a signed consent form cannot be used. Therefore, the return of your completed questionnaire will serve as indication that you have understood the information regarding participation in the study and you have agreed to participate. In no way does this waive your rights or release those involved from their legal or professional responsibility.

If you choose to participate I ask that you complete the attached questionnaire. This will take **15 to 20 minutes** of your time. **Please return** your completed questionnaire in the enclosed self-addressed, stamped envelope, no later than **September 20, 1994**.

Should you have any questions or concerns regarding the purpose or authenticity of this study, you may contact Dr. Jim Hawkes, Director of the Research Unit, Faculty of Social Work, The University of Calgary, phone-220-5968. You may also contact my thesis advisor, Dr. Leslie Tutty, at 220-5040. If you have questions pertaining to any aspect of the questionnaire, you may contact me at 547-0407.

Thank you for your time and attention to this matter. Your participation in this study will be greatly appreciated.

Sincerely,

Dee White, B.S.W.  
Graduate Degree Candidate  
Faculty of Social Work  
University of Calgary

**APPENDIX D**  
**WOMEN'S SHELTER PROGRAMS: LEGISLATION AND STANDARDS**

Applicable Legislation and Standards for Delivery of The Women's Shelter Program.  
(Include, but are not limited to):

Alberta Child Welfare Act, June, 1991

Uniform Building Standards Act

Alberta Fire Prevention Act

Alberta Employment Standards Code

Public Health Act

Federal Food and Drug Act

Municipal Food and Drug Act

Alberta Social Care Facilities Licensing Act

Alberta Social Care Facilities Review Committee Act

Alberta Family and Social Services Core Standards

Women's Shelter Program Specific Standards

Occupational Health and Safety Standards Act