Child welfare workers are facing a growing threat of physical violence as they carry out their responsibilities to protect children and support families. Over the past several years, at least eight workers have been killed nationwide and hundreds of others assaulted. From July 1, 1992, to June 30, 1993, there were 25 incidents in New Jersey. In response, the New Jersey Division of Youth and Family Services devised a nine-point plan for improved health and safety measures for social service workers. Social workers cannot effectively protect children or help families if they themselves are not safe.
Child welfare workers are facing a growing threat of physical violence in the course of carrying out their responsibilities to protect children and support families. This problem has a marked impact on the ability of both public and private child welfare agencies to provide services to the children and adults who need them most. Reports in the press and the experiences of our own workers have impressed upon us the nature and extent of this threat, and, in response, the New Jersey Division of Youth and Family Services (DYFS) has undertaken a set of concrete measures to enhance the health and safety of our field staff.

In November 1992, a *New York Times* article entitled “Social Workers: Targets in a Violent Society” detailed the issue of violence that confronts child welfare workers today [Dillon 1992]. The article described a number of serious incidents in which social workers were either killed or critically injured. Over the past several years, at least eight child welfare workers have been slain nationwide, and hundreds of others have been assaulted. Assaults range from verbal threats and intimidation to physical beatings. Our staff members have been directly affected by this disturbing phenomenon. When these incidents occur, they are of grave concern to the affected workers and should be of equally grave concern to all of us in the child welfare field.

From July 1, 1992, to June 30, 1993, 25 incidents occurred in which DYFS employees were the victims of physical and verbal assaults. Our workers have been threatened with knives and have had scissors thrown at them. They have been punched and kicked by clients. Hot water has been thrown at them and they have had their hands smashed in doors. Ten of the incidents required some type of police involvement. All the worker victims sustained some degree of emotional strain. Many endured serious psychological reactions. Eleven of these incidents required our workers to seek medical attention. A total of 70 worker-days was lost in that year as a result of these assaults. But this scarcely measures the psychological and emotional price that our workers
pay—both as victims and coworkers—when these traumatic situations happen.

In some instances, the threat of violence—although never fulfilled—can be just as devastating to the staff as an actual assault. In January 1994, an anonymous caller to a police department in Morris County left a taped message alleging he had personnel information on every worker in our Morris District Office and warning that attempts on the lives of the staff members would be made within the next 72 hours. We acted swiftly to secure the support of the local police, state police, Human Services Department police, and the county prosecutor’s office. Immediate security measures were put in place, and we devised long-term improvements in security. Although the threat was never carried out, the staff members and their families were terrified and traumatized long beyond the three-day period of the threatened assassinations, because no one can know whether a threatening caller is a sociopath determined to act or a prankster.

The *New York Times* article also observed that a majority of the incidents that resulted in the death of social workers occurred in rural or suburban settings, as opposed to urban environments. According to the 1991 New Jersey Uniform Crime Report, violent crime in general increased significantly throughout the state, affecting urban, suburban, and rural communities between 1987 and 1991 [State of New Jersey Division of State Police 1992]. During this five-year period, the number of violent crimes in urban areas increased by 19% and suburban neighborhoods experienced a nearly identical 17% increase. The largest increase, however—21%—was observed in rural communities. These findings clearly demonstrate why it is wrong to limit our concern about worker safety to urban communities. Child welfare and social service workers in all settings must be given protection from the threat of physical harm.

Our workers have learned that the threat of violence does not occur only in the homes of clients or in high-crime neighborhoods. Violence can and does occur in the seemingly secure
surroundings of their workplaces, as well. For example, one of the more serious recent incidents involved a DYFS caseworker in a Newark district office. Following a court hearing that resulted in the removal of an infant from her mother’s custody, the irate parent came to the district office, slipped past the building’s security force and office receptionist, and attacked the child’s worker at her desk. This assault resulted in serious neck and back injuries to the worker that required immediate medical attention and follow-up physical therapy. When such vicious incidents occur, it is crucial to realize that those who provide services to others often need help themselves. This trauma affected not only the worker, who had to be absent from work for four days, but also her colleagues who witnessed the attack and intervened to help. Thus, agencies must make counseling and support immediately available and also confront the necessity for security and worksite environments that maximize worker safety.

We must recognize that violence has become increasingly commonplace for child protective service workers because the number of child abuse and neglect allegations that they must investigate has been increasing dramatically. The American Humane Society has indicated that the number of child abuse reports in the nation has quadrupled from 669,000 in 1976 to 2,694,000 in 1991 [cited in Dillon 1992]. In the last decade, the annual number of child abuse and neglect reports in New Jersey more than doubled, from 20,193 in 1982 to 50,043 in 1992 [State of New Jersey Division of Youth and Family Services 1993]. The factors that contribute to the increased threat of harm are known: an increasing breakdown of family structure in some environments; substandard housing or homelessness; unemployment; lack of affordable health care; and, above all, the surging use of addictive substances. Indeed, the rise in violence against children parallels a similar increase in family violence. According to the New Jersey Uniform Crime Report, the total number of domestic offenses increased 10%, from 50,823 in 1991 to 55,698 in 1992. Also, the number of domestic violence arrests increased 12% in
this period, from 17,035 to 19,127 [State of New Jersey Division of State Police 1992]. Street crime is common in many neighborhoods. The incidence of car thefts and carjackings is skyrocketing. Weapons are being carried by grade school students. And a simple walk around the block can cause one to become the victim of a drug- or gang-related drive-by shooting.

The very nature of our profession exacerbates the potential for violence. Caseworkers, protective service investigators, and human care licensing inspectors routinely confront emotional and volatile family and client situations. On occasion, caseworkers must remove children from their homes and may encounter resistant, involuntary, and, in many instances, angry or hostile clients. These emotionally charged situations can lead to serious confrontations between the worker and the client. Ironically, the very public servants who are asked to protect vulnerable children are themselves among the most vulnerable. The situation has deteriorated to the point where our profession is at a crossroads. Social workers—whether in the public child welfare system or in a private family service agency—cannot effectively protect children or help families if they themselves are not safe. We can no longer view the threat of violence as “part of the territory.” To accept that notion resigns us to the belief that there is nothing more that we can do to protect our own workers as they strive to protect children. We must do better if child protection, child welfare, and human care licensing are to remain viable professions in the coming years.

Toward that end, I devised a nine-point plan for improved health and safety measures for social service workers. Many of these actions have a strong commonsense appeal; most are not bold innovations. What is sobering to admit, however, is that the safety of social service workers has too often and for too long been taken for granted. What we have learned is that it takes determination to make worker safety an agencywide priority if we are ever to make it a reality.
Point #1: Mandating the Use of a Teamed Response (Buddy System)

In April, 1992, a serious incident involving the safety and well-being of a DYFS caseworker took place when a staff member who was conducting a child abuse investigation was held hostage and subjected to threats and angry verbal outbursts in the home of the alleged perpetrator. Fortunately, the worker escaped physically unharmed. Yet, this incident brought home the extraordinary job requirements and pressures faced by the line casework staff, and prompted the adoption of a formal policy on teemed response, commonly known by the staff as “the buddy system.” The policy not only suggests, but requires the use of, or entitles a worker to, a buddy in certain field activities.

First, a worker must use a buddy in responding to cases where the client has a history involving assaults or threats of violence or has a conviction involving the use of a weapon in the commission of a crime or a disorderly persons offense. Second, a worker must use a buddy in all cases involving continuing domestic violence situations where the alleged abuser lives in the home. Third, a worker is entitled to request—and cannot be refused—a buddy in initial responses to allegations of child abuse in cases not previously known to the agency. Fourth, a worker is entitled to request a buddy when making an initial visit in known drug-use locations and in all responses in high-crime areas. Fifth, a worker is entitled to a buddy when making an involuntary removal of a child. Sixth, a worker is entitled to a buddy when transporting a child with serious behavior problems, or a group of children who may need additional supervision. Finally, workers who were previously assaulted are entitled to a buddy until such time as the worker and his or her supervisor jointly decide that one is no longer routinely needed.

Buddies might be other DYFS staff members or supervisors, or other helpers, such as a mental health/crisis team worker, a family preservation services worker, a pediatric nurse consul-
tant, or other professionals involved in the case. Indeed, the choice of a police companion is recommended in the more dangerous of the situations listed above. Mandating or entitling the worker to use the team approach in these designated situations as a formal agency policy is an essential first step to buttress worker safety in carrying out field details. The informal use of buddies has been an element of child welfare practice for years, but, as in all informal strategies, implementation can vary greatly. By adopting a uniform and official agencywide policy on teamed responses, the agency demonstrates a strong commitment that the use of buddies is not only a desirable practice, but is also an entitlement that promotes worker safety.

Point #2: Creating a Worker Safety Manual

In December, 1992, we published our first safety guidebook, entitled *Options to Promote and Enhance Employee Safety and Well-Being: A Guide for DYFS Field Offices*. The guide provides a number of options upon which staff members in each field office can draw to develop a set of strategies best suited to the communities they serve and to their worksites. This rather comprehensive document was prepared in a loose-leaf binder format to allow for easy updating and expansion as new ideas emerge. It offers advice on a range of considerations from designing office layouts for optimal security to coping with trauma, stress, and grief, and includes a section on personal safety. Additional resource materials from outside sources are included in an appendix.

The guide calls for caseworkers to be alerted whenever possible—by their supervisor or a previous intake worker—when they will be working with a client or in a home situation that has been identified as being potentially dangerous. The Worker Safety Manual also suggests flagging cases by means of a special label on the case record. This red flag should list specific concerns about the case of which the worker should be aware, such as the presence of a bad-natured dog in a client’s house. The manual
also includes a simple list of tips to follow when intervening with intoxicated clients, many of whom are polydrug users who may place workers in situations of high risk. In addition, the guide suggests that, in developing a case plan, the worker and his or her supervisor determine and explicitly record (1) where best to meet the client—possibly a neutral setting or even the local police station; (2) who should be present during meetings—a buddy, a therapist, or a law enforcement official may be appropriate; (3) what actions should be taken under threatening circumstances that have been evident in the past (for example, when the client is under the influence of drugs or alcohol); and (4) what precautions should be used for after-hours visiting.

Armed with a plan of action, the caseworker is in a better position to be of help to the client with the least amount of risk to his or her own personal safety.

Point #3: Requiring Compulsory Safety Training of Social Service Workers

DYFS requires all new direct care workers to complete one half-day of training devoted to the worker’s physical safety in the field. The training is given by a police officer. The curriculum is a scaled-down version of the training for new police officers. It aims to teach social workers and child abuse investigators how to recognize and avoid potentially violent situations in advance and when to come with a police escort; how to recognize potentially dangerous physical layouts and how to avoid being cornered; how to extricate oneself from situations that threaten to become violent; and how to defuse and deescalate the situation when caught in a confrontation that threatens to get out of control.

We cannot, in good conscience, expose new social service workers to high-risk situations without providing them with an understanding of the risks they may encounter and with the means for dealing with them safely.
Point #4: Advising the Staff of Their Right to Self-Defense

All too often, our field workers come to believe that their own civil rights are somehow constrained simply by virtue of their performing child welfare duties. Although DYFS employees are not permitted to carry weapons, we advise them that, like any other citizen, they are entitled to defend and protect themselves if they are physically assaulted and they reasonably believe that physical force is necessary to protect themselves from serious bodily harm. Child welfare services employees’ right to defend themselves is in no way diminished or decreased because they are child welfare professionals. This point must be formally covered in staff hiring, training, and agency policy.

Point #5: Establishing a Worker Safety Committee

The chief executive officer of every public and private social service agency should create an agencywide worker safety committee. This will enable the agency to draw upon its rank and file staff members to develop measures tailored to the safety needs of their units and individual worksites, as well as for the agency as a whole. DYFS’s committee, composed of staff and management as well as labor union representatives, has suggested measures at several of our local client-serving offices to improve worker safety, including contracting for an improved security guard system, tightening the procedures for screening visitors, establishing protocols for medical emergencies, installing electronic admittance devices, putting emergency buzzer systems and telephones in all interviewing rooms, placing wide-angle viewing mirrors in office reception areas, expanding shuttle services to transport workers to their cars when they are parked in remote or high crime areas, briefing workers on emergency evacuation procedures, and relocating state cars to a more convenient and accessible parking lot. The 12-member DYFS Committee on Worker Health and Safety meets periodically and submits recommenda-
Point # 6: Establishing Protocols for Assisting and Supporting Staff Members Who Are Victims of Violence

Every social service agency should demonstrate its concern for victimized staff members who have been injured in the line of duty and have suffered the pain and trauma of an assault or intimidating threat. Yet, management can sometimes be indifferent or insensitive to workers’ needs, although they are often unable to function and are crying out for help. At a minimum, help should include a Victim’s Information Packet to advise workers of the medical and therapeutic resources available to help them recover from trauma. It should embody a formal policy, such as that described earlier, entitling a worker who has been victimized to a buddy for as long as necessary. It should also include provisions for immediate access to a trained trauma counselor to work with any employees who have experienced an assault or other emotionally upsetting experience on the job.

Point #7: Developing Strategies for Effectively Providing Services to Clients in High-Crime Areas

In the summer of 1989, drug-related violence erupted in and around the federal housing complexes in a section of Elizabeth, New Jersey. As a result, staff members at DYFS and other community-based agencies became fearful of entering the project area and became reluctant to visit the families living in these 650 units of low-income housing. In consultation with the agency’s district office, we co-located DYFS workers with other local human service staff members already based in this neighborhood. We felt that by working with other providers who were already accepted by the community, DYFS staff members would be safer, viewed with less animosity, and better able to deliver services to families needing their help.
The co-location of staff was achieved by acquiring apartment space in the housing complex itself. This apartment, known as "The Family Center," has become a place where programs and services are readily available to resident families. Two caseworkers from our district office are stationed in the center three days a week. They use the center as a base from which to visit families and to see clients. These DYFS workers have been joined by staff members from a number of other community organizations that use the center as a base of operations for their service delivery systems as well.

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**Point #8: Improving Communications Systems to Promote Worker Safety**

As we move through the 1990s, we also must take advantage of the same technological breakthroughs that are enhancing our daily lives—in this instance, using cellular phones to ensure a readily available means of communication. The ability of a DYFS protective services worker to communicate with a supervisor or with other agencies—including the police—is essential. It is vital both to the worker's safety and to the ability of the worker to respond rapidly to emerging situations that place children at risk.

The following circumstances underscore the need for the technology. The dangers that exist during regular business hours constitute an even higher risk at night, when public child welfare agencies must respond to reports of child abuse and neglect. During the six months ending on June 30, 1993, DYFS Special Response Unit Workers investigated more than 6,000 referrals of abuse or neglect during evenings and weekends. Many families under investigation do not have a telephone, and workers would have to search for a pay telephone to discuss the case with a supervisor, to arrange for a foster placement if necessary, or to obtain access to other resources, including the police. The very use of pay telephones in some communities, however, exposes
workers to the risk of robbery and assault. Finding a working pay telephone in a safe location can take time, which also increases the amount of time that children remain exposed to the risk of harm. Further, a pay telephone on the corner is of little use to a caseworker who is facing an imminent threat of harm a good distance away.

In January of 1994, the Division of Youth and Family Services received federal funding from the National Center for Child Abuse and Neglect to demonstrate the use of a limited number of small, pocket-sized cellular telephones by DYFS caseworkers. The technology will be pilot-tested in a number of DYFS field offices in urban, suburban, and rural New Jersey counties during regular working hours, evenings, and weekends. The phones will permit a protective services worker to receive and transmit crucial information immediately. Aims are twofold: to reduce any delay in responding to an abuse or neglect allegation, and to permit the worker to call for assistance immediately or to prearrange to receive a check-in call at a particular time if the worker is going into a risky situation. With the push of a button on the phone by the worker, police and the telephone company can trace the general location of the worker within one-half hour, as long as the phone is kept activated. If this project proves successful, we will weigh the costs and benefits, as well as the funding options, for implementing such a system throughout DYFS.

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**Point #9: Filing Criminal Charges—in the Name of the Agency—Against Any Person Who Has Assaulted or Otherwise Threatened an Agency Worker**

Under current DYFS policy, when our staff members are attacked while performing their duties, they must not only bear the personal trauma of the incident, but must also take individual responsibility for filing criminal charges against the perpetrator. It is time for social service agencies to recognize that the victimiza-
tion of their staff members usually did not arise simply as a random act of violence; rather, it occurred in the course of carrying out their statutory child welfare service duties.

When a child welfare worker must take the responsibility for filing criminal charges against an alleged assailant, the filing places that worker and the attacker in a direct adversarial position. Public social service agencies may offer to provide legal assistance by their attorney general’s office, but employees must nevertheless proceed into the criminal justice system as individuals. They must accuse and confront their attacker in formal court proceedings. Workers know that, once this litigation is over, they may continue to work in the very same community where their assailant lives. As a result, staff members who are victims are often reluctant to file such charges. The fundamental reason given by our own staff is a fear of retaliation by the attacker or his or her friends, neighbors, or family members.

Agencies themselves should take the initiative in filing criminal charges against an assailant, in the name and the address of the agency, to free the workers of this burden. In New Jersey, we have asked the Office of the Attorney General to allow DYFS to take such action on behalf of staff members who have been assaulted. This step would help to acknowledge the special status of these victims as public servants in carrying out their employment responsibilities and would ease the additional stress that formal litigation proceedings hold for the worker.

The basic elements of this nine-point plan can represent a firm beginning toward successfully meeting the challenge of ensuring the safety of social service workers and maintaining the viability and quality of our services in the future. The objective in presenting this plan is to stimulate further thinking and discussion among human services professionals that will result in broader public recognition that worker safety is a fundamental part of child protective services, child welfare, and human care licensing practices.
References


(Address requests for a reprint to Nicholas R. Scalera, 961 Broad Street, Bloomfield, NJ 07003.)

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