CPS: Client Violence and Client Victims

Robin Ringstad

This paper describes a study that explored the extent and nature of workplace violence in child protective services (CPS). A total of 68 workers and clients reported on their experiences. Of workers, 70% reported being the victim of client violence, and 22% reported they had perpetrated a violent act toward a client. Of clients, 55% reported being a victim of assault by a CPS worker, while 42% acknowledged perpetrating violence. Future research needs and recommendations for practice including training, reporting, and policy development are discussed.

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Research on the nature and extent of client violence in many of the helping professions began in earnest in the 1980s, and client violence in many medical and counseling settings has since been well documented. In a review of journal articles on staff victims of psychiatric patient assaults from 1995 to 2001, Flannery (2004) reported that patient assaults on staff occurred across disciplines. Dubin (1993) reported that 40% of psychiatrists had been assaulted during their career and that 72% of emergency room doctors had experienced a threat of violence with a weapon. Tryon (1986) reported that 81% of clinical psychologists had experienced verbal or physical assault, and Lanza (1985) that 80% of nurses had been assaulted during their careers.

In the field of social work, client violence has been reported in virtually all practice settings. Three national studies (Beaver, 1999; Jayaratne, Vinokur-Kaplan, Nagda, & Chess, 1996; Ringstad, 2005) and several statewide studies (Rey, 1996; Schultz, 1987; Tully, Kropf, & Price, 1993) have provided evidence of the extent of social worker victimization with estimates ranging from 42% to 86% of workers being verbally assaulted and 3–30% being physically assaulted during their career. In regards to child welfare settings, Newhill and Wexler (1997) found that 92% of children and youth service workers had been threatened and 2% assaulted. Horejsi, Garthwait, and Rolando (1994) reported that 97% of the child protective services (CPS) workers had been verbally abused and estimated that 10% had been physically assaulted. Skiba and Cosner (1990) reported that 50% of CPS workers were threatened and over 25% were physically assaulted.

In contrast to the increasing attention to assaults on professionals, little attention has been paid to assaults by professionals, and the issue of staff or worker abuse or assault on clients has been largely unexamined. What literature is available has primarily

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examined sexual misconduct (Lamb, Catanzaro, & Moorman, 2003; Pope, 1993; Pope, Tabachnick, & Keith-Spiegel, 1987; Pope & Vetter, 1991). Kirkland, Kirkland, and Reaves (2004) reported that sexual or dual relationships with clients made up the most frequent type of complaints about psychologists to licensing boards. Previous work has also examined licensing code violations by therapists (Neukrug, Healy, & Herlihy, 1992) and ethics code violations by social workers (Reamer, 1995; Strom-Gottfried, 2000), but few have documented instances of assault other than sexual misconduct.

Assaultive or abusive acts committed toward clients by helping professionals have received more attention in the popular media. Examples include physical, sexual, and emotional abuse by nursing home staff (Courant, 2001; Rosenbaum, 2002); mental health workers (Blair, 1997); doctors, nurses, and psychotherapists (Laurance, 1999); social workers (Paterson, 2005; Pawloski, 2001); and government social service workers (Roarke, 2002). Only two empirical studies, however, were located that examined professionals’ physical or verbal assaults on patients or clients. In a study of patient violence among nursing staff, Little (1999) found that 50% of the nurses and nursing assistants self-reported perpetrating an assault of some type on a patient. One half (50%) of those surveyed reported psychologically assaulting a patient, and 13% reported physically assaulting a patient. In a national study of social workers, Ringstad (2005) found that nearly one quarter of the National Association of Social Work members self-reported committing some type of assaultive act toward a client at some point in their career, and 14% reported they had done so within the past year. The majority of these acts were psychological or verbal in nature, although physical violence was also documented.

CPS is no exception to the possibility of violent interactions. Indeed, “child welfare workers are facing a growing threat of physical violence in the course of carrying out their responsibilities” (Scalera, 1995, p. 338) and “face special dangers on the job” (Horejshi et al., 1994, p. 173.). In child welfare settings workers routinely deal with home visits, child removal, domestic violence, substance
abuse, and mental health concerns, all of which have been found be associated with an increased risk of violent behavior by clients. The workplace is also associated with organizational stressors such as high caseloads, frequent turnover, insufficient training, and exposure to secondary trauma that may be associated with increased stress and an increased risk of unprofessional behavior by workers. The intent of this study was to explore workplace violence between CPS workers and clients and to document the extent to which it occurred. Because both client assault toward workers and worker assault toward clients were of interest, the experiences of both workers and clients as victims and perpetrators were explored.

Research Questions

The purpose of the present study was to examine assaultive interactions between CPS workers and clients and to document the types of assaults that occurred. The study was guided by specific research questions: (1) What is the prevalence and types of assaultive interactions CPS workers have had with clients, as either a victim or a perpetrator? (2) What is the prevalence and types of assaultive interactions CPS clients have had with workers, as either a victim or a perpetrator?

Definition of Violence

Current literature on client violence and workplace violence is limited by definitional differences among studies. For the purpose of clarity, and to facilitate comparison with existing literature, violence in the current study was defined according to a specified list of physical and psychological acts. Specific items were drawn from the revised conflict tactics scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), a widely used instrument designed to measure the extent to which people in relationships engage in specific kinds of behavioral acts with one another to deal with conflict. Both physical assault and psychological assault were considered violent acts, and both were included in the current study definition.
of violence. Each type was examined and reported separately, however, during analyses of results.

Methods

Design

Since both victimization and perpetration behaviors were of interest in this study, the validity of self-report data was of particular concern. Although prior studies of professional misconduct have relied on worker self-report (Little, 1999; Ringstad, 2005), previous authors have suggested that while victimization reports are believed to be reliable, self-report measures likely underestimate the true incidence of perpetration of violence (Straus, Gelles, & Steinmetz, 1980, as cited in Straus & Gelles, 1990). Similarly, utilization of agency data on client complaints or agency investigations of worker misconduct as a data source for assaultive behavior by workers was not deemed a reliable measure since underreporting of staff misconduct has been well documented (Neukrug et al., 1992; VanHorne, 2004). As a result, the current design elicited information directly from CPS clients in addition to workers. While this still entailed the use of self-report data, measurement from both workers and clients allowed for a cross-check of the incidence of assault and is believed to have provided a more complete picture of the prevalence of violent interactions.

Sample and Procedure

A nonprobability sampling strategy was used to gather a sample of CPS workers and clients from a county child welfare agency in California. The total population of agency workers was sampled while a convenience sample of clients was selected.

Due to confidentiality restrictions in the agency, it was not possible to randomly select agency clients directly from a client list. Instead, three community programs where CPS clients received services were identified to recruit client participants. These community
programs were agreed to jointly by the researcher, the CPS administrators, and the program personnel. Settings included an outpatient parenting program, a residential substance abuse program, and an outpatient anger-management program.

Surveys of clients at community programs were conducted in face-to-face group meetings by either the researcher or the group leaders who had been trained to administer the survey. Client questionnaires included a written informed consent for participants to retain for their own purposes, and information was provided verbally to participants by the researcher or group leaders during the group meetings. Both the written and the verbal informed consent advised participants of the purpose of the study, the voluntary nature of their participation, and their rights as a participant.

Because group membership included some individuals who were CPS clients and some who were not, participants were asked to mark on the questionnaire whether or not they had received services from the CPS agency in the relevant county. Although questionnaires were provided to all clients in each group to decrease the likelihood that any individual participant could be identified by the group leader or the researcher, only those participants receiving services from the county CPS agency were included in data analysis. No other identifying information was collected.

Survey packets were administered to CPS workers via “in-house” distribution to the desk of each CPS worker in the agency. Each packet contained an informed consent statement advising participants of the purpose of the study, their rights as a research subject, and the voluntary nature of their participation. Workers were instructed to return surveys to an identified drop box within the agency where they were picked up by the researcher two weeks later.

Instrumentation

A modified version of the CTS2 was used in the current study (with the permission of the authors) to measure the incidence of violence. The CTS2 as a measure of violence has been found to have good
internal consistency and evidence of construct and discriminant validity (Straus et al., 1996). Only the physical assault and psychological aggression portions of the CTS2 were used. Participants were asked to report whether they had been the victim or perpetrator of 20 different specific behavioral acts. Items such as being pushed, shoved, hit, or kicked made up the physical assault scale. Items such as being insulted, sworn at, threatened, or called names made up the psychological aggression scale. In addition, demographic information including age, gender, and ethnicity was collected.

**Participant Characteristics**

**Clients.** A total of 100 questionnaires were collected from client participants from the three programs. Only about one-third of the participants met the criteria of having been a client of the specific CPS agency where workers were employed, however. Consequently, the final client sample size ($N = 31$) was small and limited both the types of statistical analyses possible and the generalizability of results.

Of the client participants who did meet the criteria for inclusion in the study, 68% ($n = 21$) were women and 29% ($n = 9$) were men. They ranged in age from 19 to 50 years old, with the mean age being 33 years old ($SD = 8.53$). Of the participants, 42% ($n = 13$) were Caucasian, 13% ($n = 4$) were African American, 10% ($n = 3$) were Hispanic, 10% ($n = 3$) identified themselves as “other,” and 26% ($n = 8$) did not answer this question.

**CPS workers.** A total of 50 child welfare workers in the county CPS agency were surveyed. Of these, 86% ($n = 43$) completed and returned the survey. Six individuals were excluded because their work did not involve direct client contact, resulting in a total of 37 CPS workers in the final sample. Three quarters (76%, $n = 28$) of the workers were women, and one quarter (24%, $n = 9$) were men. They ranged in age from 25 to 59 years old, with the mean age being 41 years old ($SD = 9.75$). Participants were ethnically diverse, with 51% ($n = 19$) Caucasian, 19% ($n = 7$) Hispanic, 16%
African American, 5% (n = 2) Asian, and 3% (n = 1) “other.” Educationally, 27% (n = 10) indicated they had a master’s degree in social work, 16% (n = 6) a bachelor’s degree in social work, and 49% (n = 18) a degree in a related field.

CPS workers reported from 1 to 25 years of experience. The mean length of experience was 7.04 years (SD = 5.74). Job assignments were as follows: 32% (n = 12) in emergency response, 22% (n = 8) in family maintenance, 14% (n = 5) in family reunification, 14% (n = 5) in permanency planning, 11% (n = 4) in adoptions, 3% (n = 1) in court, and 5% (n = 2) in other job units.

Results

Prevalence of Violence

Assaults on CPS workers. Data were examined to determine the prevalence and type of assault on CPS workers. CPS workers were asked to report the types of assault they had experienced and CPS clients were asked to report the types of assaults they had committed on workers. Out of a total of 20 specific acts measured, six items (one psychological item and five physical items) were not reported by any workers or clients in the study so were excluded from data analysis. Of the remaining 14 items (all experienced by at least one participant), 7 were psychologically assaultive acts and 7 were physically assaultive acts. The number and percent of participants experiencing each of these items are listed in Table 1.

Of the CPS workers responding, 70% (n = 26) indicated they had been the victim of a psychological assault by a client at some point during their time working at CPS, and 62% (n = 23) indicated they had experienced a psychological assault in the past year. In regard to physical assault, 22% (n = 8) of the CPS workers indicated they had experienced a physical assault by a client, including 19% (n = 7) in the past year.

When asked to report which specific acts they had experienced, the most frequently occurring were being yelled at (60%,
TABLE 1
Victimization and Perpetration Rates of CPS Workers and CPS Clients (Workers \(N = 37\); Clients \(N = 31\))

<table>
<thead>
<tr>
<th>Behavioral act</th>
<th>Assaults on workers</th>
<th>Assaults on clients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Victimization reports</td>
<td>Perpetration reports</td>
</tr>
<tr>
<td></td>
<td>(%)</td>
<td>(N)</td>
</tr>
<tr>
<td>Psychological act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulted or sworn at</td>
<td>54</td>
<td>20</td>
</tr>
<tr>
<td>Shouted or yelled at</td>
<td>60</td>
<td>22</td>
</tr>
<tr>
<td>Stomped away during disagreement</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>Did something to spite</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td>Destroyed something that belonged to</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Called names</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Threatened</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Any psychological assault</td>
<td>70</td>
<td>26</td>
</tr>
<tr>
<td>Physical Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grabbed</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Threw something that could hurt</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Beat up</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Kicked</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Twisted arm or pulled hair</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Pushed or shoved</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Punched or hit</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Any physical assault</td>
<td>22</td>
<td>8</td>
</tr>
</tbody>
</table>

\(n = 22\), being insulted or sworn at \((54\%, \ n = 20)\), and having a client stomp out of the room \((46\%, \ n = 17)\). In addition, \(14\% \ (n = 5)\) of CPS workers reported being called names, \(11\% \ (n = 4)\) reported being pushed or shoved, \(11\% \ (n = 4)\) reported being threatened, \(11\% \ (n = 4)\) being grabbed, and \(19\% \ (n = 7)\) having a client do something to spite them.

For a second measure of assaults on CPS workers, clients were asked to self-report about any incidents of perpetrating violence toward workers. When clients were questioned about their violent or aggressive behavior, \(42\% \ (n = 13)\) indicated they
had committed a psychological assault on a child welfare worker, 32% \( (n = 10) \) in the past year, and 7% \( (n = 2) \) that they had committed a physical assault, all occurring in the past year. Specifically, 16% \( (n = 5) \) of the clients surveyed indicated that they had shouted or yelled at a CPS worker, 16% \( (n = 5) \) that they had stomped out of the room when talking to a worker, and 26% \( (n = 8) \) that they had insulted or sworn at a worker. One individual (3%) indicated that he/she had called a worker names, punched or hit a worker, or kicked a worker, while 2 \( (7\%) \) indicated they had done something to spite a worker.

**Assaults on clients.** Data were also examined to determine the prevalence of assaults on clients by CPS workers. Again, two data sources were used. Clients were asked to report their experiences of being the victim of an assault by a CPS worker and workers were asked to self-report about committing any assaults on clients.

Of the 31 CPS clients, 55% \( (n = 17) \) indicated they had been the victim of psychological violence by a CPS worker at some time, and 42% \( (n = 13) \) reported such an incident had occurred within the past year. Only 13% \( (n = 4) \) stated they were victims of physical violence, and all indicated this had happened in the past year.

Some clients reported multiple types of assault, and some reported an assault had occurred but did not identify the specific act. Of those who did indicate the specific acts, the most frequent were being insulted or sworn at \( (39\%, n = 12) \), being yelled at \( (19\%, n = 6) \), having the worker stomp away during a disagreement \( (19\%, n = 6) \), or having the worker do something to spite them \( (16\%, n = 5) \). The percentage and number of clients who reported each of the specific items on the psychological aggression and physical assault scales are included in Table 1.

When CPS workers were asked about incidents of assaulting a client, 22% \( (n = 8) \) admitted that they had psychologically assaulted a client at some time, with 19% \( (n = 7) \) stating they had done so in the past year. In addition, about 5% \( (n = 2) \) stated that they had physically assaulted a client at some point, and 3% \( (n = 1) \) had done so in the past year. Again, not all participants identified
the specific act they had committed. The most common item, however, was yelling at a client, which was reported by 16% (n = 6) of the CPS workers. The percentage and number of CPS workers who disclosed committing each specific act is reported in Table 1.

**Relationship of Victimization, Perpetration, and Violence Type**

To further explore violent interactions between workers and clients, these results were examined to determine whether being a victim of violence was significantly related to being a perpetrator. Only the incidents occurring during the past year were used for this analysis. Chi-square analyses revealed that victimization and perpetration were statistically related. Clients who had been the victim of a verbal assault by a CPS worker were significantly more likely to have committed a verbal assault \( \chi^2 (1, N = 31) = 4.8, p = .03, \Phi = .39 \) and those who had experienced physical assault were significantly more likely to commit a physical assault \( \chi^2 (1, N = 31) = 14.43, p = .000, \Phi = .68 \). Specifically, 54% of the verbally victimized clients as compared to 17% of the nonvictims committed a verbal assault on a CPS worker. Similarly, 50% of the clients who reported being physically assaulted by a CPS worker also reported committing a physical assault while none of the clients who had not been physically assaulted committed an assault on a worker. Similar results were found for workers for physical assaults \( \chi^2 (1, N = 37, p = .03, \Phi = .35) \), but not for psychological assaults. All of the incidents of physical assault committed by CPS workers in this study were committed by workers who reported they had been physically assaulted by a client. Results appeared to indicate that a good portion of the assaults which occurred were “mutual” to some degree, and that, especially for clients, perceived aggression from the workers resulted in an increase in their own aggressive or assaultive behavior.

As prior literature has reported that verbal aggression tends to increase the likelihood of physical violence, data were also examined to determine whether there was a relationship between the occurrence of psychological and physical violence. Responses of
participants who had experienced physical violence were compared with those of participants who had not experienced physical violence. Chi-square analyses revealed significant differences between groups for client victims \( \chi^2 (1, N = 31) = 6.36, p = .01, \Phi = .45 \), client perpetrators \( \chi^2 (1, N = 31) = 4.49, p = .03, \Phi = .38 \), worker victims \( \chi^2 (1, N = 37) = 5.26, p = .02, \Phi = .38 \), and worker perpetrators \( \chi^2 (1, N = 37) = 4.41, p = .04, \Phi = .35 \) based on whether physical violence was present. Specifically, 100% of clients and workers who had been victims or perpetrators of physical violence had also been victims or perpetrators of psychological violence. For those individuals who had not been involved with physical violence, on the other hand, only 33% of clients and 53% of workers had been victims of psychological assault and 28% of clients and 14% of workers had been perpetrators of psychological assault. These results indicate that physical violence in any combination between CPS workers and clients appears to include psychological violence as well, although psychological violence does not necessarily result in escalation of a conflict to a physical altercation.

**Relationship of Demographic Variables to Assault**

Demographic variables were examined to determine potential relationships with experiences of violence. Results revealed that gender, ethnicity, and age had no relationship with participants’ (clients’ or workers’) experiences with violence. Similarly, neither years of experience or job position had any statistically significant relationship with experiences for workers. This is in contrast to some prior literature and might be explained by the sample size in the current study.

**Discussion**

In light of the results of the present study a concern about violence in CPS settings is warranted. Specifically, results lend support to
previous research documenting CPS workers’ risk of being the victim of violence (Horejsi et al., 1994; Skiba & Cosner, 1990). With 70% of CPS workers reporting psychological assault by clients and 22% reporting physical assault, the potential for violence is clearly a very real concern. Moreover, clients in this study appeared to acknowledge this potential to some degree as 42% admitted they had perpetrated an act of psychological aggression and 7% a physical assault on a CPS worker.

The lens of examining violence in CPS settings must be expanded, however, to examine workers as possible perpetrators of violence as well. Victimization by professionals who are charged with providing services and who hold positions of power in relation to clients’ lives is at the very least unethical and, in some cases, illegal. It would certainly be against agency policy. Yet, when clients in the present study were asked about their experiences with violence, 55% indicated that they had been psychologically assaulted by a CPS worker, and 13% that they had been physically assaulted.

Many reasons, of course, might be posited about why a client might report victimization by a CPS worker when such an event did not occur. Perhaps such reports indicate misunderstandings or misperceptions by the client regarding the workers’ intent. They could reflect clients’ responses to what might be considered appropriate therapeutic confrontation. Given the involuntary nature of many CPS interventions, client reports might indicate hostility or a desire to have CPS workers be seen in a negative light. Alternatively, as no information is available about clients who did not choose to complete the survey in the current study, it is possible that responders and nonresponders differed in important ways. One might assume, for example, that clients who perceived that they had been mistreated by a CPS worker would be more likely to complete the survey than those who did not have such experiences or beliefs. In spite of these possible limitations, it is important to remain aware that CPS workers to some degree corroborated client reports. That is, nearly one quarter (22%) of the CPS workers in the present study disclosed committing some type of
psychological assault on a client and about 7% reported they had physically assaulted a client. These self-reported incidents of perpetrating violence were found in spite of the expectation that the unethical and perhaps even illegal nature of many of the items might be expected to result in underreporting. It appears evident that worker misconduct in CPS does occur.

Implications for Practice

Recognition of the potential for violence in the workplace is critical for CPS workers and agencies. The risks workers face in the course of their daily responsibilities have been well documented (Horejsi et al., 1994; Newhill & Wexler, 1997; Skiba & Cosner, 1990) and should not be taken lightly. It is apparent that we must also be cognizant of the potential for abuse by workers, however.

Frustration, overwork, high stress, and powerlessness (Kaplan & Wheeler, 1983) can all contribute to an environment where the use of violence or "lashing out" as a coping mechanism is more likely, and all might be characteristics of the CPS workplace. Given the nature of the workplace and the nature of the interactions and relationships between workers and clients, the potential for violence is not surprising. Even if client reports in this study about the frequency with which worker assaults occurred were inflated, the fact that they perceived their interactions with CPS workers in such a way is of concern. One must question how successful CPS workers can be when their relationships with clients feel hostile or aggressive from the clients’ point of view.

Knowing the nature of the CPS workplace, agency administrators and policymakers need to consider ways to support workers to prevent hostility, aggression, and violence rather than merely react after an incident comes to light. Training should be provided to all CPS staff about violence and violence prevention. Supervision and consultation for dealing with conflict or with difficult clients should be made available. Resources should be provided for workers who may be having difficulty with their jobs or with client relationships before the point where services have been compromised.
While any violence or misconduct by a worker obviously must be immediately addressed, stress and frustration by workers should be anticipated, acknowledged, and normalized while also providing these workers with resources or support to address such concerns. Agencies, administrators, and supervisors need to plan in advance how best to respond to a worker’s concern about interactions with a client or disclosure of thinking about or actually committing an assault. If it is not “safe” for a worker to discuss his or her concerns or reactions toward a particular client or set of circumstances, how can we hope to provide assistance to prevent violence rather than react to it?

At the same time, misconduct will at times occur, and reporting procedures and mechanisms for client complaints need to be developed and made available within social service agencies. Procedures for investigating and responding to such complaints need to be established. It is important to note that no information was collected in the current study about the circumstances surrounding the incidents reported by clients, and clients were not asked if they had reported the incident to the CPS agency. Underreporting has been well documented in the literature, however (Neukrug et al., 1992; VanHorne, 2004).

**Implications for Future Research**

The results of this study represent only a beginning attempt at examining the incidence of violent interactions and of social service worker maltreatment toward clients. Additionally, this is only a first attempt at exploring such interactions from the perspective of clients. Study results cannot be generalized. The sample size was small, was not randomly selected, and came from a single community. Larger studies with larger samples should be conducted to shed further light on this issue.

Studies examining worker misconduct in other social service settings would also be beneficial. While CPS workers and clients were surveyed for the present study, there is no reason to believe such incidents are limited to CPS agencies. On the contrary, client
violence toward helping professionals has been documented across settings and across disciplines. Professional misconduct, likewise, likely occurs in various practice settings.

The findings of this study do provide support for the idea that victimization and perpetration are related and that physical and psychological violence are related. Given this, it seems apparent that studies of client violence should include examination of client victimization as well as perpetration. Future research would be enhanced by examination of the circumstances of violent interactions rather than merely their occurrence. If we are to truly institute strategies to increase safety in social service settings, the interactional nature of violence demands that we recognize the multiple stressors and multiple roles played by all those involved rather than merely placing individuals in roles of victim or perpetrator. While this is helpful to get a fuller understanding of the extent of the problem, it is inadequate for developing effective strategies to insure that all social service settings are safe, and to insure the physical and emotional well-being of workers and clients alike.

References


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