Examining Social Workers' Exposure to Client Violence: The Case of Turkey

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Abstract: Short-term and long-term psychosocial effects of client violence on social workers have been observed. Meanwhile, social work settings are also known to be divided into risk categories against all sorts of attacks from clients. This descriptive study is based on analyzing the factors affecting client violence through client violence against 130 social workers working in various public institutions and organizations registered to the NASW in Turkey. Of the participants, 56.2% are female social workers; the participants have an average age of 32.3 ± 7.6 years. The most common type of violence is verbal abuse/verbal assault (89.9%). Interestingly, the majority of social workers (70.2%) who've been exposed to violence clearly expressed that the violence to which they'd been subjected would recur and that they alert for this. These statements were actually the most intense psychosocial effects seen in social workers. In addition, a significant difference was seen to exist between social workers' exposure to client violence with respect to social work settings (p 0.05). The study findings have revealed social workers' needs to have work environments and social work practice settings where client violence does not occur to be important for not experiencing negative psychosocial effects in order to remove the barriers to a successful professional life.

Keywords: Psychosocial effects, client violence, social workers, social work settings, Turkey.

Öz: Müracaatçı şiddetinin sosyal hizmet uzmanları üzerinde kısa ve uzun vadeli psikososyal etkileri gözlenmektedir. Öte yandan sosyal hizmet ortamlarının müracaatçılardan gelecek her türlü saldırıya karşı risk kategorilerine ayrıldığı da bilinmektedir. Bu kesitsel araştırma tasarımına dayanan basit rastgele örnekleme çalışması, Türkiye'de SHUDER'e kayıtlı çeşitli kamu kurum ve kuruluşlarında çalışan 130 sosyal hizmet uzmanına karşı müracaatçı şiddeti ve müracaatçı şiddetini etkileyen faktörleri analiz etmiştir. En yaygın şiddet türü sözlü taciz/sözlü saldırıdır (%89.9). İlginç bir şekilde, şiddete maruz kalan sosyal hizmet uzmanlarının çoğunluğu (%70.2), maruz kaldıkları şiddetin tekrarlanacağını ve tetikte olduklarını açıkça ifade ettiler. Bu ifadeler aslında sosyal hizmet uzmanlarında görülen en yoğun psikososyal etkilerdir. Ayrıca sosyal hizmet ortamlarına göre sosyal hizmet uzmanlarının müracaatçı şiddetine maruz kalması arasında anlamlı bir fark olduğu görülmüştür (p<0.05). Sonuç olarak araştırmanın bulguları, başarılı bir profesyonel yaşamın önündeki engelleri kaldırmak için sosyal hizmet uzmanlarının iş ortamlarına, müracaatçı şiddeti olmayan sosyal hizmet uygulama ortamlarına ve olumsuz psikososyal etkilerle karşılaşmamalarına olan ihtiyacın önemini ortaya koymuştur.

Anahtar Kelimeler: Psikososyal etkiler, müracaatçı şiddeti, sosyal hizmet uzmanları, sosyal hizmet ortamları, Türkiye.

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Introduction

Social workers are professionals who try to implement their practices with disadvantaged segments of society on the basis of knowledge, skills, and values. However, social workers may encounter some difficulties while working with their clients. These difficulties may sometimes arise from the client, sometimes from the social worker, and sometimes from environmental factors. One of these difficulties is client violence against social workers, and clear evidence exists that violence and threats from service users are common in social work (Itzick & Kagan, 2017; Littlechild et al., 2016). Client violence includes all actions involving physical and psychological violence, sexual harassment, sexual assault, verbal abuse, threats, and assault against property that social workers face in the social work environment (Enosh et al., 2013).

A number of studies have considered client violence toward social workers (Enosh & Tzafrir, 2015; Itzick & Kagan, 2017; Lee, 2017; Moylan & Wood, 2016; Shields & Kiser, 2003; Spencer & Munch, 2003; Winstanley & Hales, 2008), with some focused in particular on the field of child protection (Lamothe et al., 2018; Littlechild, 2005; Littlechild et al., 2016; Radey & Wilke, 2018; Robson et al., 2014) as this field is considered more vulnerable.

Various discussions have occurred on why client violence against social workers emerges. Dillon (1992) stated client violence against social workers to actually be a reflection of violence in society. Accordingly, the individual's experiences of violence during adolescence open the door to violence being indirectly learned and implemented in future life. These experiences are engraved upon the subconscious: Individuals imitate violence, and when this violence is combined with human impulses, it finds a basis for practice (Meadows et al., 2005). Furthermore, observing and normalizing violence in social life and in the media has been said to leads to the spread of violent behavior (Cantor & Wilson, 2003; O'Dea, 2015).

Respass and Payne (2008) suggested social service workers to be in one of the highest risk groups for workplace violence. In this respect, authors have drawn attention to environmental factors and suggested an appropriate and safe work environment (e.g., the presence of a colleague, panic buttons, security guards) to have critical importance in preventing violence (Enosh & Tzafrir, 2015; Lamothe at al., 2018). Meanwhile, despite the known vulnerability, violence is seen to be accepted in work environments to a certain level and to not be taken seriously due to administrations considering client violence to be a part of the job. Moreover, these social workers can be blamed for the violence (Bishop et al. 2005; Brockmann, 2002;

Stanley et al., 2002). Aside from the administrations of institutions and organization not taking violence seriously, regulations on preventing violence are also seen to be neglected in the work environment (Dalphond et al., 2000; Enosh & Tzafrir, 2015; Lamothe et al., 2018; Stanley et al., 2002).

Regarding the emergence of client violence, some authors (Brockmann, 2002; Spencer & Munch, 2003) have emphasized the reasons originating from social workers. Authors have suggested some social workers to be incompetent in their practice, to have insufficient knowledge and skills for their practice, and to be unable to control their feelings and actions in the context of client violence. Therefore, social worker's lack of knowledge about clients has been said to arouse feelings of anger, disappointment, and desperation in them (Euster, 1992).

The literature suggests that many forms of violence are observed in the work environment. While physical assault is less prevalent than other forms of aggression, assaults that do occur can be severe. All acts of violence have also been found to impact well-being and practice (Hunt et al., 2016; Littlechild, 2005). Therefore, short- and long-term effects of client violence have been observed on social workers. Psychological disturbances, stressful situations, role confusion, demoralization, lack of concentration, inability to cope with a situation, fear, anxiety, depression, experts feeling incompetent, guilt, feeling desperate, and fear of criticism, psychological trauma, continuous vigilance, irregular sleep, and repetitive memories have been stated as symptoms that are seen among social workers after experiencing client violence (Arnetz & Arnetz, 2001; Enosh et al., 2013; Harris & Leather, 2012; Lamothe et al., 2018; Littlechild, 2005; Littlechild et al., 2016; Robson et al., 2014; Weinger, 2001; Winstanley & Hales, 2008). All these negative effects may result in problems communicating with friends, problems in family and work life, trauma, and the inability to fulfill professional requirements as well as problems such as getting permission from work or leaving (Bibby, 2017).

Meanwhile, social work settings are known in the literature to be divided into risk categories against all types of assaults from clients. In the context of client violence, workers in the area of criminal justice, addiction, and child and youth services are seen to be in the high-risk group; workers in the area of mental health, school social work, and family welfare are seen to be in the moderate risk group; and workers in health care service are seen to be in the low-risk group (Horwitz, 2006; Littlechild, 2005; Macdonald & Sirotich, 2001).

As a result of social workers around the world being exposed to violence and feeling insecure at work, institutions have set up a number of security programs aimed at preventing and reducing client violence. However, client violence is still

observed to continue against social workers. Client violence in professional practice is understood to be an important problem of the social work profession and to prevent social workers from providing clients with qualified services.

Study Aims

Client violence has been widely seen in health-related professions that contact people directly. In the 1980s, rooms were created in hospital emergency services for patients and their families as well as friends with emotional problems, and protocols were developed to prevent and limit violence (Scott & Whitehead, 1981). Thus, the studies on client violence in the field of social work are seen to date back to the 1980s, with these studies mostly occurring in the United States and the United Kingdom (Crane, 1986). The issue of client violence has additionally been raised in developing countries in recent years. Although frequency and severity may vary, social workers are seen to have been exposed to client violence in numerous countries (Enosh & Tzafrir, 2015; Kanom & Newhill, 2009; Koritsas et al., 2010; Lee, 2017; Littlechild, 2005; Macdonald & Sirotich, 2001; Newhill, 2004; Padyab et al., 2011; Smith et al., 2017; Spencer & Munch, 2003; Weinger, 2001). As far as is known, the Turkish literature additionally lacks any study on client violence against social workers. This gap forms the starting point of the current study. A study on client violence against social workers in Turkey is thought to be able to provide key data.

Studies on the phenomenon of violence in Turkey (Ayrancı et al., 2002; Ilhan et al., 2009; Karaca et al., 2015; Özcan & Bilgin, 2010; Sucu et al., 2007) have focused more on violence against health care personnel. Among health personnel, violence against physicians, nurses, and health officers have been addressed intensively (Ayrancı et al, 2002; İlhan et al., 2009; Karaca et al., 2015). Studies have occurred in Turkey on violence against health care professionals committed by patients and patients' relatives; however, examining client violence against professionals (e.g., social workers) who work with disadvantaged groups is also important. Therefore, the main purpose of this study is to determine the factors affecting client violence as well as client violence against social workers working in various public institutions and organizations registered with the National Association of Social Workers (NASW). Specific objectives of the study are listed below:

1. To describe client violence against the participants and the type of violence to which they were subjected,

2. To clarify the conditions in which social workers who'd been subject to client violence had experienced it (i.e., environment, timeframe, whether the practitioner was the client, a relative of the client, or both).

3. To explain the psychosocial effects social workers experienced after being subjected to client violence.

4. To determine whether a significant difference exists between certain sociodemographic variables (e.g., social worker's age, marital status, work experience, social work settings) and client violence.

Methods

Participants and Study Criteria

The study uses the general scanning technique, a quantitative research method, and adopted a cross-sectional approach. Meanwhile, this study is also a descriptive study. The participants were selected by determining the study's inclusion criteria through simple random sampling from 23 NASW branches in Turkey. 130 social workers registered in one of the 23 branches who actively work in the position of social worker in any public or private institutions were reached. Social workers with managerial positions, who could not perform social work practice due to any reason, who were interested in paperwork/correspondence, or who are involved in social work practice in their professional life with social workers but were dealing with retirement procedures during the data collection have been excluded from the scope of the study, even if they were registered in one of the relevant 23 branches. The study data were collected face-to-face in each branch between January and June 2018. Of the participants, 56.2% are female social workers. Of the total sample, 13.0% are between 22-25 years old, 57.7% are between 26-34 years old, 16.9% are 35-44 years old, and 7.6% are 45-54 years old. Only 1.6% of the participants are 55 years or older. The average age is 32.3 ± 7.6 years. The median age is 30. The youngest social worker is 23 years old, and the oldest is 57 years old. Of the participants, 52.3% are married. Of the social workers who participated in the study, 83.1% have a bachelor's degree, 15.4% have a master's degree, and 1.5% have a doctorate. Of the participants, 83.9% are social workers in institutions and organizations that schedule social work with children, women, the elderly, and those with disabilities; 4.6% work in medical or psychiatric social work-oriented health institutions specific to chronic diseases; and 11.5% work in public institutions dealing with judicial social work practices.

When considering the participants' total work experience throughout their professional life, 46.2% have worked 1-5 years, 32.4% have worked 6-10 years, 5.3% have worked 11-15 years, 13.8% have worked 16-25 years, and 2.3% have worked 26 years or more. The average work experience is 8.1 ± 6.6 years. Lastly, 43.1% of

the participants work have worked most with children in need of protection, 14.6% with disabled people, 9.2% with family and the community, 6.2% with women, 13.1% with the elderly, and 13.8% in other areas. Of the participants, 10.8% have worked at least once as a manager; 23.8% of the social workers stated working with 1-5 clients a week, 24.6% with 6-10 clients a week, 21.5% with 11-15 clients a week, 6.9% with 16-25 clients a week, and 3.2% with 26 or more clients a week, on average. The average number of clients with whom the participants work in a week has been found to be 20.5. A significant percentage of the participants (72.6%) found their daily work pressure to be intense, while a small number (27.4%) stated their busy schedule to be normal.

Procedures

The study data were collected from the social workers who gave their informed consent to voluntarily participate in the study with the help of a questionnaire developed by the researchers. The average response time for the questionnaire is 15 minutes. Ethical approval for the study was obtained from the Social and Humanities Scientific Research and Committee on Publication Ethics of Manisa Celal Bayar University. The study also requested permission from NASW in Turkey for collecting data. Before collecting the data, a pilot study was conducted with social workers ($n = 6$) who were randomly selected and practiced social work in Manisa. Following the completion of the pilot study, the questionnaire was revised, with the data collection form being finalized in light of the feedback received from the social workers who supported the pilot study. All the collected data were based on personal interview reports. The participants were informed about the purpose, scope, ethical sensitivity, possible benefits, and importance of the study.

Instrument

Questionnaire and Information Form

The questionnaire consists of two parts. The first part contains questions about the participants' descriptive characteristics (e.g., age, working experience, marital status, education level) and workplace information. The second part has questions the researchers prepared to determine the participants' experiences with client violence and opinions and thoughts about it. Attention was paid to ensure the questions are easy to understand, neutral, and open-ended. Social workers' ages, sex, marital status, professional work experience, social service setting, and institution have been used as control variables. The dependent variable is the severity of the social workers' exposure to client violence.

Statistical Analysis

The findings of the study have been first examined in terms of descriptive characteristics. While the number and percentage distributions have been presented for the cumulative values, average ± standard deviation, median, and minimum/maximum values have been emphasized for the measured variables. The chi square test was used to compare the differences in social workers' exposure to client violence with the independent variables. The statistical package program SPSS 22.0 has been used to analyze the study data.

Results

The results from our study are shown under the headings of type of violence, conditions surrounding the client violence, psychological effects, and comparisons.

Type of Violence

Table 1 shows social workers' exposure to client violence and the type of violence the participants experienced. Of the social workers who participated in the study, 66.9% (*n* = 87) stated having been exposed/subjected to client violence, and 33.1% stated not being exposed to/subjected to violence. Verbal abuse/verbal assault (89.9%) was the most frequent type of violence to which the participants had been exposed. Of the participants who'd been exposed to violence, 41.6% were threatened with physical harm, 36% were exposed to obsessive gazing, and 23.6% were threatened with harm to family or colleagues. Of the participants, 22.5% stated having been exposed to physical assaults that did not result in injury, 5.6% stated having been threatened with damage to personal property, 3.4% stated having been injured by a physical assault, and 2.2% stated having been exposed to sexual harassment. Among the social workers, those who had been exposed/subjected to violence marked multiple responses to the type of violence to which they'd been subjected.

Table 1.

Social Workers' Exposure to Client Violence and Type of Violence

Client Violence (N = 130)	Number	Percentage
Participants exposed to client violence	87	66.9
Participants not exposed to client violence	43	33.1
Total	130	100.0
The Type of Violence Suffered by Social Workers (n = 87) *		
Verbal Abuse/Verbal Assault	80	89.9
Threat of Physical Harm	37	41.6
Obsessive Gazing	32	36.0
Threat of harm to family or colleagues	21	23.6
Physical Attack (Non-injurious)	20	22.5
Threat of Harm to Personal Property	5	5.6
Physical Harm (Injurious)	3	3.4
Sexual Harassment	2	2.2

* Only the responses of participants who'd been exposed to client violence are included. All participants selected multiple options for this question.

Conditions of Client Violence

Table 2 describes the conditions under which the social workers had been exposed/ subjected to client violence. Of the participants exposed to client violence, 40.2% had been subjected to violence within the last year, 27.5% within the last month, and 27.5% more than a year ago. Almost half the participants (49.4%) who'd been exposed to client violence stated that they experienced this violence in the room of the office environment; a significant portion (11.4%) had experienced violence in more than one environment. The percentages for the social workers who stated having experienced client violence in the interview room (10.3%), during home visits (6.5%), during rounds (4.5%), and in other environments (12.2%) were also significant. Of the participants who'd been exposed/subjected to client violence said that they suffered this violence between 12-17, between 8-12, in multiple time zones, after work and during their shift, respectively. A surprisingly large proportion (62.1%) of the social workers who suffered client violence were subjected to client violence by the client himself and 29.9% of them were exposed to the violence by a close relative of the client.

Table 2.

Conditions in which Social Workers were Exposed /Subjected to Client Violence

Participants Exposed to Violence (*n* = 87)	Number	Percentage
Time since the most recent experience of client violence		
Within a Month	24	27.5
Within a Year	35	40.2
More than a year ago	24	27.5
Don't remember	4	4.5
The environment in which the most recent experience of client violence occurred		
In Office/In the Room I work	43	49.4
Multiple Environments	10	11.4
In Interview Room	9	10.3
During home visit	6	6.5
Floor Visit in the Institution	4	4.5
Other Environments	11	12.2
No Answer/Data Loss	4	5.7
Time when client violence occurred		
Between 8:00 a.m. - 12:00 p.m.	22	25.2
Between 12:00 p.m. -5:00 p.m.	35	40.2
After Work	5	5.7
Shift	3	3.4
More than one time of day	16	18.7
I do not remember	6	6.8
Person inflicting Client Violence		
Client	54	62.1
Client's relative	26	29.9
Both	6	6.9
No Answer/Data Loss	1	1.1

Psychological Effects

Table 3 includes the psychosocial effects experienced by social workers who'd been exposed/subjected to client violence. In order to explain the client violence in more detail by offering options, the 87 participants who'd been exposed to violence marked more than one response in this section. Interestingly, the majority of social workers (70.2%) who'd been exposed to violence openly stated that the violence to which they'd been subjected would happen again and that they were on the alert for this. In addition, the social workers who'd been exposed/subjected to violence stated suffering psychosocial effects from client violence such as anxiety and excessive irritability (67.8%), stress and burnout (65.5%), excessive fatigue (65%), loss of attention (47.3%), and sleep problems (41.4%). Furthermore, of the social workers who'd been exposed/subjected to client violence, 27.5% stated experiencing somatic complaints; 21.9% expressed having thoughts of criticism, incompetence, and guilt; and 19.5% asserted having problems with friends, family, and/or colleagues.

Table 3.

The Psychosocial Effects of Social Workers after Client Violence (n = 87*)

	I feel		I do not feel		No answer/ Data Loss	
	n	%	*n*	%	*n*	%
That violence will recur/vigilant	61	70.2	15	17.2	11	12.6
Anxiety/excessive irritability	59	67.8	17	19.5	11	12.7
Stress/burnout	57	65.5	22	24.2	9	10.3
Excessive fatigue	52	65.0	18	18.0	17	17.0
Loss of attention	41	47.3	29	33.3	17	19.4
Sleep problems	36	41.4	33	37.9	18	20.7
Somatic complaints	24	27.5	43	49.6	20	22.9
Thoughts of criticism, incompetence, and guilt	19	21.9	46	52.9	22	25.2
Problems with friends, family, and/or colleagues	17	19.5	46	52.8	24	27.7

* Only the responses of participants who'd been exposed to client violence are included. Participants selected multiple options for this question.

Comparisons

Exposure to client violence has been compared with the independent variables in the scope of the study using the chi-square test (see Table 4). Whether or not a significant difference exists regarding participants' age, sex, marital status, work experience, work area, and institution/organization where they work in terms of their exposure to client violence was analyzed in this context. While 61.8% of the social workers between the ages of 22-30 were understood to have been exposed to client violence, this was 74.1% for those 31 or older. As a result from the chi square test (t test), however, no significant difference was found between social workers' age groups and their being exposed/subjected to client violence ($p > 0.05$). Whereas 66.7% of the male social workers who participated in the study were determined to have been exposed to client violence, this was 67.6% for the female social workers in the study. The results from the chi square test show no significant difference in social workers' exposure to client violence with respect to gender ($p > 0.05$). When comparing marital status with exposure to client violence, 66.7% of single social workers and 68.2% of married participants were seen to have been exposed to client violence. As a result of the chi square test, no significant difference was found for social workers' exposure to the client violence with respect to marital status ($p > 0.05$). When comparing social workers' work experience with their exposure to client violence, 63.7% of the participants with 10 years or less experience and 78.6% of the participants with 11 years or more experience were seen to have been exposed to client violence. The results from the chi square test show no significant difference for social workers' exposure to client violence based on work experience ($p > 0.05$). When comparing the type of institution/organization with client violence, 81.8% of the participants working in children's institutions and 56% of the participants working in other institutions were seen to have been exposed to client violence. As a result of the chi square test, no significant difference was observed for client violence with respect to type of institution/organization ($p > 0.05$).

Table 4.

Comparing Differences in Client Violence in Terms of the Independent Variables

Variables	Client Violence				χ2	p
	Yes		No			
	n	%	n	%		
Age of Social Worker						
22–30 Years of Age	47	61.8	29	38.2	2.134	0.144
31 Years and Older	40	74.1	14	25.9		
Sex of Social Worker						
Male	38	66.7	19	33.3	0.003	0.956
Female	49	67.1	24	32.9		
Marital Status of Social Worker						
Single	41	66.1	21	33.9	0.034	0.854
Married	46	67.6	22	32.4		
Work Experience						
0–10 Years	65	63.7	37	36.3	2.187	0.139
10 Years and over	22	78.6	6	21.4		
Work Area						
Child-Family	56	76.7	17	23.3	10.703	0.005
Disabled-Elderly People	18	66.7	9	33.3		
Other	13	43.3	17	56.7		
Institutions/Organizations Worked						
Children's Institutions	45	81.8	10	18.2	9.555	0.002
Other	42	56.0	33	44.0		

When comparing work area and client violence, 76.7% of the participants working in the child and family area and 66.7% of the participants working in the disabled and elderly areas as well as 43.3% of the participants working in other areas were seen to have been exposed to client violence. The chi square test shows a significant difference to exist between work areas and client violence, unlike the other results ($p < 0.05$).

Discussion

Based on simple random sampling, this cross-sectional study has identified the incidence of client violence with respect to 130 social workers and attempted to reveal the factors affecting their experience of client violence. Although the study results are generally consistent with those from previous studies, some do differ.

Social Workers' Exposure to Client Violence

First the social workers' defining characteristics were briefly explained, and information was shared regarding whether they'd been exposed/subjected to client violence and if so what type. More than half the participants (n = 87, 66.9%) in the study stated having been exposed to client violence. In addition, the social workers who'd been exposed to client violence reported having been threatened with verbal abuse/verbal assault, physical harm, obsessive gazing, and harm to family or colleagues; therefore, they were victims of psychological verbal violence.

As in this study, many studies conducted in different countries found social workers to have experienced a high level of client violence. Supporting this assumption, the National Association of Social Workers (NASW, 2013) stated social workers to be exposed to client violence at rates ranging from 65% to 86%, according to 20 studies conducted in the USA. Moreover, Ringstad (2005) suggested that 85.5% of the participants (i.e., 1,029 NASW members) had stated having experienced a safety issue at work. One study conducted with 175 social workers and 98 managers (Rey, 1996) stressed about one out of four participants to have been attacked by a client and one out of two participants to have witnessed client violence. Another study (Macdonald & Sirotic, 2001) reported 44% of participants to have faced personal security challenges. More recent studies have also shown client violence to still be a substantial problem. Radey and Wilke's (2018) study of 1,501 workers in child protection services found 77% of workers to have experienced violence in their first six months of employment. Another study from Lee (2017) stated client violence in Korea to be reported as high as 97% in the public sector and 65.2% in the private sector.

In this study, the most common types of violence the participants experience are verbal abuse and threats. Similarly, the literature shows social workers to most often be exposed to verbal and psychological violence. A study conducted in Australia with 1,000 social workers found 67% of social workers to have been exposed to at least one type of violence, with the most common type of violence being verbal (Koritsas et al., 2010). Another study in Singapore found 47.2% of the participants to have experienced client violence through verbal methods (Enkelmann et al., 2005). A study in Iran on 390 social workers and client violence reported only 44% of them to have been exposed to psychological violence (Padyab et al., 2011). A study on 1,501 workers in child protective services found 37% of workers to have experienced threats of physical harm and almost half the participants to have experienced at least two types of violence (Radey & Wilke, 2018). Some studies (Horejsi et al., 1994; Lamothe et al., 2018; Littlechild, 2005) found almost all participants to have been exposed to verbal violence.

Similar to other research (Littlechild et al., 2016), physical harm and injury occur less often compared to other forms of violence. Nevertheless, when violence does occur, we must consider it as having very dangerous consequences. One point in the literature that differs from our research findings is that only 2.2% of the participants stated having been exposed to sexual harassment, while one study with 515 social work students found 55.7% of the participants to have reported at least one experience of sexual harassment in their social work field practice (Moylan & Wood, 2016). In the end, the results from our study for the most part resemble similar studies in the literature (Criss, 2009; Itzick & Kagan, 2017; Macdonald & Sirotich, 2001; Radey & Wilke, 2018; Ringstad, 2005; Park, 2007), which repeatedly have found social workers to be frequently exposed to psychological verbal violence such as verbal abuse, verbal assault (e.g., personal threats, threats to those close), and verbal expressions with obsessive gazing. However, one important detail is found here. Our results showed that the task of practicing the profession of social work is difficult and that client's physical and psychological tension and stress can increase at any time during the social work's intervention. The psychological type of verbal violence regarding a client's act of violence is ignored both in society and at the workplace, and none of the necessary protective measures are taken, or the measures that are taken are inadequate due to violence being accepted to a certain extent and not being taken seriously in work environments. Social workers not only want to perform their profession without entering into a vicious cycle but also try to protect themselves.

Conditions in Which Social Workers Were Exposed to Client Violence

Several studies (Zelnick et al., 2013; Kim, 2012; Park, 2007; Ringstad, 2005; Macdonald & Sirotich, 2001) have given particular importance to the conditions in which social workers who've been exposed/subjected to client violence had experienced the violence. One study involving 300 social workers (Macdonald & Sirotic, 2001) found more than half the social workers (n = 189 social workers) to have been subjected to violence more than a year ago. In another study (Ringstad, 2005), 93.3% of the sample (n = 960 social workers) had been exposed to client violence within the past year. Enosh and Tzafrir (2015) made a study over 34 municipal social service agencies together with 645 workers and found 80% of the sample to have reported being exposed to some form of aggression at least once over the past months. Another study's (Littlechild et al., 2016), authors stated about half of child protection workers had reported meeting with at least one hostile or intimidating parent per week. In our study, a significant portion of the social workers (67.7%) had been subjected to client violence in the past year or past month. Although the rates differ for different

research results, client violence is clearly a frequent reality of social work practice and an important, widespread problem that should not be ignored by either institutional managers or the social workers themselves.

Staff safety in social work fields should be considered important for not only improving the individual well-being of social workers but also for improving the continuity of their job and the quality of the service they deliver (Lee, 2017). Kim (2012) reported social workers to be exposed to violence and killed by clients most often during home visits. The dangers of providing service to clients at their home and other environments has been frequently discussed in the literature (Rey, 1996). Although a limited number of studies are found to have described the prevalence of client violence in office environments, no empirical study is found to have investigated the difference in risk between home visits and other work environments (Zelnick et al., 2013). Our study shows the percentage of social workers who've been exposed to client violence during a home visit to be low at 6.5%. Unlike the literature, the current study parallels a limited number of other studies regarding social workers being mostly exposed to client violence in the office environment. One reason for the difference between the literature and our study could be the intensity of social workers' work conditions in Turkey in recent years. The administrative viewpoint in public institutions and organizations where social workers work is known to force professionals to interview their clients in office environments. Social workers in Turkey are able to make a house visit in order to perform a social investigation only if they receive support from their public institutions and organizations for transportation and security. In the results, almost two-thirds of the respondents who'd been subjected to violence experienced it in their office or within their institutions, which reveals the importance of a safe working environment. Bibby (2017) suggested a co-operative approach involving social workers, support staff, and managers to be needed to ensure a safe work environment. An agency-supportive system should be prepared involving things such as mandatory safety devices, a handbook on preventing and responding to violence in the workplace, insurance, and psychological counseling (Lee, 2017). This may be related to the difference between collectivist and individualist cultures.

Interestingly, the literature has not focused on awareness of subtle nuance: Are the clients the ones who inflict violence in regard to client violence? Or is it the client's relative? Or both? Professionals aim to provide humanitarian services, and their exposure to violent actions from a client or client's relative is unacceptable; however, knowing who inflicted the client violence against social workers is important in order to learn more about the source that had directed the violence. Our viewpoint regarding this nuanced awareness is not supported in the literature; our comparison of

who inflicted the client violence is our own conclusion. Moreover, a study examining the daytime and nighttime work conditions of social workers determined 78% of the participants who'd been exposed to violence were working at night, but no significant difference was found compared to those who work during the day (Padyab et al., 2011). The most common time in our study was between 12:00 p.m. and 5:00 p.m. (40.2%). When considering that the shift hours for public officials in Turkey are usually from 8:00 a.m. to 5:00 p.m., the fact that those who participated in our study are obliged to work in a public institution with standard work hours can be considered as the reason for the difference between our study and the literature.

Psychosocial Effects of Client Violence on Social Workers

Client violence on social workers has psychological, organizational, and clinical consequences such as emotional detachment from clients, anxiety, sadness, sleep disorders, nightmares, loss of motivation, and intention to quit (Flannery 1999; Lamothe et al., 2018; Littlechild et al., 2016; Padyab et al., 2011). Littlechild et al.'s (2016) study stated one of the most frequently reported effects from client violence to be anxiety and fear about the impact on their work and on their emotional and personal lives. Flannery's (1999) study expressed the psychosocial effects of client violence as the inability to cope with the situation, fear, anxiety, nervousness, stress and burnout, lack of concentration, lack of attention, symptoms of psychological trauma, continuous vigilance, irregular sleep, and repetitive memories. Padyab et al.'s (2011) study reported the psychosocial effects social workers experienced after client violence to be anxiety, sleep disorders, and somatic complaints. Other studies (Weinger, 2001; Bibby, 2017) have stated short-term and long-term psychosocial effects to be observed on the victims of client violence, with the most common of these effects being trauma; problems with friends, family, and/or colleagues; problems fulfilling professional requirements, and being characterized by critical thoughts, incompetence, and guilt.

Similar to the literature, the current study's participants also stated experiencing psychosocial problems after client violence. Among these, the feeling that violence will recur/being vigilant (70.2%), anxiety/excessive irritability (67.8%), stress/burnout (65.5%), excessive fatigue (65%), lack of attention (47.3%), and sleep problems (41.4%) have come to the fore. In spite of all these, somatic complaints (27.5%), sense of incompetence/guilt and critical thoughts (21.9%), and problems with friends/family/colleagues (19.5%) were not underestimated in this study. On behalf of social workers, our general belief is that they should have high psychosocial well-being and safe physical environments. In this way, a social worker can easily help the client; otherwise, we feel that social workers could be in a position to seek help

while providing assistance, due to short- and long-term effects from client violence being observed on social workers in the literature.

Comparing the Independent Variables to Client Violence

One important result from the study is the emergence of relationships for the independent variables with client violence. Social workers' age, gender, marital status, work experience, and institution/organization where they work were thought to possibly have a relationship with client violence; however, no significant difference was found between these groups and client violence. Our explanation is that the social work profession addresses the vulnerable sections of society and thus encountering clients with a tendency toward violence is easier for social workers compared to other professionals. A client who is acting angry upon committing violence does not care about factors such as a social worker's age, gender, marital status, or work experience.

In contrast with the aforementioned results, finding a significant difference between working with children/families and client violence and between working with the disabled/elderly and client violence under the heading of work area was enlightening because the areas of children/family and disabled/elderly are among the most sensitive areas of social work practice. Children institutions are especially sensitive because social workers in this practice area work on a regular basis with involuntary clients, with their interventions sometime being able to result in unpleasant consequences for families (Redey & Wilke, 2018). By revealing images about the subjects of family/children and disabled/elderly in their own social environment and in society, aggression is seen to be able to occur in family members. Accordingly, the areas of children/families and disabled/elderly are the areas where Turkish social workers have been exposed to client violence the most.

Conflicting results are seen between the literature and our study in terms of the independent variables that we've considered to be possibly related to client violence. For example, studies exist in the literature that emphasize younger, less experienced social workers to be at greater risk than others (Enosh & Tzafrir, 2015; Flannery et al., 2000; Guerin et al., 2010; Newhill & Wexler, 1997; Redey & Wilke, 2018). Some studies have also shown client violence to be related to such variables as age, gender, marital status, education level, work experience, work area, shift worked, weekly hours worked, past experiences, administrator attitudes, workplace safety, lack of supervision, and job stress (Flannery et al., 2000, Littlechild, 2005). In this context, all social workers are understood to be at risk, with younger and less experienced social workers being at greater risk (Flannery et al., 2000; Flannery et al., 2001).

One study reported women to be attacked more than men in terms of physical abuse (Weinger, 2001). Although some studies have concluded male social workers to be at greater risk (Moylan & Wood, 2016; Newhill, 2004; Ringstad, 2009), in part because they were more likely to work in high-risk settings, a significant increased risk of client violence has been repeatedly stated to exist for female social workers (Baines, 2005; Flannery et al., 2000). In a recent study similar to our study, Enosh and Tzafrir (2015) also found female and male social workers to be exposed equally to milder forms of aggression.

Nevertheless, the significant difference between work area and client violence has been a common result both in our study and in the literature. A number of studies dealing with client violence against social workers have examined the incidence of violence and the affecting factors and observed client violence to be prevalent in various areas (Burry, 2003; Newhill, 1996); however, some areas are more vulnerable than others. In particular, children-related areas and children's units in need of protection were observed to be areas of high client violence (Burry, 2003; Horwitz, 2006; Lamothe at al., 2018; Littlechild, 2005). Social workers who work with children and families were stated to be at greater risk of client violence compared to social workers working with other groups. The literature shows social work settings to be separated into risk categories in terms of all types of client attacks (Newhill, 2004; Horwitz, 2006; Littlechild, 2005; Macdonald & Sirotich, 2001). In this context, those working in the areas of criminal justice, addiction, children/family, and disabled/elderly are in the high-risk group. Workers in the areas of mental health, school social work, and family welfare are in the moderate-risk group, and workers in health care service are in the low-risk group (Newhill, 2004). In spite of all these classifications, the results from our study involve a small portion of the summary of social workers' professional lives with regard to client violence.

Conclusions and Future Study

Research Limitations

This study has a number of limitations, the first of which relates to the study's inclusion criteria. Social workers from all branches of the NASW in Turkey were invited to the study, but the number of participants was limited to 130. In addition, the participants were social workers actively engaged in social work practice in Turkish public institutions who interviewed their clients face to face. More social workers could have been included in the study if legal procedures and time-based

barriers for the study were able to have been overcome. Social workers who've retired from public or private institutions in Turkey are also known to have professional experience with client violence. The thought is that our first study on the particular case of Turkey will then be able to precisely support the literature regarding studies to be planned using information from retired social workers and focused on the relationship betwee client violence and social workers.

The second limitation is this study did not discuss in detail some intermediate variables that have been estimated to be related to client violence (e.g., social workers' reaction to client violence, social worker's city of residence in Turkey when exposed to client violence, the geographical region where the client lived the most in Turkey, and client's sub-culture, educational status, economic status, and profession). In our opinion, other studies may consider the intermediate variables mentioned above regarding client violence.

Thirdly, all the data collected were self-reported and self-assessed because the social workers who'd been exposed to client violence are mostly professionals working in specific social work settings. Different results could be obtained when examining studies involving a slightly greater number of social workers from different social work settings (e.g., medical/psychiatric social work, judicial social work, industrial/occupational social work, and school social work).

Fourth, the study results only include Turkish samples. The collectivist culture, which supports dependence over autonomy, is known to be dominant in Turkey, and this may affect the variable levels the social worker perceived, especially regarding violence. Social workers can be evaluated or criticized by these systems regarding their social work practices when they demand support from the public institution system where they are employed and from the administrative system with which they are affiliated. Therefore, the security measures for client violence are also provided or passed on through the social worker's practice skills. On the other hand, social workers who work in individualist cultures are relatively more cautious in requesting support for tackling client violence and, while a cultural assumption is shared in which the other systems for which support is requested have the freedom to assist according to their own will, providing them with security measures is essential. How social workers practice providing security measures during social work practices has not been evaluated in individualist cultures. The results could have been generalized the Turkish culture, but in order to make comparisons, other country examples should be enhanced.

The last limitation is that some precautionary measures were needed to interpret the findings. In order to identify social workers and collect data more easily in

this study, the simple random sampling method, which is based on determining a sample group that allows items to be selected according to chance, was used in the design of the cross-sectional research. Such a design can make perceiving the real world and identifying causal relationships difficult on some points. The client cannot examine the violence, the type of violence, the conditions in which violence occurs, or the psychosocial effects of violence on their social worker, nor can the longitudinal fluctuations between client and social worker be examined. Longitudinal studies may offer a broader perspective in overcoming the dilemma we mentioned. At the same time, the simple random sampling method is suitable for small-scale study universes, although it allows all the elements in the universe to be equally chosen. At some point, the ability to represent the general universe gets limited because the participants of the study are social workers who are members of an association. This limitation was resolved to some extent by the fact that the data collection process was carried out at branches where 75% of the social worker population was registered in Turkey. Moreover, client violence experienced by social workers should be studied over larger-scale universes by adopting different sampling methods.

Implications for Practice

As a result of the study, a significant difference was found to exist between client violence and social work settings. Social workers working in the area of children and family or in the area of the disabled and elderly constitute professionals who are at risk. The main issue to be considered for future studies is that social workers working in different areas have been separated according to their work areas and evaluated separately within the scope of the study of client violence. Thus, the unique characteristics of each social work practice setting were able to be determined.

As the main objective is to protect social workers during social work practice, providing supervisory support to social workers in all areas could be considered, especially in high-risk areas such as children and family. Post-traumatic growth after client violence and assistance to social workers should also be addressed. The importance, reasons, and management of client violence as well as the existence of such a kind of violence should be included in the curriculum of universities that provide social work education. Reviewing the security strategies in social work practice settings and focusing on in-service training programs is considered important for social workers with regard to client violence. Organizations should recognize client violence against social workers as a serious problem and take measures to ensure safe work environments. Therefore, the need exists for a clear administrative policy

and legislation on preventing client violent and violence in general. In this respect, our suggestion to future researchers is that qualitative research may be useful for understanding the processes in which client violence occurs and thus, be able to reveal what kinds of specific measures can be taken to prevent client violence in institutions.

An intense belief is found that both the association and other relevant non-governmental organizations should act more responsibly and conduct qualified studies on the subject of the client violence members registered to the National Social Workers Association experience. Taking measures that encourage clients to not just avoid but also deter violence is thought to be beneficial for dealing with the factors that contribute to violence (e.g., normalization of violence in Turkish society, inadequate sanctions, failure to obtain results from these sanctions, clients' high expectations, and checking the forces that promise to ensure clients' demands.

In Turkish social work institutions, social workers need to be portrayed not as victims or targets but as guiding, leading professionals in clients' eyes. Preventing client violence will strengthen the future of social workers and the profession and allow them to present more effective interventions. As a result, the findings have revealed the importance of social workers' need for work environments and social work practice settings free of client violence and of facing negative psychosocial effects in order to remove the barriers to a successful professional life.

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Disclosure statement

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