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You are not allowed to tell: organisational culture as a barrier for child protection workers seeking assistance for traumatic stress symptomology

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Abstract

Child protection work is one of the most difficult and complex areas of human services practice. Working within a trauma-laden environment often means that practitioner susceptibility to trauma-related mental health issues is an occupational hazard. However, many practitioners are reluctant to seek support when they start to experience symptoms of traumatic stress. This paper considers current literature relating to child protection workers' exposure to work-related traumatic material, resulting traumatic stress symptomology and organisational responses to practitioner distress. Results from a recent doctoral study that explores the experiences of child protection practitioners based in Queensland will be presented. Findings from the study were derived from qualitative in-depth, semi-structured interviews. The study findings indicate that the organisational culture within statutory child protection agencies creates an environment where practitioners are labelled as incompetent or not suitable for child protection work when they disclose experiencing symptoms of traumatic stress. The experience of bullying and retribution by supervisors and colleagues and the fear of rejection by the workgroup were also found to be significant barriers for workers seeking support.

Introduction

Frontline child protection workers are critical to protecting the most vulnerable children and families in Australia. Within the literature, it is widely acknowledged that child protection work is one of the most difficult and complex areas of social service practice with exposure to primary, secondary and vicarious trauma an inherent part of their work (Dane, 2000; Geller, Madsen, & Ohrenstein, 2004; Levy & Poertner, 2014; Lonne, Parton, Thomson & Harries, 2008; Munro, 2010; Wise, 2017). In the literature, the primary trauma experienced by child protection workers included physical assaults, intimidating, threatening and aggressive behaviour by clients; access to exits blocked; threats to harm workers children and pets; stalking and abusive verbal confrontations (Hunt, Goddard, Cooper, Littlechild, & Wild, 2016; Littlechild, 2005; Stanley & Goddard, 2002). These experiences were listed by child protection workers in addition to witnessing distressing instances of harm to children during hospital admissions, interviews or viewing photographic, audio or visual evidence of abuse. Compounding the stress experienced by frontline child protection workers are other factors outside of their control like onerous media scrutiny and negative public opinion (Lewig & McLean, 2016).

I found consensus in the literature that practitioners who work in a trauma-laden environment are at much higher risk of developing symptoms of traumatic stress than those who don't (Bober, & Regehr, 2005; Bride, 2007; Cornille & Meyers, 1999; Devilly, Wright, & Varker, 2009; Harrison & Westwood, 2009; Hunter & Schofield, 2006; Jankoski, 2010; Meadors & Lamson, 2008; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). Traumatic stress can be difficult to identify due to the broad range of symptomology and manifestations for those who experience it. Abassary and Goodrich (2014) describe the behaviour set exhibited by practitioners as including 'exhaustion . . . accompanied by distress, reduced effectiveness, decreased motivation, as well as dysfunctional attitudes and behaviours at work' (p.66). Other psychological symptoms have been described as including feelings of horror, nightmares and intrusive imagery. Further, some practitioners reported experiencing physical symptoms such as nausea, headaches, digestive issues, weight loss or gain and the exacerbation of existing physical health conditions (Ilffe & Steed, 2000 as cited in Sommer, 2008, p.63).

I found consensus in the literature that constant exposure to violence and trauma is an inevitability for practitioners working in child protection (Hunt et al., 2016; Levy & Poertner, 2014; Lonne et al., 2008; Munro, 2010). Despite this, I found strong criticism of statutory child protection agencies and their continued struggle to identify and manage the presentation of traumatic stress in practitioners (Goddard & Hunt, 2011; Hunt et al., 2016; Littlechild, 2005).

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Organisational culture, as written by UK author Drumm (2012), 'embodies shared values, beliefs and assumptions that are deeply ingrained in an organisation's traditions, and influence how an organisation thinks and feels' (p.1). Culturally, statutory child protection organisations have been described in the literature as toxic (Lonne, Harries, & Lantz, 2013), onerously compliance driven (Smith et al., 2017), unable to meet strategic objectives due to persistent workforce instability (Healy & Oltedal, 2010; Lonne et al., 2013), chronically under-resourced (Healy & Oltedal, 2010; Lonne et al. 2008) and slow to adopt effective change (Lewig & McLean, 2016). Further, work by Hunt et al. (2016) and Lewig and McLean (2016) indicates that statutory child protection organisations can be unsympathetic to the professional support and well-being needs of practitioners and that a culture exists where practitioners are expected to manage their own well-being issues and that failure to do so is an indication of unsuitability for the role.

This paper will outline research findings that highlight barriers impacting on a worker's decision to seek assistance when experiencing traumatic stress as a result of working in a trauma-laden environment. The narratives of participants are included in the findings section to put their voice and experiences at the fore. I will argue for further inquiry into the short-, medium- and long-term impacts of untreated traumatic stress on practitioners who undertake statutory child protection roles on behalf of the state. Recommendations for future research into the impact of untreated traumatic stress in practitioners on the quality of service delivery to vulnerable children and families will also be made.

Methodology

The findings presented in this paper are a subset of findings from a larger doctoral study that explored the experiences of Indigenous child protection workers based in Queensland (Oates, 2018). The larger doctoral study relied on the research participants to answer the primary research question: *What are the experiences of Indigenous child protection workers?* This primary research question reflected the dearth of research related specifically to the way in which Indigenous Australians experience undertaking child protection work.

Ethical approval/considerations

The proposed research methodology received clearance from the James Cook University Human Research Ethics Committee (approval number: H6266) in August 2015 for a period of 12 months. An extension of 6 months until 31 March 2017 was subsequently approved by the ethics committee.

Research design

The study employed an exploratory, qualitative research design, informed by a critical theory lens with a specific focus on decolonising research practices. Decolonising theory in a research context embraces the Aboriginal and Torres Strait Islander participants as the experts regarding issues that pertain to them and their communities (Coram, 2011; Kowal, Anderson, & Bailie, 2005). A decolonising theoretical framework views the researcher and participants as co-creators of knowledge, where the primary consideration of the research agenda is to benefit and transform the group being researched, and that knowledge should be used as a vehicle for change (Creswell, 2013; Jenkins, 2015; Mertens, 2003; Prior, 2007; Wilson & Yellow Bird, 2005). Research agendas framed by critical theory traditionally prioritise the voices of the marginalised and oppressed, as well as finding opportunities to challenge structural inequalities and create change (Mertens, 2010).

Participant voice

The participants in this study were firmly rooted as experts, informed by their knowledge and experience. The findings section of this paper relies heavily on the voices of the participant group and includes sections of their narratives verbatim. Participants were asked to nominate a pseudonym they wished to be known by in subsequent publications. Many of the participants chose to use names related to relatives who had a special significance in their lives. In particular, a number of participants chose to use their grandmother's name. One participant shared a story about his/her grandparents being stripped of their birth names and given infantilised Western names. The removal of birth names from Aboriginal children was a strategy used by the colonisers to sever cultural and tribal connections (Atkinson, 2002; Bennett, 2013). This not only resulted in humiliation but also caused difficulty for subsequent generations to trace their ancestral origins. The significance of being known by one's birth name to Indigenous Australians cannot be underestimated.

Methods

Sampling, recruitment and participant consent

As previously stated, the findings that will be discussed in this paper are a subset from a larger doctoral study (Oates, 2018), which sought to answer the primary research question – *What are the experiences of Indigenous child protection workers?* A purposive sampling method was used to identify potential participants, – that is, participants who self-identified as Aboriginal and/or Torres Strait Islander, and who had worked or were currently working in the child protection service system within Queensland. I approached non-government agencies who delivered programmes including intensive family support, family preservation and reunification services and Recognised Entity services to help with disseminating information relating to the study. I also approached the Australian Association of Social Workers with the study proposal, which was subsequently endorsed and advertised on their website and in their monthly newsletters. During the participant recruitment phase in 2015, I approached the statutory child protection agency in Queensland – that was, at the time of enquiry, the Department of Child Safety. I sought the Department's approval to advertise the project to Indigenous practitioners who were current employees. Due to their internal processes, permission was not granted. As a result, only practitioners previously employed by Queensland's statutory child protection agency were eligible to participate.

Once identified as eligible to participate, interested practitioners were given a participant information sheet, a list of prompt interview questions and an informed consent document. The provision of prompt questions gave the participants an opportunity to thoroughly understand the scope of the project and to build trust between the participant group and myself as the researcher. Canadian Aboriginal academics Absolon and Willett (2005) wrote that:

> Aboriginal peoples have been misrepresented and exploited for countless generations as the subjects of academic, 'scientific' studies conducted by non-Aboriginals ... as a result, Aboriginal communities today are no longer content to be passive objects of 'scientific' study, but demand to know who is doing the research and for what purposes. (pp. 106–107)

By providing a list of questions beforehand, the participants were assured that there would be no surprise questions that would place them in difficult or embarrassing situations. Participants were invited to consider the prompt questions and to answer all, some or none of them. Alston and Bowles (2012) referred to the sharing of interview questions as good ethical research practice because it furthers a participant's ability to give fully informed consent. Similarly, Neuman (2014) argued that 'it is not enough to obtain permission; people need to know what they are being asked to participate in ... only then can they make an informed decision' (p. 151). Potential participants were invited to take some time to consider the information contained within the documents. I informed the participants that they were under no obligation to consent to participate during our first meeting and that they could withdraw their consent at any time.

Introducing the participants

In total, 13 practitioners consented to participate in the study. All had occupied positions that deliver child protection services to children and families, either in a statutory and/or non-statutory capacity. Those participants with experience working in non-government, non-statutory agencies all worked with children and families referred by the local statutory child protection authority. The participant group as a whole had substantial experience working in the child protection sector. Three had statutory experience with an average length of experience being 9 years, four had statutory and non-statutory experience with an average length of 10 years and six had only non-statutory experience with an average length of 11.5 years. Additionally, six participants had supervisory experience across the statutory and non-statutory child protection sector. Qualifications of the participants were varied. Nine had Bachelor degree qualifications (social work, community welfare or psychology), and four had certificate or diploma qualification or were currently studying to obtain a Bachelor degree. The majority of the participants' work experience was located in Queensland.

Data collection: semi-structured in-depth interviewing

The practitioners involved in the study participated in semi-structured in-depth interviews in 2015 and 2016. As a qualitative method of data collection, in-depth interviewing was used to access knowledge of 'meanings and interpretations that individuals give to their lives and events' (Minichiello, 1995, p. 1). The adoption of in-depth interviews as a data collection method provided the participants with the opportunity to present their world from their perspective and to explain their experiences in as much depth as they wished (Brinkmann & Kvale, 2015). In-depth interviews also provided the participants with the space to explore and discuss the changes they would like to see occur as a result of their participation in the study. With the participants driving what they wished to share in the interview process, a level of control was shifted from the researcher to those participating in the research (Potts & Brown, 2005; Prior, 2007). This was of particular significance given my non-Indigeneity and indicative of a decolonising theoretical research framework.

Analysis

The purpose of analysis in qualitative research is to interpret the data for meaning (Corbin & Strauss, 2015; Creswell, 2013; Neuman, 2014). The semi-structured in-depth interviews were audio recorded and transcribed verbatim with the exception of one participant. That participant did not consent to his/her interview being recorded – they chose to have handwritten notes taken during the interview for the purpose of accuracy. Participants were sent their transcripts which once approved were uploaded to the qualitative data analysis software package NVivo. A thematic analysis framework was then applied. Data analysis occurred through initial and subsequent coding. Data were then read and re-read. This deductive data analysis process (Creswell, 2014) allowed a comprehensive set of themes and subthemes to be developed. Barriers to workers seeking support for trauma-related mental health concerns were a key theme that emerged from the narratives of participants through the thematic analysis process and will be the theme presented and discussed in this paper.

Limitations

As with any study, this research comes with some limitations. Some of the participants were known to me through my previous role as a practitioner and supervisor within the statutory and non-statutory child protection service system. I am aware that this may have resulted in participants feeling compelled to participate or equally feeling that they could not. I have no information either way to substantiate these statements; however, it is an issue to be aware of.

Statutory child protection services in Australia are administered through individual states and territories; thus, legislation and practice vary widely (Briggs, 2012). The majority of the participant pool drew on work experience that was based in Queensland. Therefore, elements of this study may not have relevance across all jurisdictions.

The majority of participants in the study were women. While this is reflective of the female-dominated human services industry, it must be acknowledged that the inclusion of more male voices could have influenced the findings of this study.

A note on the sample group

As previously noted, the sample group in this study were Indigenous child protection practitioners. There were a number of findings from the larger doctoral study (Oates, 2018) that relate specifically to a participant's Indigeneity. These results will be published in due course. Participants in this study shared experiences of undertaking child protection work that were consistent with previous studies examining child protection workers in a broader general context, where the cultural background of participants was not defined. The areas of similarity included constant exposure to trauma and violence (Littlechild, 2005; Stanley & Goddard, 2002), the experience of symptoms related to traumatic stress (Levy & Poertner, 2014; Lonne et al., 2008; Munro, 2010; Wise, 2017), lack of quality supervision and organisational support (Goddard & Hunt, 2011; Manthorpe, Moriarty, Hussein, Stevens, & Sharpe, 2015; Wilkins, Forrester, & Grant, 2017) and a workplace culture of bullying and harassment (Hunt et al., 2016; Whitaker, 2012). I will expand on these similarities later in this paper. Given the parallel experiences, I argue that undertaking child protection work is an innately difficult and complex vocation, regardless of a worker's cultural background. I would encourage readers to view the findings outlined in this paper within this context.

Study findings

Practitioner exposure to trauma

All participants described their experience undertaking child protection work as complex and challenging. Many participants described being exposed to traumatic material and events in their workplaces, including exposure to physical, psychological and sexual harm of children.

> We take it on – we hear, we feel all the disadvantage and the bad stuff that are happening to our children and our families. It's constant and it's different situations and different families every day. And it's constant – Missy

In addition, children and young people who experience trauma can present with a number of disturbing and confronting behaviours like public self-harm, drug overdose, harm to animals, perpetration of harm against other vulnerable children, and aggression towards their carers and protection workers. While working in statutory child protection roles, a number of participants outlined similar challenging experiences.

> But I remember once me and another case worker actually had to lock ourselves in a room with another [child] client in the service because they [child client] were just going crazy and smashing the place and throwing chairs and threatening everybody. We're trying to ring the police on the phone in this room – Sarah

Participants shared experiencing frequent and persistent threats of, and actual, violence by adult clients.

> It got to the point where he was standing in front of the back door preventing us from leaving. The Police had to talk to him through the back door to convince him to let us out – Alice
>
> Went to do a contact and was physically assaulted by the father, he shoved me into a [large hard object] – Mary

Many participants detailed occasions when their physical safety was placed at risk due to violent and threatening behaviour directed towards them by child and adult clients. Workers experiencing violence as a result of undertaking child protection work is consistent with existing studies by Hunt et al. (2016), Littlechild (2005) and Stanley and Goddard (2002). These studies examined child protection workers' experience of violence and outlined the types of violence which included physical assaults (including with weapons and bodily fluids); damage to worker property (usually their car); threats to harm worker as well as workers' children, family and pets; stalking; death threats; obscene and abusive phone calls (Hunt et al. 2016; Littlechild, 2005; Stanley & Goddard, 2002).

Practitioner experience of traumatic stress and ongoing impact

Many participants shared that they had experienced physical and emotional symptoms of traumatic stress as a result of working in the trauma-laden environment of statutory child protection. The symptoms described by participants included the inability to manage emotions, excessive crying, anger and rage; inability to focus and manage time, disrupted sleep including insomnia and nightmares, depression, anxiety and panic attacks; and excessive questioning of their self-worth, skills and decision-making capability.

> I went to my doctor, because I was an absolute mess. I couldn't open the door, I was hiding away from people . . . it forced me to have severe depression and anxiety and that still, you know, still get angry about it at times – Matilda
>
> I'd be in tears going to work, in tears after work – Sarah
>
> I'd come home and lock myself in my room for two hours and cry before I could function. Having children, you can't do that. That distresses them. So that's when it was like that final straw. I can't continue like this. I can't do this. This is not worth maintaining an income but not being able to maintain your well-being – Mary

Some participants described feeling disconnected from their family and feeling a sense of being isolated and unsafe. For these participants, their experience of traumatic stress manifested in the non-completion of work, absenteeism, decreased motivation and flat affect while at work.

> If I am emotional, or upset, or things are on my mind, I can't focus on the other things. I couldn't manage my time – Rosalyn

As previously mentioned, a number of previous studies have outlined the type of traumatic material child protection workers are exposed to while undertaking the duties of their role. However, those studies do not focus on the ongoing nature of traumatic stress symptomology experienced by workers, once the stimulus of working in a trauma-laden environment has been removed. Participants in this study described their experience of traumatic stress to be ongoing in nature and persisting after they had left their job in child protection.

> I was like I need to go and get help. That's when I really started to deal with the trauma that I have been through with [statutory child protection agency]. That was the first time, after two years [of leaving] – Mary
>
> The first time I had to go out to my old office for a meeting, I had a panic attack. Yeah, it was really, really difficult. Yeah, it's just whenever I talk about it, like I am now, I get that thumping feeling in my gut – Matilda

Organisational culture as a barrier to seeking support: not coping = incompetence

I asked participants about their experience of seeking support within their workplaces when they started to experience symptoms of traumatic stress. Participants who worked statutory child protection roles shared that they have been, and in some cases still would be, reluctant to seek support from their line supervisors. Some participants shared that they would also be reticent to disclose struggles with well-being to their colleagues who were at level, that is, in the same position to them in their workplace. Participants described the workplace culture within statutory child protection agencies as not allowing workers to speak openly about experiencing symptoms of traumatic stress.

> They might be worried that it could make it worse, they might lose their job. There's a whole range of reasons why they wouldn't talk about it with anybody. You know, they might be just dismissed, like, you know, be told to grow a spine or something. Or just not believed – Lisa

Many participants shared that the workplace culture supported the belief that if a worker is not coping in their role for any reason, they must be incompetent.

> There was almost a culture of if you say you're not coping, then you immediately become incompetent and you're immediately treated as being incompetent . . . basically, if you guys can't cope, maybe you should work somewhere else. So it's almost like you don't want to speak up then because people think you can't do your job properly – Mary
>
> I guess in some respects it's frowned upon, it's almost like, you know, 'Oh, get over yourself', you know, if you want to work in this place you need to harden up – Matilda
>
> They would say – Do you think that's really something you should be talking about around the office? Aren't you worried that you'll lose your job? – Alice

Additionally, some participants said that if a worker was open about experiencing symptoms of traumatic stress, then he/she was considered to be not suitable for child protection work.

> I'm being told maybe you're not suited to your role in the department. I've been here [number] years, but okay, whatever – Sarah
>
> I went and saw the manager about it and she said yeah, well maybe child safety work isn't for you, maybe you could work in projects or do a different job somewhere else – Rosalyn

One participant shared that upon disclosure she was struggling with symptoms of traumatic stress, her manager's response was to reiterate that mental health issues came with the position and that if she continued to struggle, she should pursue another vocation.

Participant reluctance to seek support, fearing a critical response from supervisors, is consistent with Hunt et al.'s (2016) mixed methods study of child protection workers and their experiences of organisational and management response after an incident with hostile parents. Hunt et al. (2016) found that a common response from organisations was to find fault with the worker, reiterate that exposure to violence is part of statutory child protection work and that they should 'improve their stamina and resilience' (p.14).

Positive experiences seeking support from line management

Not all participants had negative experiences with their line managers. One practitioner expressed a positive experience after approaching her manager for support. This participant described having her distress acknowledged, being provided with options for time away from her work and feeling that the supervisor had a genuine interest in her well-being. This participant acknowledged that the supportive response contributed to her traumatic stress symptoms resolving and being able to continue on in her position. The experience of this participant achieving a resolution of her symptoms as a result of positive supervisor response is consistent with studies from Hunt et al. (2016) and Littlechild (2005) who found that the organisations' response to practitioners seeking assistance or support is critical to a positive outcome.

An organisational culture of bullying, intimidation and retribution

As previously mentioned, fear of being seen as incompetent was a barrier for participants seeking assistance. Another key barrier that emerged from the narratives of participants was fear of bullying, intimidation and retribution. Intimidating behaviour demonstrated by supervisors in the workplace was reported by all participants who had worked in statutory child protection agencies.

> She screamed at me like I was a naughty child, stood over the top of me. I actually said to her, don't stand over the top of me. You need to sit down. You're supposed to be a professional. She lost her shit. – Mary
>
> Then that team leader actually assaulted someone in front of me and I stood in. She did. She assaulted them – she stood over [worker] who has had – [worker] was already mentally unstable. She's wasn't coping. She'd gone from being bright, vibrant, happy, achieving to sitting under her desk with a small blanket, rubbing it during her lunch hour. She had a mental breakdown. In front of us all at work. – Sarah
>
> She stood over me. I had to ask her to leave my desk which was actually a really big deal because she's a little bit scary. – Isabella

Examples provided by participants involved senior members of staff as the aggressor, and these incidents occurred in open-plan workspaces where other staff could either see or overhear. To the knowledge of the participants, no further action was taken against the aggressor in the incidents described above. Participants stated that they were aware of anti-bullying and harassment policies in their workplace; however, they stated that colleagues did not often make complaints due to the fear of retribution. Examples of retribution were reported by participants to include the allocation of additional and complex work that would normally be considered unreasonable; isolation within the team or office setting; no longer being invited to lunch, coffee or drinks; worker competence being questioned; being overlooked for promotion and being labelled as difficult or not a team player. After such an incident, participant Mary describes being allocated a new case list:

> . . . the 20 cases I had were every single one of the complex trauma cases. All of them. They pile you with work. Pile you and pile you and pile you until you break . . . Because I spoke up . . . it was a nightmare. It was a living nightmare – Mary

The experiences shared by participants do indicate that a negative workplace culture that includes bullying, harassment and retribution may exist within statutory child protection workplaces and may be contributing to practitioner reluctance to seek support when experiencing symptoms of traumatic stress. Participant experiences are consistent with the study by Tracey Whitaker who at the time of writing was the Director at the Centre for Workforce Studies & Social Work Practice in the USA. Whitaker (2012) found that 58% of respondent social workers had experienced bullying in their workplace. The culture of bullying within child protection agencies, specifically, was also present in the study by Australian child protection researchers Hunt et al. (2016), who found bullying and a fear of retribution to be a common experience among statutory child protection practitioners in their workplace.

The results from this study indicate that there are a number of barriers for practitioners seeking support for well-being matters that are rooted in hostile and unsupportive organisational culture. As previously outlined, these barriers include fear of being seen as incompetent and not suitable for child protection work. Another barrier for participants was their fear of bullying, intimidation and retribution. All the participants who had worked in statutory child protection workplaces described the culture to be one where matters pertaining to well-being are not openly discussed. Those who do indicate that they are struggling are often isolated or punished in some way leaving the participants to draw the conclusion that the rules of statutory child protection workplaces are that – *you are not allowed to tell.*

Discussion

In statutory child protection practice, regardless of jurisdiction, the overall aim is to ensure that the care and protective needs of children are met. Parents deemed unable to achieve this are often assessed as lacking the ability to prioritise the needs of their children over their own, to take responsibility for their harmful actions and to communicate without aggression or violence. They tend to focus on identifying the deficits in professionals rather than evaluating how their actions negatively impact on others. The list of attributes ascribed to parents within the statutory system were almost identical to the behaviour of line supervisors described by participants who had a negative and damaging experience when seeking support for well-being matters related to traumatic stress.

It has been established in the literature that child protection work is challenging and complex and worker exposure to trauma is an inevitability (Hunt et al., 2016; Levy & Poertner, 2014; Lonne et al., 2008; Munro, 2010). As human services professionals, we collectively know that constant exposure to trauma alters a person's perception of themselves and their sense of safety in the world. We accept and acknowledge that there will be times when intervention is required to restore equilibrium. We do this work with our clients

on a daily basis. So how is it that workers who find themselves experiencing traumatic stress as a result of their work in complex trauma-laden environments feel that they cannot safely seek support from their organisation?

The analysis of the results discussed in this paper were conducted through a critical theory lens. Critical theory concerns itself with examining conditions of domination, power and oppression (Reeves, Albert, Kuper, & Hodges, 2008). Critical social work academic Fook (2012) argued that understanding the beliefs and values that underpin ideas and practices is critical because it 'allows us to make links between the social structure and individual lives by explaining how people internalise thinking about the social structure and their place within it' (p. 65). Relying on Fook's work as an analytical framework, I question what is it about the beliefs and values of statutory child protection workplaces that make it so difficult for practitioners to seek care and support for work-related well-being issues?

Statutory child protection authorities, by design, have the ability to exert enormous amounts of power over extremely vulnerable populations. Non-compliance with directions given by statutory child protection authorities can result in severe sanctions like restricted contact visits and the removal of other parental rights, for instance, not knowing where your child is residing. Could the state's exertion of power and expectation of compliance when working with vulnerable populations also be the way they manage their workforce? Australian academic Quinn (2003) argued that 'the values, beliefs, meanings and practices from the dominant culture become not only central, but also the benchmark. Other values and meanings are perceived as different and become constructed as inferior, deviant or pathological' (p. 78). The narratives of participants indicate that failure to follow organisational cultural norms – that is, *you are not allowed to tell* – also result in severe sanctions and labels of deviance as described by Quinn. The participants described sanctions to be focused on deficits in the practitioner rather than the systemic causes of behaviour 'deviant' to existing cultural norms. Sanctions were described by participants to include unreasonable additions to workload, questioning of competence, isolation and rejection from the workgroup, leading ultimately to resignation.

The impact of practitioners who experience traumatic stress, without support or therapeutic intervention, on the quality of service delivery to vulnerable children and families is under-researched and therefore unknown. However, drawing from parallel literature, the study by Hunt et al. (2016) of 423 child protection practitioners found that 42% believed that the quality of their care and protection assessments were compromised because of a lack of adequate support and supervision. Similarly, Briggs, Broadhurst and Hawkins (2004) argued that attention needs to be 'paid to the mental health of professionals engaged in child protection' and that deficient provision of appropriate support and supervision to child protection practitioners leads to potential neglect of children's safety (p.5).

Recommendations for further research

The findings from this study indicate that there is a reticence for statutory child protection workers to seek care and support from their organisations for the reasons I have already outlined. The work by Briggs et al. (2004) and Hunt et al. (2016) underpins my recommendation that further research be undertaken into how service delivery to the most vulnerable children and families is impacted upon by child protection practitioners who are struggling with traumatic stress symptomology, unsupported by their organisation.

I would also recommend for statutory child protection agencies to partner with academic networks to increase the awareness of traumatic stress, its presentation and how trauma-laden organisations can better support their workforce. As previously mentioned, there is consensus in the literature that working in a trauma-laden environment will inevitably lead practitioners to experience some level of traumatic stress. However, from the narratives of participants, it may be that this research knowledge has not translated into the practice of statutory child protection agencies.

Finally, I would recommend that further inquiry be undertaken that explores the short-, medium- and long-term impacts of traumatic stress on the well-being of practitioners who have undertaken child protection work on behalf of the state. These data are missing from the literature.

Conclusion

In conclusion, I would like to sincerely thank the study participants for being brave enough to share their experiences. Their bravery will hopefully start to illuminate what is, in my view, one of the great taboos in statutory child protection work.

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