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Independent and Combined Effects of Workplace Harassment among Child Welfare Workers

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ABSTRACT

Workplace harassment, or perceived mistreatment directed toward a worker, is dangerous to worker health and job attitudes. Child welfare workers are particularly susceptible to workplace harassment due to high-stress job environments. Using a work stress process framework, this study examined how perceptions of status-based bias (i.e., discriminatory behaviors based on a status characteristic), supervisor bullying (i.e., bullying behaviors from a supervisor), and client violence (i.e., violence perpetrated by clients) related to personal and work-related outcomes among child welfare workers. Separate models considered independent and collective effects. This study used data from the Florida Study of Professionals for Safe Families (FSPSF), a statewide sample of child welfare workers ($n = 969$). Regression models tested the associations among the types of workplace harassment and workers' outcomes. Descriptive findings indicated that, largely regardless of status characteristics, status-based bias, supervisor bullying, and client violence are pervasive. Linear regression results showed that harassment related to negative, independent, collective, and largely additive effects to mental health and job attitudes. The widespread nature of workplace harassment among child welfare workers coupled with the evidence that each additional form of harassment is associated with worse outcomes suggests the importance of proactive and responsive measures at the agency level.

Between 2018 and 2021, the United States Equal Employment Opportunity Commission (U.S. Equal Employment Opportunity Commission (EEOC, 2022)) reported 98,411 complaints alleging workplace harassment. Workplace harassment is commonly defined as perceived mistreatment, including intimidating, hostile, or abusive behavior, that occurs through organizational structures or interpersonal interactions in the workplace (e.g., Rospenda et al., 2009). It includes verbal and physical agitation (Kessler et al., 1999), bullying (Fox & Stallworth, 2005), microaggressions (Offermann et al.,

2014), and exclusion or isolation (Smith & Calasanti, 2005) and is associated with increased feelings of psychological distress (Krieger et al., 2010), depression and anxiety (Raver & Nishii, 2010), and increased blood pressure (Wager et al., 2003). Harassment is associated with decreases in job satisfaction (Ensher et al., 2001), organizational commitment (Ensher et al., 2001; Triana et al., 2010), and job efficacy (Jang et al., 2017); and increases in turnover intent (Raver & Nishii, 2010; Triana et al., 2010).

Some workers face higher rates of workplace harassment than others, such as those in high-stress environments and those who interact with the public (Schat & Kelloway, 2005). Within the health and human services sector, child welfare is one such profession in which individuals, particularly frontline workers, are susceptible to workplace harassment (He et al., 2021; Radey & Wilke, 2021). Workers perform in high-stakes environments investigating and providing services to families with alleged or verified cases of child abuse or neglect. Many times, their job duties require conducting home visits, working irregular hours, working in high-crime areas, and working with hostile clients (National Institute for Occupational Safety and Health (NIOSH), 2021). These conditions contribute to job stress, feelings of burnout, and turnover for workers (Benton, 2016; Dickinson & Perry, 2002), and longer stays in care and decreased chances of reunification for children (Ryan et al., 2006).

Despite workers' susceptibility, few studies examine the impact of perceived harassment on mental health and job attitudes for child welfare workers (He et al., 2021). In addition, few studies examine multiple dimensions and sources of harassment. Recent evidence suggests the importance of considering the intersectional nature of harassment forms based on individuals' multiple workplace encounters (Raver & Nishii, 2010). This study applied a work stress process framework (Pratt & Barling, 1988) to examine perceptions of harassment among child welfare workers and its relation to their personal and professional welfare. Findings can inform workplace policies and practices to nourish worker success.

Conceptualization of workplace harassment

The intimidating, hostile, or abusive behavior of workplace harassment that workers perceive can take many forms. Three forms particularly relevant for child welfare workers are experiences of status-based bias, supervisor bullying, and client violence. Status-based bias, as conceptualized in our study, refers to instances of perceived direct or indirect discriminatory behaviors based on a status characteristic (e.g., race, age, LGBTQ+; Raver & Nishii, 2010). Using data from the 2006, 2010, and 2014 nationally representative General Social Surveys ($N = 3,724$), Harnois and Bastos (2018) found high rates of workplace discriminatory behavior such that 17% of men and 23% of women perceived at least one form of discrimination based on gender, age, race, or another

characteristic in the last 12 months. Actions reflecting status-based bias create a hostile work environment (Raver & Nishii, 2010).

Work relationships that include bullying or intimidating behaviors (e.g., verbal abuse, inappropriate e-mails, excessive monitoring) are a second type of workplace harassment. A cross-sectional study examining experiences of workplace bullying among social workers, a profession which often includes child welfare workers (n = 111), found that 58% of workers reported being targets of demeaning, rude, and hostile behavior within the previous year (Whitaker, 2012). A common source of workplace bullying is supervisors. Although few, if any, studies examine effects of supervisor bullying specifically, studies establish the importance of workers' relationships with supervisors. For example, lacking supervisor support contributes to child welfare workers' feelings of burnout and intentions to leave their positions (Jacquet et al., 2008). Moreover, supportive child welfare supervisors can reduce workers' job stress and mitigate burnout and turnover (Olaniyan et al., 2020). Our study is uniquely positioned to examine how supervisor bullying, above and beyond the absence of support, contributes to worker outcomes.

Client violence, or instances when an individual becomes violent while receiving services, is a third dimension of workplace harassment. It can include physical violence (e.g., stalking, blocking exits), threats (e.g., threats to harm workers), and verbal aggression (e.g., racial slurs) that clients or their associates direct at workers. In one study, over 75% of child welfare workers experienced client violence within a 6-month period (Radey & Wilke, 2021), well above staff in other occupations (Littlechild, 2005). In addition, client violence contributes to poor worker health and lower retention (Littlechild, 2005; Radey et al., 2022).

Outcomes of workplace harassment

Mental health outcomes

Burnout, stress, and psychological distress are mental health outcomes particularly relevant for health and social service professionals including child welfare workers (He et al., 2021). In one of the few studies examining harassment among child welfare workers (n ~ = 1,600), higher levels of status-based bias were associated with higher levels of burnout (He et al., 2021). Although few studies examine the relationship between harassment and burnout among child welfare workers, several studies examining medical professionals, a related frontline helping profession, suggest that harassment is associated with deteriorating mental health and burnout (Kemper & Schwartz, 2020; Stahl-Gugger & Hämmig, 2022).

Workplace harassment is also closely associated with increased stress. Kaukiainen et al. (2001) found that among social and health service workers (n = 169), those who felt victimized in the workplace reported significantly

higher physical stress symptoms (e.g., headaches, sleeplessness) than those who had not. Similar to burnout, few, if any, studies examine harassment and its relation to stress specifically for child welfare workers. However, multiple studies indicate the positive relationship among medical professionals (Kemper & Schwartz, 2020; Wager et al., 2003)

Workers perceiving harassment also are at risk for psychological distress. A meta-analysis on the relationship between multiple types of discrimination and psychological distress ($N = 40$) reported that experiencing multiple forms of status-based discrimination predicted depression, posttraumatic stress disorder (PTSD), psychosis, lower self-rated mental health, and greater odds of substance use (Vargas et al., 2020). Additionally, client violence is related to worse worker psychological and emotional health. In a review of seven studies of violence toward social workers, Robson et al. (2014) found that violence negatively impacted workers' psychological well-being and their practice with clients.

Job attitude outcomes

Perceiving workplace harassment relates to job attitudes, including job satisfaction, perceptions of organizational justice and support, and work self-efficacy. For example, among child welfare workers, He et al. (2021) found status-based workplace discrimination was significantly associated with lower levels of job satisfaction. Additional studies suggested that status-based harassment was associated with job satisfaction within the larger social service sector (Jang et al., 2017).

Workplace harassment also influences workers' perceptions of their organization. Research on status-based bias found that not recognizing workers' racial and ethnic identities was linked to perceptions of less organizational engagement, less organizational trust, and greater perceptions of bias among Black and Indigenous people of color (BIPOC; Plaut et al., 2009). Although few studies examine harassment and organizational characteristics among child welfare workers, the relationship is negative for related frontline professions (Kemper & Schwartz, 2020).

Finally, although it is currently untested, workplace harassment may impact workers' self-efficacy, or the belief they can successfully perform their job duties. Self-efficacy predicts overall job satisfaction among child welfare workers (Benton, 2016), and child welfare supervisors play an important role in a worker's self-efficacy. In a sample of child welfare workers ($n = 417$), ratings of supportive supervision were significantly associated with higher work self-efficacy, and reports of little to no supervision significantly predicted lower self-efficacy (Julien-Chinn & Lietz, 2015). Given the connection between supervisor support and worker self-efficacy, this study provides the opportunity to consider the relationship between harassment, including supervisor bullying, and work self-efficacy.

Theoretical framework

The work stress process framework (Pratt & Barling, 1988) informs our understanding of how various forms of workplace harassment relate to worker outcomes. It suggests that stressors (i.e., objective events, such as use of slurs or threats) and worker stress (i.e., subjective experience of events) contribute to strain (i.e., outcomes of stress, such as burnout). Within this framework, competing theories suggest that status-based bias, supervisor bullying, and client violence could intersect to have additive (Holmes & Rahe, 1967), adaptive (Helson, 1964), or exacerbated (Raver & Nishii, 2010) effects on worker outcomes. First, considering additive effects, Holmes and Rahe (1967) theorized that the health effects of a stressor, such as harassment, are calculated depending on the addition of specific life stressors (Holmes & Rahe, 1967). Several studies have supported the idea of additive stressors including those examining employees (Raver & Nishii, 2010), school children (Sandoval & Acuna, 2008), and gay men (Preston, 2006). Applied to the current study, additive effects suggest that each form of harassment (i.e., status-based bias, supervisor bullying, and client violence) will contribute to outcomes such that the addition of each type worsens outcomes.

Second, adaptation-level theory (Helson, 1964) suggests that once an individual is exposed to one negative experience, they adapt for future experiences and will not experience the same level of negative response as the first experience. Applied to our study, the effects of one form of harassment (e.g., supervisor bullying) may supersede those of another form (e.g., status-based bias) such that multiple forms of harassment do not influence outcomes above and beyond the first form. In essence, workplace harassment, in all its forms, becomes an expected part of the job; workers acclimate to accept undesirable stimuli (i.e., harassment) in any form.

A third type of response, an exacerbation effect, proposes an amplified response (e.g., interaction effect) to each additional form of harassment (Raver & Nishii, 2010). Informed by energetic theories, exacerbating effects suggest that additional forms of harassment heighten worker arousal, increase feelings of hypersensitivity, and subsequently incur increasingly worsening effects for worker outcomes. For example, if workers experience supervisor bullying, any additional form (i.e., bias, client violence) would increase sensitivity, increase reactions, and worsen outcomes beyond the effect of any one form of harassment.

Study aims and hypotheses

Research indicates that workplace harassment is detrimental to worker health and job attitudes. Child welfare workers, a subset of health and human services workers, are at high risk for such harassment (He et al., 2021; Radey & Wilke,

2021). Yet, there is limited empirical evidence on workplace harassment within this workforce (He et al., 2021). The current study applied an expanded stress process framework (Raver & Nishii, 2010) to the child welfare setting to determine how status-based bias, supervisor bullying, and client violence independently and in combination relate to workers' mental health and job attitudes. We posed four research questions: (1) What is the prevalence of status-based bias, supervisor bullying, and client violence among child welfare workers? (2) How does harassment vary by status characteristics? (3) How do forms of workplace harassment individually contribute to mental health and job attitudes? and (4) How do forms of workplace harassment combine to contribute to mental health and job attitudes? In support of the additive hypothesis and prior literature (He et al., 2021; Raver & Nishii, 2010), we formed three hypotheses:

Hypothesis 1. Perceiving workplace harassment is common among the child welfare workforce, particularly among underrepresented status groups.

Hypothesis 2. Forms of harassment are related to mental health and job attitudes, including higher levels of burnout, stress, and psychological distress as well as lower levels of job satisfaction, organizational support, organizational trust, and work self-efficacy.

Hypothesis 3. Perceiving various forms of harassment will produce additive effects such that workers experiencing multiple forms fare worse than those experiencing a single form.

Method

Study sample

The Florida Study of Professionals for Safe Families (FSPSF) is a longitudinal, cohort study of child welfare workers hired in Florida from September 2015 through December 2016 ($N = 1,500$). An FSPSF team member presented the study in person at all trainings statewide during data collection, and 84% of eligible workers participated. Respondents completed online, biannual surveys that measured individual and organizational characteristics; health and well-being; and employment decisions. More than 75% of respondents were retained at each wave (Wilke et al., 2017). This study includes workers who responded at Wave 2 ($n = 1,306$) and remained in the child welfare profession at Wave 2 ($n = 1,100$), the first wave in which workers had experiences in child welfare. Due to the low level of non-response missingness for predictors ($n = 24$; 3%), we employed listwise deletion ($n = 969$). Missing data analyses

indicated statistically significant differences between those with and without complete data for race/ethnicity and education level. As with other studies (Yancey et al., 2006), advantaged respondents (i.e., White respondents and those with graduate education) were overrepresented. All study protocols were approved by the Institutional Review Board at the authors' institution (#2015 15693).

Mental health outcomes

Burnout
The Copenhagen Burnout Inventory has 19 items and uses a 5-point Likert scale to measure personal, work-related, and client-related dimensions of burnout (Kristensen et al., 2005). Combined, the scale measures fatigue and exhaustion, the core concepts of burnout (e.g., How often do you feel tired?). Following Kristensen et al. (2005), we multiplied scores to range from 0 to 100. Scale reliability for the analytic sample was high (α = .95).

Stress
Cohen et al.'s (1983) 4-item perceived stress scale measured workers' level of global stress. On a five-point scale, respondents indicated the frequency of experiencing certain feelings in the past month (e.g., how often did you feel you were unable to control important things in your life?). Scale reliability for the analytic sample was acceptable (α = .76).

Psychological distress
The Composite International Diagnostic Interview (K-6 questions) measured levels of psychological distress. The K-6 questions used a five-point scale anchored from "none" to "all of the time" in the past month (e.g., "how often did you feel . . . hopeless?"). Scale reliability for the analytic sample was very good (α = .89).

Job attitudes

Job satisfaction
The 36-item Job Satisfaction Survey measured workers' level of total job satisfaction (Li & Huang, 2017). Respondents rated their level of agreement with each item on a 6-point scale (e.g., "I like the people I work with"). Scale reliability was high (α = .91).

Organizational justice
A 4-item sub-scale of Parker's Organizational Climate scale was used to measure organizational justice (e.g., "Decisions about my job are made in

a fair way"; Gagnon et al., 2009). Respondents rated their level of agreement on a 5-point scale. Scale reliability for the analytic sample was good (α = .82).

Organizational support

A 4-item sub-scale of Parker's Organizational Climate scale was used to measure organizational support (e.g., "This organization really cares about my well-being"; Gagnon et al., 2009) Scale reliability for the analytic sample was very good (α = .87).

Work self-efficacy

Taken from Pearlin and Schooler's (1978), Texas Christian University of Behavioral Research's 5-item measure of self-efficacy assessed work self-efficacy. Respondents indicated on a 5-point Likert scale how much they agreed with each item (e.g., I consistently plan ahead and then carry out my plans). Scale reliability for the analytic sample was very good (α = .89).

Workplace harassment

Status-based bias

Items from the Diverse Learning Environments Survey measured bias (Higher Education Research Institute Diverse Learning Environment (HERIDLE, 2013)). Respondents indicated if they had experienced bias in the workplace based on the following statuses in the past 6 months: (a) race or ethnicity, (b) age, (c) religion, (d) gender, (e) sexual orientation, or (f) ability. We examined sample distributions for each type of bias in the descriptive statistics. For the regression, we created a dichotomous indicator to distinguish respondents who perceived bias on at least one identity from those who did not.

Supervisor bullying

We included a single-item indicator to measure supervisor bullying from the Supervision Practice in Human Services Scale (Osteen et al., in press). Respondents rated their level of agreement with the following item on a 5-point scale: "My supervisor uses bullying or intimidation when interacting with me." We created a dichotomous indicator separating those who agreed with the statement from those who were neutral or disagreed.

Client violence

The survey included the Workplace Violence Scale (McPhaul et al., 2010). The 9-indicator index allows respondents to specify if they have experienced any of the following forms of violence from clients in the past 6 months: (a) yelled at, shouted at, or sworn at; (b) threatened by a client without physical contact; (c) threatened with property damage or theft; (d) threatened with a weapon; (e) personal or workplace property damage; (f) physical assault without physical injury; (g)

physical assault with mild soreness or minor injury; (h) physical assault with pain, but no emergency room or physician visit; or (i) physical assault requiring emergency room or physician visit. We dichotomized client violence to differentiate between those who had experienced any client violence from those who had not.

Control variables

Following previous research (e.g., Raver & Nishii, 2010; Stahl-Gugger & Hämmig, 2022), we controlled for three demographic characteristics measured at the baseline survey: race and ethnicity, age, and education level. Workers indicated their race from the U.S. Census categories and indicated whether or not they were of Hispanic origin. From these two variables, we created a variable with four mutually exclusive categories: Hispanic, non-Hispanic Black, non-Hispanic White, and another non-Hispanic race. Age was calculated in years based on the respondent's birthdate. Education level was a dichotomous indicator distinguishing between those with a Master's degree or more and those whose highest degree was a Bachelor's degree (the minimum educational requirement for the position).

Analyses

The analysis consisted of two main steps. First, we examined the sample distribution of variables and Pearson's correlation among independent and outcome variables. We examined demographic differences in perceptions of harassment by personal characteristics using Chi-square tests. Second, we conducted linear regression models for each outcome examining each type of harassment separately and then, examining the three types of harassment together in a fourth regression per outcome. To compare the contributions of various forms of harassment to each outcome, we presented standardized coefficients (Aiken & West, 1991). To test how the various forms of harassment combine in association with outcomes, we tested two-way interactions between harassment forms: bias and client violence, bias and supervisor bullying, supervisor bullying and client violence, and three-way interactions among all forms. In addition, analyses examined whether race and ethnicity interacted with racial or ethnic bias, if gender interacted with gender bias or if any bias, supervisor bullying, or client violence interactions were qualified by race and ethnicity or gender. No interactions approached significance ($p > .20$).

Results

Descriptive findings

Table 1 displays descriptive statistics and correlations for the forms of harassment, mental health outcomes, and job attitudes. Almost 30% of workers perceived experiencing at least one form of status-based bias at their workplace in the previous 6 months. One in ten workers perceived that their supervisor used bullying or intimidation when interacting with them, and the vast majority of workers (78%) experienced client violence. The mean level of burnout of 55.8 is notable indicating that most respondents had at least moderate levels of burnout (Creedy et al., 2017). Mean stress and psychological distress levels indicated low to moderate levels. Mean levels of job attitudes indicated that respondents felt moderate levels of satisfaction, organizational justice, and organizational support. In terms of correlations, all types of harassment were significantly correlated with outcomes. Experiencing each form of harassment was positively correlated with burnout, stress, and distress and negatively correlated with job attitudes. Burnout, stress, and distress as well as job satisfaction, organizational justice, and organizational support were highly correlated (.63-.66 and .68-.77, respectively). However, the types of harassment were weakly correlated (.01-.09).

Table 2 provides a sample distribution and examines how harassment varies by status characteristics. The majority of workers were women (86%) and workers of color (53%). Most were in their twenties (57%) and held a Bachelor's degree only (81%). Age was the only characteristic associated with experiencing status-based bias: 36% of workers in their 20s perceived bias compared to only about 20% of workers in their 30s or 40s (X^2 (2, $n = 969$) = 29.56, $p < .001$). When examining individual status characteristics, workers in the minority were largely more likely to perceive bias. However, workers in their 20s perceived higher levels of age bias. Considering other forms of harassment, workers with a disability were more likely to perceive supervisor bullying (25% vs. 10%; $X^2(1, n = 969) = 6.22, p = .013$), White

Table 1. Descriptive Statistics and Correlations for Study Variables (n = 969).

	% or M (SD)	1	2	3	4	5	6	7	8	9	10
1. Bias	28.9	-									
2. Supervisor Bullying	9.9	.09*	-								
3. Client Violence	78.5	.09	.01	-							
4. Burnout	55.8 (20.0)	.17	.13	.16	-						
5. Stress	5.9 (3.4)	.17	.08	.13	.64	-					
6. Distress	6.3 (5.4)	.22	.14	.12	.64	.66	-				
7. Job satisfaction	98.6 (25.1)	−.24	−.24	−.10	−.54	−.41	−.40	-			
8. Organizational justice	9.4 (3.3)	−.16	−.15	−.10	−.39	−.30	−.30	.67	-		
9. Organizational support	8.3 (3.8)	−.16	−.17	−.11	−.42	−.32	−.31	.73	.77	-	
10. Work-based efficacy	19.2 (4.7)	−.09	−.09	−.08	−.29	−.31	−.31	.27	.23	.22	-

*All correlations >|.03| are significant at the p < .05 level.

Table 2. Sample Distribution of Demographic Characteristics and Forms of Harassment.

| | Sample Distribution | Perceived ... | | |
		Any bias	Supervisor bullying/ Intimidation	Client violence
% of Total Sample	100	28.9	9.9	78.5
Race and ethnicity				
Black	32.5	30.8	9.8	67.9***
Hispanic	16.5	30.6	12.5	79.4
Another race	3.7	44.4	5.6	77.8
White	47.3	25.8	9.4	85.6
Age				
20s	56.5	35.8***	9.1	81.5**
30s	24.8	19.2	10.0	77.9
40+	18.8	20.9	12.1	70.3
Gender				
Female	85.9	29.6	9.5	79.3
Male	14.1	24.8	12.4	73.7
Education				
Bachelor's only	81.1	29.8	9.9	78.2
> Bachelor's	18.9	25.1	9.8	79.8
Sexual minority				
Yes	7.8	33.8	10.8	79.7
No	92.2	28.8	10.0	78.5
Weekly religious participation				
Yes	23.7	28.4	8.3	80.4
No	76.3	29.0	10.4	78.1
Has disability				
Yes	6.2	51.7***	25.0*	76.7
No	93.8	27.4	9.6	78.6

$n \sim = 969$
* $p < .05$, ** $p < .01$, *** $p < .001$

workers were more likely to perceive client violence than Black workers (86% vs. 68%, $X^2(1, n = 969) = 34.59$, $p < .001$), and workers 40 years and older were less likely to perceive client violence than their younger counterparts ($X^2(1, n = 969) = 10.24$, $p = .006$).

Together, the descriptive portrait indicates that forms of harassment are common among child welfare workers, particularly client violence. Although status characteristics were related to harassment perceptions in a few instances, perceptions of bias, supervisor bullying, and client violence were most commonly independent of status characteristics.

Regression findings

Table 3 presents findings of how types of perceived harassment related to mental health. Examining demographic predictors first, age was the only consistent, significant predictor: older workers reported lower levels of burnout, stress, and psychological distress. In Model 1, perceiving bias was significantly related to higher levels of burnout ($\beta = .13$, $p < .001$), stress ($\beta = .14$, $p < .001$), and psychological distress ($\beta = .20$, $p < .001$). The standardized coefficients suggest that the magnitude of each type of harassment's effect was similar for burnout and stress, slightly higher for psychological distress. The

Table 3. Linear Regression Coefficients for Behavioral Outcomes by Forms of Harassment.

	Burnout			Stress			Psychological distress		
Variable	β	ΔF	ΔR²	β	ΔF	ΔR²	β	ΔF	ΔR²
				Model 1					
Step 1. Demographics		10.15	.054		7.36	.038		8.29	.043
Race and ethnicity^									
Hispanic	-.00^^			.00			-.02		
Non-Hispanic Black	-.02			-.02			-.05		
Non-Hispanic of another race	.00			-.01			-.01		
Age	-.24***			-.19***			-.21***		
Female (yes)	.04			-.03			-.02		
More than bachelor's degree (yes)	.00			-.07*			-.02		
Step 2. Perceived bias	.13***	1.25	.016	.14***	2.02	.019	.20***	4.75	.037
Total model R²			.070			.057			.080
				Model 2					
Step 1. Demographics		10.15	.054		7.36	.038		8.29	.043
Step 2. Perceived supervisor bullying	.14***	1.57	.018	.08*	−.08	.005	.15***	2.35	.022
Total model R²			.072			.043			.065
				Model 3					
Step 1. Demographics		10.15	.054		7.36	.038		8.29	.043
Step 2. Perceived client violence	.13***	0.92	.014	.11***	0.81	.011	.09**	.03	.007
Total model R²			.068			.049			.050
				Model 4					
Step 1. Demographics		10.15	.054		7.36	.038		8.29	.043
Step 2. Perceived bias	.11***	2.37	.043	.13***	1.67	.032	.18***	4.83	.058
Perceived supervisor bullying	.13***			.07*			.13***		
Perceived client violence	.12***			.10**			.07*		
Total model R²			.097			.070			.101

$N = 969$
* $p < .05$, ** $p < .01$, *** $p < .001$
^The reference category is non-Hispanic White.
^^Some coefficients are 0 due to rounding.

slight increases in R^2 of .016, .019, and .037, for the outcomes respectively, also suggest model improvement with the inclusion of bias. Perceiving supervisor bullying (Model 2) was also associated with higher levels of burnout (β = .14, $p < .001$), stress (β = .08, $p < .05$), and psychological distress (β = .15, $p < .001$) with slight increases in R^2 for each outcome. Similarly, perceiving client violence related to all outcomes (burnout: β = .13, $p < .001$; stress: β = .11, $p < .05$; distress: β = .09, $p < .01$). Thus, results revealed separate main effects for each form of harassment.

Examining the harassment forms together in Model 4 shows that each type of harassment remained significantly related to burnout, stress, and psychological distress. R^2 increases of 3–6% from Model 1 indicates better model fit. In addition, post-hoc Wald tests indicated that including all three forms of harassment significantly improved model fit providing support for additive effects. Post-hoc Wald tests with unstandardized coefficients, necessary to avoid confounding differences in the relationships with differences in the

Table 4. Linear Regression Coefficients for Job Attitudes by Forms of Harassment.

Variable	Job Satisfaction			Organizational justice			Organizational support			Work self-efficacy		
	β	ΔF	ΔR²	β	ΔF	ΔR²	β	ΔF	ΔR²	β	ΔF	ΔR²
				Model 1								
Step 1. Demographics		1.28	.002		2.29	.008		2.03	.006		1.43	.003
Race and ethnicity^												
Hispanic	−.01			.06			.05			.04		
Non-Hispanic Black	−.02			.06			.05			.02		
Non-Hispanic of another race	−.06			.01			.01			.04		
Age	.02			−.05			−.06			.05		
Female (yes)	−.05			−.08*			−.08*			−.00		
More than bachelor's degree (yes)	−.02			−.04			−.01			.05		
Step 2. Perceived bias	−.23***	7.71	.052	−.17***	3.78	.027	−.17***	3.96	.029	−.09**	.87	.006
Total R²			.057			.035			.035			.009
				Model 2								
Step 1. Demographics		1.28	.002		2.29	.008		2.03	.006		1.43	.003
Step 2. Perceived supervisor bullying	−.25***	9.07	.061	−.16***	3.23	.024	−.18***	4.16	.030	−.09**	.96	.007
Total R²			.063			.032			.036			.010
				Model 3								
Step 1. Demographics		1.28	.002		2.29	.008		2.03	.006		1.43	.003
Step 2. Perceived client violence	−.10**	1.25	.009	−.10**	.97	.008	−.12***	1.49	.012	−.07*	.44	.003
Total R²			.011			.016			.018			.006
				Model 4								
Step 1. Demographics		1.28	.002		2.29	.008		2.03	.006		1.43	.003
Step 2. Perceived bias	−.21***	13.28	.110	−.15***	5.59	.052	−.15***	6.82	.062	−.08*	1.54	.015
Perceived bullying or harassment	−.23***			−.14***			−.16***			−.08**		
Perceived client violence	−.08**			−.08*			−.10**			−.06		
Total R²			.112			.060			.068			.018

N = 969; * p < .05, ** p < .01, *** p < .001; ^ The reference category is non-Hispanic White.
^^Some coefficients are 0 due to rounding.

variances, indicated that harassment forms did not differ statistically in their respective contributions to any mental health outcome.

Table 4 displays findings related to workers' job attitudes. Being female was the only significant demographic predictor and was associated with lower perceptions of organizational justice and organizational support. Examining the forms of harassment, similar to the mental health outcomes, status-based bias, supervisor bullying, and client violence related to poorer job attitudes. When examining predictors separately, bias (Model 1) related to lower perceptions of job satisfaction (β = -.23, p < .001), organizational justice (β = -.17, p < .001), organizational support (β = -.17, p < .001), and work self-efficacy (β = -.09, p < .01). Supervisor bullying (Model 2) was negatively related to all job attitudes (job satisfaction: β = -.25, p < .001; organizational justice: β = -.16, p < .001; organizational support: β = -.18, p < .001; work self-efficacy: β = -.09, p < .01) as was client violence (job satisfaction: β = −.10, p < .01,

organizational justice β = -.10, $p < .01$; organizational support: β = -.12, $p < .001$; and work self-efficacy: β = -.07, $p < .05$).

In Model 4 with forms of harassment entered together, each form remained negatively associated with job satisfaction, organizational justice, and organizational support. Bias and supervisor bullying remained negatively associated with work self-efficacy. Post-hoc Wald tests with unstandardized coefficients indicated that supervisor bullying contributed more to job satisfaction than bias ($F = 6.36$, $p < .05$) or client violence ($F = 20.00$, $p < .001$) and bias contributed more to job satisfaction than client violence ($F = 5.42$, $p < .05$). Supervisor bullying contributed more than client violence to organizational justice ($F = 4.43$, $p < .05$) and organizational support ($F = 4.92$, $p < .05$). Larger R^2 changes of bias and supervisor bullying as compared to client violence in Models 1 through 3 also support their greater contributions to job attitudes. The retained significance of bias, supervisor bullying, and client violence in all but one instance in the combined models largely support additive effects.

Discussion

Workplace harassment, or insulting, threatening, or injurious behavior directed toward a worker, is common and dangerous to worker health and job attitudes (Raver & Nishii, 2010). Due to intense job demands (e.g., high-pressure situations, hostile or uncooperative clients), child welfare workers may be particularly susceptible to harassment. Yet, few studies examine harassment and worker outcomes among this workforce, or the effects of multiple forms of harassment. This study examined status-based bias, supervisor bullying, and client violence among child welfare workers using a stress process model to examine how these forms of harassment individually and in combination were associated with worker outcomes. Findings make two central contributions: (a) largely regardless of status characteristics, perceptions of status-based bias, supervisor bullying, and client violence are pervasive among recently hired child welfare workers, and (b) experiencing multiple forms of harassment exhibit negative, largely additive effects to mental health and job attitudes.

With regard to the first research question regarding the prevalence of harassment, results partially supported Hypothesis 1. High rates of harassment supported earlier studies (He et al., 2021; Radey & Wilke, 2021; Whitaker, 2012): one in five child welfare workers experienced status-based bias, and nearly four in five experienced client violence in the workplace. As one of the first studies to measure supervisor bullying, our study suggests a relatively high prevalence (10%). In post-hoc analyses, 85% of workers perceived at least one type of bias and 30% perceived two or more forms. Counter to Hypothesis 1 and previous studies (He et al., 2021; Kemper & Schwartz, 2020), disability was the only status positively associated with experiencing harassment (i.e.,

supervisor bullying, client violence). However, the small number of individuals reporting a disability ($n = 24$) caution against interpretation and call for future work. In addition, workers in their 20s who were in the majority in the sample perceived higher levels of status-based bias and client violence than older workers. Although samples often lack age diversity, age typically is not related to harassment (Scheitle et al., 2021). Perhaps colleagues and clients discriminate against younger workers (Marchiondo et al., 2016) by assuming they do not have the life experience to be effective. Alternatively, movements like the MeToo movement may make younger workers more apt to recognize and classify actions as harassment (Schroth, 2019). Future study can provide insight into these potential explanations.

Congruent with the work stress process framework (Pratt & Barling, 1988) and earlier studies examining singular forms of harassment (e.g., He et al., 2021; Kaukiainen et al., 2001; Kessler et al., 1999; Stahl-Gugger & Hämmig, 2022), regression results supported Hypothesis 3 indicating that all three forms of harassment related to negative mental health and job attitudes independently. The prevalence of supervisor bullying and its negative associations with outcomes is noteworthy. The current study suggests the importance of considering supervisor bullying as a form of workplace harassment. In addition, the high prevalence of client violence (78%) and its deleterious associations with outcomes indicate that separating dimensions of client violence (e.g., physical attacks, slurs, threats) in future work may help to inform tailored workplace policies and practices to promote worker mental health and organizational outcomes.

Consistent with the additive effects model (Holmes & Rahe, 1967), regression results supported Hypotheses 4 indicating that forms of harassment operated in an additive manner. The distinct forms of harassment may account for the additive nature of the relationships. Workers will only adapt to aversive stimuli if they judge the stimuli to be similar (Helson, 1964). Status-based bias, supervisor bullying, and client violence likely measure unique aspects of harassment as indicated by their low correlations. Results also complement earlier studies in related professions (Kemper & Schwartz, 2020; Plaut et al., 2009) and suggest addressing supervisor bullying and status-based bias to promote positive job attitudes. The source of the harassment may explain the varying strengths of these relationships. Workplace colleagues – not clients – served as the perpetrators of perceived status-based bias and bullying. Not only is client violence often an assumed element of child welfare work, supportive workplace responses may mediate the relationship between client violence and worker outcomes (e.g., Radey et al., 2022).

Limitations

Results should be interpreted within the context of study limitations. First, and foremost, the data were cross-sectional, and we cannot infer causality. We

conducted sensitivity analyses measuring forms of harassment at Wave 2 and outcomes at Wave 3 for workers who remained in the field at Wave 3. Although the sample decreased (n = 714), relationships for all variables remained the same, further supporting the negative impact of workplace harassment for mental health and job attitudes. Second, the data measure perceptions from a single source (e.g., workers) introducing concerns about common method variance (Campbell & Fiske, 1959). Seminal studies suggest the importance of perceptions of harassment for health (e.g., Kessler et al., 1999), yet this study does not contribute to our understanding of the actual occurrence of harassment. Third, although the study findings of early-career child welfare workers may apply to workers in other health and human services professions, additional studies are needed to consider forms of harassment and how they combine for workers in other professions. Fourth, the sample includes child welfare workers from the single state of Florida. Although Florida is a large, diverse state suggesting findings may also apply to workers in other states, its child welfare services use a public/private partnership model. Findings may not apply workers operating in states with solely state-administered systems.

Implications

Results can inform workplace practices and policies. Workplace harassment among child welfare workers, regardless of status characteristics, is widespread, and multiple forms of harassment contribute to outcomes in an additive manner. These findings demonstrate the importance of both proactive and responsive measures to address agency climate. Assessment and evaluation efforts to understand agency climates are key proactive strategies to identify potential problems and solutions to promote inclusive climates. Depending on identified areas of concern, strategies could include promoting inclusivity to delegitimize status-based bias (Triana et al., 2010), training supervisors on collaborative working relationships (Benton, 2016), and training workers to diffuse potentially violent situations with clients (Radey et al., 2022).

In addition to promoting inclusive climates directly, addressing the well-documented under-resourced, high turnover environments in child welfare and other health and human services professions may decrease workplace harassment. Evidence suggests that equipping workers with appropriate time and resources to complete their jobs (Olaniyan et al., 2020), and resource availability, including support from colleagues, disrupts the negative relationship between harassment and worker outcomes (Xu & Chopik, 2020). Thus, the benefits of addressing workplace resources may be mechanisms to reduce harassment.

Inclusive, supportive climates will not eliminate all perceived harassment. Responsive policies when perceived harassment occurs can improve workers' mental health and job attitudes. Anti-harassment policies, coupled with clear protocols consistently utilized by agency leaders when workers perceive harassment, can increase worker-agency trust and build positive work cultures (Raver & Nishii, 2010). Building inclusive environments that accept and value all workers and stop harassment when it occurs can facilitate healthier workers and workplaces. In service professions including child welfare, the benefits can extend to clients through better service delivery (Glisson & Green, 2011).

Notes on contributions

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Disclosure statement

The authors report there are no competing interests to declare.

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Ethical standards and informed consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation at Florida State University and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all respondents for being included in the study.

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