

Social work and violent clients: An international perspective

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Married father-of-three Mr. Ellison, of Leyland Road, Penwortham, was attacked with a knife at a supported housing block in Glebe Close, Fulwood, Preston. The 47-year-old, a social worker in adult care at Lancashire County Council, suffered multiple stab wounds and later died of his injuries. (*Lancashire Evening Post*, 8 April 2008)

A machete-wielding father was fatally shot yesterday after he attacked a veteran Child Protective Services (CPS) worker in the worst-known case of on-the-job violence at the state child-welfare agency ... Bryan S. Russell, 35, pummeled one of the social workers with a machete and a 2-by-4 as she lay on the ground before the sheriff's deputy shot and killed him. (*Seattle Times*, 7 March 2005)

Social work is inherently an interdisciplinary profession, combining intellectual, environmental, policy and legal perspectives. This is particularly evident when social workers deal with tense situations which demand immediate diffusion. Sadly, evidence shows that incidents of violent and aggressive clients are serious concerns for social workers. Social workers must often deal with belligerent, agitated, uncooperative and violent clients (Newhill, 2003; Spencer and Munch, 2003) in a variety of settings – mental health, institutional and emergency (Bobes et al., 2009; Boz et al., 2006, Newhill, 2002).

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Who is a violent client?

For the purposes of this article, we note that the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2009) finds that ‘violence takes many forms and is understood differently in different countries and among different cultures. While there is no universally accepted definition of violence, the World Health Organization has proposed the following as a working definition of violence: “Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”’ Four general types of causes may trigger violence in clients: psychiatric diseases, organic brain syndromes, personality or behavioral disorders and drug, chemical, and alcohol abuse. An analysis of assaults on staff in one Massachusetts mental health system identified four distinct types: physical, sexual, nonverbal threats/intimidation and verbal assault (Flannery et al., 2006). Specific behaviors that might be classified as violent include:

- making offensive, abusive, foul, depersonalizing or racist remarks;
- invading the personal space of staff or other clients;
- destroying property;
- using or brandishing deadly objects or weapons;
- making offensive gestures or assaults;
- being actively non-cooperative;
- trying to intimidate staff or other clients.

One recent study (Luck et al., 2007) found that certain client characteristics may aid in assessing potential violent episodes. Forming the acronym STAMP, these include: staring and eye contact, tone and volume of voice, anxiety, mumbling, and pacing. The range of skills used to manage combative clients includes gentle persuasion, restraint, and the use of force, frequently set against a backdrop of pharmacologic and psychotherapeutic strategies.

Violent clients in the workplace

The social worker may or may not be the person in charge of a potentially combative situation. In any event, the worker, along with other staff members, must be concerned about the welfare of the combative client, other clients and staff, and their respective legal rights. Split-second decisions are hopefully

guided by training and experience in an effort to promote the well-being of all concerned. Depending on how workers discharge their obligations in these crisis situations, they are likely to be either blamed or commended. If a situation and subsequent events do wind up in litigation, workers may find themselves having to demonstrate that they behaved properly under the circumstances. Some of these workers may find themselves exasperated, terrorized, and afraid of being sued, and therefore unable to successfully carry out their jobs. Indeed, globally, social workers are increasingly aware of facing litigation just as clients are becoming more aware of their legal rights.

Whatever one's philosophical outlook regarding the efficacy of the use of drugs, restraints, seclusion, etc., and the deleterious psychological and physical risks associated with these interventions, liability is always a factor. Ultimately, the law decides what acceptable professional practice is, and professional practice frequently influences what the law is, and so the relationship is ever evolving. Whether or not we agree that law is the ideal forum for resolving difficult ethical practice issues, it has a presumption of impartiality and authority.

Internationally, relatively few studies have been done regarding social workers and violent clients. MacDonald and Sirotych (2005) sampled 300 social workers in Ontario, Canada. Leadbetter (1993) surveyed workers in Scotland, and Rowett (1986) conducted a survey of social services departments in the UK. Most of the remaining studies have taken place in the USA (Ringstad, 2005).

Prevention

Prevention is a key aspect of managing potentially violent clients. If prevention fails, physical or medical restraint may be necessary. A social work organization puts itself in potential jeopardy if it negligently fails to provide clients care in a safe environment or fails to prevent client abuse or neglect and thereby is in breach of the applicable standard of care. Jayaratne et al. (2004: 452) note that 'two avenues of prevention are generally identified in the literature, one dealing with organizational factors and the other with worker training, with the bulk of the literature addressing the latter' (internal citations omitted). They identify the following factors:

1. Agencies should institute programs addressing issues of client violence and encouraging the reporting of violence, as well as the institutionalization of mandatory reporting procedures.
2. Given the high levels of threats and verbal abuse, training programs and agencies should broaden the definition of violence to be inclusive of these constructs because they have the potential to escalate and have elements of disrespect and hostility.

3. Agencies should not only be cognizant of safe space and the establishment of offices where there is easy access to help as well as escape, they should also create a zero-tolerance policy for violence and threats.
4. Home visits create special risks, particularly in arenas such as protective services and substance abuse. Agency protocol should mandate that such visits be conducted by teams.
5. Given the consistent data that young men are at greater risk, agencies should pay more attention to how clients are distributed among its workers.
6. BSW and MSW programs should include content on dealing with client violence in the context of judging the potential for violence and deescalating volatile situations.
7. BSW and MSW programs should include content on dealing with the consequences of violence – from stress-management procedures to burnout. (Jayaratne et al., 2004: 452)

Risk factors for violence may be measurable and ascertainable from an actuarial perspective, but social workers getting caught in the legal crossfire usually are dealing with individual clients. Although social workers are not expected to be able to predict when a particular client may become violent, they are expected to apply the contemporary standards of social work care. Pending legal cases around the world demonstrate an increasingly litigious atmosphere and an uncertain climate in which social work agencies must operate. Many social service institutions owe their clients a duty to take reasonable precautions against foreseeable dangers, and to provide them with a reasonably safe environment. Ideally, these organizations should develop effective monitoring and quality assurance mechanisms, and take appropriate measures whenever a violent incident requires a report to be made. Such measures may include:

1. assessing the antecedents that lead to the violence;
2. reviewing how staff handled the incident;
3. interviewing the client-assailant;
4. debriefing staff involved in the incident;
5. reviewing the client-assailant's history and records;
6. making constructive recommendations to address any underlying systemic issues;
7. periodically conducting a longitudinal independent assessment.

Conclusion

Violent episodes in social service settings are always emotionally charged. When they occur it is important that their review not be clouded by any bias.

The mismanagement of these reviews can lead to organizational disruptions and a lack of faith in the institution's staff and administrators. In addition, the legal ramifications of liability can be severe. For these reasons, it is important to implement relevant policies and procedures in order to be fair to all involved. These actions will help social workers handle such situations fairly, ethically, and legally, despite the intense and complicated nature of violent episodes.

The exposure by social workers to violent clients and subsequent legal liability should be a major concern for the international social work community. Perhaps the time is ripe for the international social work profession to engage in concerted research to develop protocols to address the issue of dealing with violent clients. This could be done with the input of experts throughout the world, including law enforcement representatives, prosecutors, client advocates, and others. Specifically, the protocol could first, act as a template to supplement, not supersede, protocols already developed; second, be offered as a guide, not a mandatory checklist; and third, promote minimum confidentiality and record-keeping standards.

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