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## INCIDENCE AND UNDERSTANDING OF THE VIOLENCE DIRECTED TOWARD SOCIAL WORKERS

### Section 1: Dilemma, Incidence, and Reasons for Increasing Violence toward Social Workers

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#### *Section Goals:*

- To help students and social workers realize that being alert to safety should not distance them from clients.
- To help students and social workers understand that safety is an important issue for practitioners today.
- To consider the reasons social workers are sometimes at risk.

#### *Getting Ready:*

- Complete the **Introductory Questionnaire** at the end of the chapter.
- Take a moment and reflect upon your response to:

**Question #1: What do you hope to learn about safety issues for social workers?**

Which of the objectives on page ix most closely parallels yours?

## DILEMMA

**Question #2: How do you think our efforts to use safety measures in our work might affect the way we think about clients?**

Safety training presents a dilemma for social workers. On one hand, social workers need to learn about safety issues, because the frequency of assaults on social workers is rising. We cannot serve as sacrificial lambs; we have a right to safe work environments and need such surroundings so that we can be effective in our work. Yet safety training may affect our orientation and attitude toward the clients we serve. If we must mentally respond to safety-related questions before we have contact with clients and use various technological gadgets to protect ourselves, might these measures create distance and polarization between us and our clients? Ironically, if safety training contributes to a reduced understanding between worker and client, then perhaps the worker may be more likely to become the victim of violence by being less attuned and empathic to the client. Such a dilemma does not preclude safety training. It suggests that while we strongly impress on ourselves, our colleagues, and students the need for safety considerations in the face of rising assaults on social workers, we also need to undergird our training with an understanding of the wider issues and causes of violence.

## INCIDENCE

**Question #3: How important an issue do you think safety is for social workers?**

There is limited social work research measuring the extent of violence perpetrated against social workers. Case examples and some empirical data suggest that the incidence of client violence toward social workers is increasing (Newhill, 1995).

Physical violence by clients against workers is more likely to occur in certain settings, such as in agencies dealing in health, mental health, and services for people with disabilities. Verbal threats from clients are especially common in correctional facilities (Schultz, 1989). Patients who are likely to be out of control during stays in inpatient settings make the number of assaults on clinicians more likely (Guy & Brady, 1998). But as managed

care necessitates less frequent and shorter inpatient stays, incidents of violence in outpatient and private practice settings appear to be increasing dramatically (Guy & Brady, 1998). Although some studies report violence occurring more often in particular practice areas, it appears that the frequency of violence is mounting in all social work settings (Newhill, 1995). This is so even as under-reporting is suspected, due to lack of institutional reporting policies and social workers' fears that their victimization will reflect badly on their professionalism (Occupational Safety & Health Administration [OSHA], 1996).

OSHA announced in 1996 that "more assaults occur in the health care and social services industries than in any other" (OSHA, 1996, p. 2). Another source specifies that half of human service workers will experience client violence at some point in their careers (Blumenreich & Lewis, 1993). Though these statistics are not broken down between medical personnel and social workers, or between degreed social workers and persons employed in social services positions, it is a justifiable conclusion that graduating social work students today will be more likely to face violent confrontations than their counterparts 25 years ago. Indeed, new research appears to indicate that at least a quarter of social workers will confront a violent situation at some time on the job. A 1996 study that surveyed social workers found that 23 percent had personally sustained a physical assault by a client at some point in their career, while 63 percent indicated that a co-worker had been physically victimized (Rey, 1996). Two earlier studies found respectively that two-thirds of a random sample of social workers in West Virginia had been physically assaulted by a client (Schultz, 1987), and 24 percent of field instructors at the University of Georgia experienced physical violence at least once in their career (Tully, Kropf, & Price, 1993).

Often attacks do not result in physical injury or involve a weapon. Guy, Brown, and Poelstra (1990) reported that only 30 percent of clinicians attacked sustained any physical injury and only 10 percent described their injury as more than moderate. Furthermore, it appears that most attacks consist of hitting, biting, kicking, scratching, or choking the clinician and do not involve a weapon. Usually the violence is not premeditated; if a weapon is used, it frequently is an object available in the immediate surroundings, such as a book, phone, or ashtray (Guy & Brady, 1998).

Students and new social workers may be more vulnerable than experienced practitioners (Guy & Brady, 1998). Some studies indicate that less experienced practitioners are more often targets of clients' violence (Carmel

& Hunter, 1991; Guy & Brady, 1998; Star, 1984). However, two studies found them less likely to be targets or found no correlation between experience and victimization (Farber, 1983; Tully, Kropf, & Price, 1993). If students and less experienced clinicians are more vulnerable to assault, this may be because they set fewer limits, allowing more acting-out behaviors to escalate into aggression. Or they may not be as adept at anticipating patient behavior and responding to it as effectively (Guy & Brady, 1998). Whether or not they are more vulnerable, social work students are exposed to potential violence in their field placements. A study pertaining to violence in field placements found that both BSW and MSW students reported experiencing verbal abuse (Tully, Kropf, & Price, 1993). Surveyed MSW students reported client violence as one of their top three practice concerns in their field placements (Newhill, 1995).

The reports of growing violence toward social workers and the indication that social work students in their field practice are not exempt from danger motivated the development of this safety manual for both students and experienced practitioners. Regardless of work setting, client population, and worker experience, any practitioner can be a target of client violence. Because many incidents of client violence tend to be random and impulsive, they are not predictable. Thus, the potential of client violence is real for all clinicians (Guy & Brady, 1998).

## REASONS FOR INCREASING VIOLENCE TOWARD SOCIAL WORKERS

### **Question #4: Why do you think that social workers might be victims of client-perpetrated violence?**

#### **1. *Inadequate Mental Health Services for the Potentially Violent***

The deinstitutionalization movement has left many persons with mental illness at risk by disbanding services in state hospitals without providing compensatory community mental health services. Furthermore, with managed care there is pressure for infrequent and briefer periods of hospitalization. Many patients are released without appropriate follow-up care. Legal issues surrounding hospitalization, discharge, and administration of medication also contribute to the development of incendiary situations. Protection of client rights has enabled patients to refuse treatment and also to refuse psychotropic medications. While

persons with mental illness are generally no more likely to be violent than the rest of the population, mental illness is a complicating factor when combined with other risk factors (Brown, Bute, & Ford, 1986; Newhill, 1992, 1995).

2. *Social Control Roles for Social Workers and the Negative Image of Social Workers*

It can be argued that in all fields of social work practice social workers have long employed social control strategies. Even in private practice, clinicians necessarily set limits and use gate-keeping measures. Such potentially therapeutic as well as social controlling maneuvers as these can provoke anger in nearly all contexts in which social workers serve. However, social workers are now carrying out even more obvious social-control activities as the result of relatively recent legislation and court orders (Griffin, 1995; Newhill, 1995). With the passage of child-abuse acts and elder-protective laws, social workers have become mandated reporters, active investigators, and even vigorous pursuers of sexual abuse perpetrators. These more authority-based functions expand into custody and divorce settlements, domestic violence situations, involuntary hospitalization, and suicide prevention (Rey, 1996). Social workers carry out court orders in relationship to treatment for driving under the influence (DUI), welfare fraud investigations, the *Tarasoff* decision, and abortion clinic operations.

By intervening in situations that are very volatile and concern highly personal and emotionally wrenching matters, social workers may become the focus of clients' anger and resentment. The community's image of social workers has moved from helpers toward representatives of unwanted authority (Griffin, 1995; Schultz, 1989). Furthermore, the public has increasingly reported incidents of child abuse and domestic violence, only to be discouraged that social workers do not immediately solve complex relational problems (Griffin, 1995).

3. *Cuts in Services and Provisions*

Social workers are often on the front lines during this conservative period of cutbacks in social services and provisions. Programs for poor people, community resources, and outreach have been steadily reduced. Many individuals and families live below the government's poverty line and experience little hope for the future. Working within a shriveling system, social workers can be easily blamed for the longer wait to receive help and for denials of needed services (Griffin, 1995; Schultz, 1989).

#### 4. *Increasing Violence in Society*

The greater violence prevalent in society makes social work practice more dangerous. More clients have histories of violent behavior; there is increasing violence by female clients and the elderly. Greater substance abuse and the prevalence of handguns are associated with the frequency and severity of assaults (OSHA, 1996). The growing criminal justice system cannot keep pace with the rising criminal population. Correctional facilities on the average have been unable to rehabilitate or confine the criminally violent or to curb recidivism (Bouza, 1993).

Reasons cited for America's "culture of violence" include racism, prejudice, sexism, political and economic policies that trap people in poverty, weakened values and lack of cohesion in the community fabric, socialization of men to be aggressive, glorification of violence in popular culture, and easy access to guns (Kemper, 1993). The chief of the Washington, DC, police force, a veteran of 28 years of service, declares, "The time has come for politicians and society alike to bite the bullet, to trade easy responses for real solutions, to get angry enough and compassionate enough and smart enough to address the cause of violent crime: poverty, guns, drugs, and a value system that is totally out of kilter" (Kemper, 1993, p. 70).

#### *Points to Remember:*

- We need to make safety concerns a priority in our professional lives, being careful not to impair the empathic nature of our relationship with clients.
- The incidence of violence toward social workers is increasing in all settings.
  - Particular settings may have higher rates of violence, but violence is not restricted to particular settings or client groups.
  - Violence is rising even while underreporting is suspected.
  - OSHA reports injuries from assault highest in health care and social services.
- Students may be more vulnerable to assault than experienced workers, but any clinician can be a victim of violence.
- Reasons for increasing violence toward social workers include:
  1. Mental health services for the potentially violent are inadequate
    - Deinstitutionalization without compensatory community mental health services

- Medication refusal by discharged patients
- Treatment refusal
- 2. Social control roles
  - Expansion of social control roles for social workers places them in the middle of potentially explosive circumstances.
  - Social workers (seen as purveyors of authority rather than as helpers) have a tarnished image.
- 3. Cuts in services: Governmental cuts in services and provisions increase client frustration with social workers.
- 4. Growing societal violence is evidenced and promoted by
  - Increase of violent acts by women and elderly people
  - Substance abuse
  - Prevalence of handguns
  - Conditions that breed hopelessness and desperation, for example, racism, sexism, economic oppression, and a breakdown in shared values and interconnection
  - Socialization of men to be aggressive
  - Societal reinforcement and glorification of violence.

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## Section 2: Understanding Violence

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### *Section Goals:*

- To present different ideas about the causes of violence, noting the need for various types of responses
- To emphasize that one cause may be disequilibrium in power
- To conceptualize the occurrence of violence in a person-in-environment framework

### *Getting Ready:*

Think about these questions, “Is violence inevitable to human beings? Is it a part of human nature? Is it learned? Is it an outcome of life’s frustrations? Is it driven by society?”

## UNDERSTANDING VIOLENCE

**Question:** Is violence inevitable to human beings? Is it a part of human nature? Is it learned? Is it an outcome of life’s frustrations? Is it driven by society?

### *Causation Hypotheses*

One major hypothesis of violent behavior contends that it involves intrapersonal events, while others attribute its development to interpersonal and external influences.

#### *1. Innate Aggression*

Psychoanalytic theory considered aggression an inherent part of human nature. Freud conceptualized that impulses toward aggression are innate and build up if they are not permitted some direct or circuitous means of discharge. This destructive drive may express itself through violent behavior if it is not sublimated or otherwise transformed (Wistedt & Freeman, 1994). Lorenz also viewed aggression in humans and in other animals as an instinct rather than as a response to any environmental stimuli (Brown, Bute, & Ford, 1986). This instinctual aggression grows until it is released by aggression-releasing stimuli (Wistedt & Freeman, 1994). The body has an arousal system of biological reactions associated with violent actions, including a triggering of hormones and a rush of chemicals producing a “natural high.”

Implications of instinct theories are that “persons need to let off steam,” perhaps by throwing darts, punching a boxing ball, or watching violence in the media (Brown, Bute, & Ford, 1986). While some social scientists maintain that this idea is true, others contend that it has not been supported. A contrary view is that watching aggressive sports and media violence may desensitize us and increase the likelihood of assaults (Brown, Bute, & Ford, 1986). Nevertheless, these theories direct social workers to channel inevitable client aggression into less damaging actions.

#### *2. Social Learning Theory*

Albert Bandura, a leading figure in the development of social learning theory, conjectured that an individual cannot display aggressive behavior unless she or he learned it by direct experience, usually through watching others (Norris, 1990; Wistedt & Freeman, 1994). This theory proposes that it is not biological imperatives but social learning that determines how people will act on their feelings. People learn to channel their emotions into attacking outbursts by witnessing this behavior in others and also from observing and experiencing that aggressive behavior gets rewarded. Teachers, parents, subcultures, and the wider society model and promote aggressive behavior through the use and sanction of



corporal punishment of children in some of our schools and through child abuse and spousal abuse in many of our families. One of the most consistent findings in psychological research is that children who are disciplined by physical punishment are more likely to become aggressive adults. Television, cartoons, comics, and films reinforce the teaching that violence is a common, admirable, and efficient means through which to get power, control, and attention (Brown, Bute, & Ford, 1986).

Social learning theory implies that what can be learned can be unlearned through new learning. If the environment provides consequences or sanctions for violence that are not desirable, the person can unlearn acting violently. Furthermore, the person may learn alternative actions for expressing anger.

3. *Frustration Leads to Aggression*

Persons experience frustration when they perceive obstacles blocking their progress toward their desired goals. Anger is a normal response to frustration. When continually blocked from achieving an expected goal or reward, an individual may get enraged and express this anger violently in an attempt to remove the obstacle (Hart, Broad, & Timborn, 1984). Frustration cannot explain all violence, however, because some perpetrators do not experience frustration before their aggression. Furthermore, obstacles and hassles are a part of life, and many persons cope with their frustrations without resorting to violence. Other negative reactions to frustration besides violence include "restlessness, tension, destructiveness, apathy, fantasy, regression, and the adoption of repetitive, fixated behavior" (Brown, Bute, & Ford, 1986, p. 36). Many people dealing with expected frustrations of life are able to control their angry feelings. The violence-prone individual, however, may be overwhelmed by frustration and unable to tolerate the lack of need-gratification (Hart, Broad, & Timborn, 1984). Thus, while frustrating circumstances may provide an impetus for clients to react with rage, frustration is not the sole explanatory cause of violence.

4. *Violent Societal Structure Creates Violent Expression*

Gil (1996) asserts that human nature is both violent and nonviolent; which behavior is expressed depends on the social structure in which human nature develops. Humans are nonviolent when their intrinsic human needs are fulfilled so that they can develop in healthy ways and actualize themselves. Conversely, Gil states that people behave violently when their inherent human need to develop their potential is obstructed

by the social conditions in which they live. When institutional systems deprive people of their inherent needs—such as material necessities, social relationships, a sense of belonging, respected and productive work, and so on—then people’s natural energies to develop constructively and fulfill their potential are blocked. Consequently, this developmental energy is channeled into destructive, violent expressions. Rather than seeing acts of violence as reflective of individual or group deficiencies and as separate, disconnected events, this viewpoint regards such violent reactions as inevitable responses to historically entrenched exploitative social conditions.

All four theories have heuristic value. A person who becomes aggressive may have weak inhibitions (innate aggression), have used violence “successfully” in the past (social learning theory), and have confronted an excessively frustrating environment (frustration leads to aggression), perhaps because of subjugation and domination by more powerful people or groups in the social hierarchy (violent societal structure).

#### *Violence Occurs in Context*

The social work perspective of person-in-environment helps us consider the occurrence of violence through a broad lens that leads to practice implications. Rather than viewing certain persons as inherently violent, we can understand most violent behavior as an interaction between the person’s internal dynamics, the interpersonal situation, and the environmental system. Although anyone can become violent or aggressive, persons differ in their speed and tendency to convert aroused emotions into behavior. Some persons have a shorter fuse and less internal capacity to modulate feelings, self-soothe, and express emotions verbally. Violent behavior erupts from the interactive combination of these internal features, along with situational and interpersonal factors (Sheridan, Henrion, Robinson, & Baxter, 1990). Even though a person may have a shorter fuse or be more prone to violence, the immediate context influences whether that fuse gets further ignited or quelled. This gives social workers the ability to use knowledge and skills to defuse potentially violent situations.

#### *Disequilibrium in Power Triggers Violence*

Violent behavior can be regarded as a defensive reaction to a perceived threat or expectancy of harm. Fear initiates anxiety, which may be con-

verted into anger. If anger is not dealt with in other ways, it can ignite into aggressive behavior. By becoming violent, an individual can get temporary relief from extreme feelings of anxiousness and helplessness. Anger may be a more comfortable feeling than torturing anxiety; aggressive behavior provides a brief sense of power (Hart, Broad, & Timborn, 1984).

Accordingly, an angry, aggressive attack by a client toward a social worker may be triggered by a disempowering encounter. Violence may stem from a "disequilibrium of power" and serve as "a final way of restoring balance" (Kaplan & Wheeler, 1983). In one study psychiatrists reflected on incidents of patient violence toward them, and over half revealed that a power struggle preceded the assault (Madden, Lion & Penna, 1976). For example, they had turned down a patient's request, were too intrusive in their interpretations, or had set limits inappropriately. Persons who have not had power over their lives may be very wounded by perceived slights to their self-esteem, status, and reputation. Enraged reactions may be in retaliation for such insults, pain, and humiliation, and an attempt to capture some of the power and control denied (Star, 1984).

### *No Proscriptive Response*

Understanding the human needs underlying violent expression gives social workers direction as to how to intervene (Boettcher, 1983; Brown, Bute, & Ford, 1986). Though this manual will focus primarily on violent communications stemming from angry aggression, social workers need to be aware that there are other types of aggression. Sources of aggression include biological and physiological bases. Organic brain disease can be a cause of violent behavior. Following a head injury, resulting confusion and irritability can cause a person to be more prone to violence. Organic brain disorders such as delirium and dementia make violent behavior more likely (McNiel, 1998). A person with antisocial personality disorder may use aggression as a calculated means to achieve her or his satisfaction, with limited compassion toward others or little sense of social responsibility. Also, a person may present potential danger by acting on a paranoid delusion.

Depending on the underlying causes or motives for the aggressive communications, we may need to intervene in ways to equalize power and help someone talk out feelings, to set very firm convincing limits, or to reassure the client and help her or him receive emergency medical care. There is no formulaic response for handling all possible volatile situations. The complexity of each individual situation must be taken into account to create

appropriate, specific responses. Indeed, more research is needed to recommend and justify certain responses to specified types and causes of aggressive behavior. In the meantime, it may help clinicians in thinking through their responses during a potentially violent incident to have considered possible ways to become aware of dangerous situations and to explore a variety of alternative responses in advance.

*Points to Remember:*

- Four major notions of how persons become aggressive-prone individuals are:
  1. Aggressive impulses are innate and build up if blocked.
    - Physiological changes occur during violent episodes.
    - Nondestructive activities are needed as an outlet for this inherent aggression.
  2. Aggressiveness is socially learned through observations and rewards.
    - A great deal of societal modeling and rewards for violence occur.
    - Corporal punishment of children is linked to aggression in adulthood.
    - Violent media teach that violence is status enhancing.
  3. Frustration leads to aggression.
    - Persons get frustrated when blocked in reaching their goals.
    - Aggression is not the only reaction to frustration, so it is not an all-encompassing explanation for aggressive behavior.
  4. Social conditions that create powerlessness breed violence.
    - When persons are powerfully blocked from meeting their survival and human needs, their energies are channeled into destructive, violent expressions.
- Social work perspective views violence as erupting in context rather than being stored within the “violent individual.”
  - Immediate context influences whether the client’s fuse gets ignited.
  - Since the immediate context is important, social workers may be able to use their skills to have some influence on deterring violence.
- Disempowering encounters may trigger violence.
- Aggression can stem from different human needs.
- One way of interviewing does not fit all needs.
- This training is not all encompassing; it is a beginning.
- Social workers need to flexibly consider various ways of responding.
- Learning about safety needs to be ongoing.

1. What do you hope to learn about safety issues for social workers?
2. How do you think our efforts to use safety measures in our work might affect the way we think about clients?
3. How important an issue do you think safety is for social workers?
4. Why do you think that social workers might be victims of client-perpetrated violence?

