## Chapter 1

# How and Why Client Violence Is an Issue for Social Workers

Social workers often help clients by meeting in the clients' homes. Home visits can be very effective in engaging and intervening with clients, but they also carry certain safety risks, particularly if the social worker is working alone rather than as part of a team (see chapter 7). In spring 2004, I was contacted by the president of the Iowa chapter of the National Association of Social Workers (NASW), Leila Carlson. She reached out to me because she knew about my work studying client violence, and one of their members, licensed clinical social worker Greg Gaul, had been killed by a client during a home visit in January 2004. Gaul's death deeply shocked the Iowa social work community because it was the first case of a social worker being killed at the hands of a client in the state and also because Gaul was a respected, highly experienced social worker. The following case study summarizes what happened.

### Case Example: Death in the Line of Duty

Greg Gaul, LCSW, was proud of being a social worker and he loved the work he did for Lifeworks, Inc., a private in-home counseling service in Polk County, Iowa. On Sunday, January 25, 2004, Gaul received a call from one of his clients, 16-year-old Tyler Pirtle, who sounded upset. Gaul had conducted home visits to counsel Pirtle before, so he drove out to Pirtle's home to see if he could help. What Gaul did not know was that before the call, Pirtle had shot and killed the family's house sitter, 21-year-old Sarah Dahlke. Pirtle had become enraged when Dahlke told him she had called Pirtle's father, who was vacationing in the Cayman Islands, to tell him that Pirtle had held two parties at the house during which he and his friends had used drugs. Although nobody knows exactly what happened, police pieced together what likely occurred. Shortly after Gaul arrived at Pirtle's house, Pirtle shot and killed Gaul, stole his car, and then led police on a high-speed chase. The car swerved off the road, and as police closed in, Pirtle killed himself with one shot to his head (Editorial

> Board, 2004; Livermore, 2004). The local community was shocked. Gaul was the first social worker in Iowa's history to die in the line of duty. As one of Gaul's colleagues commented during a risk assessment and safety workshop held later that year in Des Moines: "Nothing like this has ever happened before in Iowa. We thought we were safe from big-city problems. But if it could happen to Greg, it could happen to any of us." (Newhill, 2004)

Greg Gaul's case is but one of the thousands of incidents of client violence toward social workers that occur every year in the United States and other countries. Fortunately, tragic deaths, such as the murder of Greg Gaul at the hands of a client, are less common than the incidents of threats, verbal abuse, major and minor physical assaults, and property damage that are committed by clients toward social workers every day across practice settings (Newhill, 2003).

Social workers, however, are not alone in having to face violence at work (R. D. Brown, 2013). Violence in the workplace is a critical issue for a wide range of workers whose jobs involve direct ongoing contact with the public. Such workers include probation and parole officers, flight attendants, home care workers, cab drivers, sex workers, public transportation workers, convenience store and liquor store clerks, teachers, nurses, and social workers (Courcy et al., 2019; Coyle et al., 2021; Dillon, 1992; Hargrave, 2001; Kelloway et al., 2006). Yet, one comment I often hear from other social workers when I conduct workshops on risk assessment and social worker safety is along the lines of "Look, I've been helping people for the last 20 years and nothing has ever happened to me, so why worry about my safety?" (Griffin et al., 1995). The reality, however, is that many significant changes have occurred over the past few decades in the social work field, and even if one has maintained safety so far, that does not mean that safety is ensured for the future.

Sometimes, as social workers, we are so busy trying to meet the needs of others—our clients, colleagues, agencies, and families—we may forget to look out for ourselves and recognize the risks that we face in day-to-day practice (Radey et al., 2022). In addition, client violence toward social workers has a "low base rate," meaning that in the larger scheme of everything that happens in our practice with clients, violence is relatively rare (Reiss & Roth, 1994). However, when it does occur, it can have devastating effects on everyone involved (Akbolat et al., 2021; Spencer & Munch, 2003) as is well illustrated in the following cases.

### Case Example: Working Alone at Night

On January 10, 2011, social worker Stephanie Moulton, 25, was beaten and stabbed to death by a 27-year-old client, DeShawn Chappell, who was a resident at the group home where Ms. Moulton was the sole night staff person on duty. Chappell had a lengthy criminal record, and although he had been relatively stable during the year before Moulton's murder, he had a history of getting into fights along with nonadherence to the antipsychotic medication that kept him stable (Andersen & Wen, 2011; Sontag, 2011). After the murder, many questioned why a young, relatively inexperienced social worker was put in the position of working alone at night in a residential treatment facility housing a psychotic client with a history of repeated violence. In 2013, DeShawn Chappell was convicted of Stephanie Moulton's murder and sentenced to life in prison without the possibility of parole (Knable, 2017).

### Case Example: A Dangerous Home Visit

On December 10, 2012, 25-year-old resource coordinator Stephanie Ross made a routine home visit to a client, 53-year-old Lucious Smith. Although Ross had indicated that there was something about the client that made her uncomfortable, noting in his chart that visits in the future should involve two resource coordinators rather than one, she made the visit alone. Upon answering her knock at the door, Smith attacked Ross with a butcher knife and began stabbing her. As Ross ran down the street, Smith continued to attack her with the knife until she fell to the street bleeding. A passing motorist took Ross to the hospital, but she died shortly afterward. Smith, who had a long history of violent criminal behavior along with a diagnosis of serious mental illness, was charged with first-degree murder (Lush & Kennedy, 2012). After her murder, many questioned why a young social worker was put in the position of making a home visit alone to a client who had a history of repetitive violent criminal behavior. Smith was charged with first-degree murder and has been deemed incompetent to stand trial.

We do not know for sure if either of these tragic incidents could have been prevented; however, we do know that certain precautions that might have served to enhance safety and even prevent loss of life were not taken. For example, in

both cases, the social worker was working alone. If there had been another worker present, the client might have been deterred from attacking the social worker or, even if an attack had occurred, the second worker could have called for help and/or intervened in the attack to prevent a death from occurring. In addition, both clients had significant histories of repetitive criminal violence. As we will see in a later chapter, such a history significantly elevates the risk for future violence and indicates that strong safety precautions should be put in place. For example, having two workers make the home visit and two workers staff the group home could have served to enhance safety. Another option is to not provide home visits to a client with such a history of violence, but rather, require that the client meet with the worker at the agency or, in the case of the group home resident, not placing the client in a home without a maximum staffing ratio. This will all be discussed in detail in later chapters. Often what is at the heart of these kinds of situations is lack of money, lack of resources, lack of commitment to safety, lack of the ability or will to provide sufficient resources, and draconian state or local budget cuts for social services. Safe, high-quality social services are usually not equated with services on the cheap. When resources are insufficient, there is always a cost in terms of service quality, and, sometimes, the cost is a human life.

## Factors behind the Problem of Violence in Social Work Practice

Most social workers entering the social work profession do not anticipate becoming targets of violence from the very individuals they want to help (Newhill, 2003; Skolnik-Acker, 1993; Star, 1984). Risk of violence as a reality of life for social work practice today leads to the following question: What causes social workers to be targets for a client's violent behavior? The answer to this question is both complex and not entirely clear (Newhill, 2003).

Some argue that such violence is simply indicative of how violent our society has become overall (Bellesiles, 1996; Dillon, 1992; Sumner et al., 2015; Waldrep & Bellesiles, 2006). Others suggest that client violence toward social workers is the result of long-standing social problems, such as persistent unemployment, intractable poverty, extreme economic inequality, social stratification, blocked opportunities for marginalized groups, and institutional racism (Young, 1992). Others argue that the answer may lie in the unique nature of social work practice itself, i.e., that our work is caring toward our clients but can also be controlling, sometimes involving having to make decisions that a client or their family may

not like or want (Newhill, 2003). It is through this process "that the client's rage, frustration and helplessness [may] surface" (Euster, 1992, p. A14).

Society uses social workers as both agents of social care and agents of social control, expecting that we protect our clients from society and, at the same time, protect society from our clients (Jacobs et al., 2021; Townsend, 1985). Deciding whether it is necessary to involuntarily detain a client in a psychiatric hospital, or whether to remove a child from a home because of evidence of abuse, or whether to recommend that a family place their elderly family member with dementia in a locked memory care facility are all examples of this social care/social control dichotomy that cuts across all fields of social work practice to one degree or another.

Another issue that plays a role in understanding client violence toward social workers is the fact that in many ways social work practice has changed from earlier times. Today, social workers handle client situations on the front lines in the open community that previous generations of workers did not encounter as frequently, such as individuals with serious mental illness who may not be taking their prescribed medication, are unhoused, and/or may be using drugs or alcohol (Sontag, 2011). In earlier times, such individuals would have been confined to locked state hospital wards rather than living in the community. Many clients today live with family, are placed in residential care homes, or are homeless and living marginally on the street (Torrey et al., 1992; Torrey et al., 2010). Other clients end up in jails and prisons, which are confining and often lack appropriate resources for behavioral healthcare recovery. Jails and prisons are usually unable to perform many of the positive functions that used to be exclusive to asylums, yet such settings retain most of the negative impacts inherent in confinement and coercion (Hawthorne et al., 2012; Steadman et al., 2009).

Social workers today are also faced with having to do more with fewer resources than in the past. As our economy has become more unstable, the number of those needing public assistance, unemployment benefits, food stamps, and other social welfare benefits and services has increased while at the same time our government has cut back on certain types of institutional and publicly financed support that used to be a given, such as state hospital care and general cash relief (Abt, 2001; DeParle, 2009; Sontag, 2011). Over the past 40 years, our society and its priorities have changed, and our social safety net continues to shred. Politicians and certain sectors of the American public are demanding even greater cuts to entitlement programs, creating significant anxiety to those who depend on such programs to avoid poverty (Pear, 2012). Draconian budget

cuts to public social services (Jones, 2011; Lubby, 2010; McKinley, 2011) and the ensuing understaffing of social service agencies have led to increased vulnerability for social workers (Hiratsuka, 1988; Petrie et al., 1982; Schultz, 1987, 1989). Although some safety net supports were introduced or restored as part of our government's response to the COVID-19 pandemic, these were temporary and are now gradually being withdrawn. This has revealed that our social safety net is meager not because the government cannot provide more support, rather it is because the government will not provide more supports and, instead, relies on unpaid caregiver work done predominantly by women to hold our country together (Calarco, 2024). Many social workers end up being caught between clients in dire need and a government that is perceived by the clients as a cause of their problems and/or as an entity that cannot or will not help them.

Many of the clients that social workers see today are desperate, frightened, hopeless, powerless, and angry, and sometimes the only recourse they see in the immediate moment is violence. The public often expects clear quick solutions to complex social problems that, in reality, are not easily or quickly resolved (Griffin, 1995). Furthermore, because of confidentiality restrictions, social workers are often unable to explain or defend their actions publicly, and, thus, the public—including many of our clients—do not understand how or why we must make some of the decisions that we do. Thus, the increased concern about violence and social work practice is not because social workers are less able to cope than in earlier times, but because today's social workers are exposed to a greater number and range of violent situations as a result of changes in our work roles, changes in society, and the evolving organization of the welfare state (Griffin et al., 1995; Newhill, 2003; Parton & Small, 1989). The question now is: What can be done to prevent violence from occurring in this context that also provides our clients with the best services that we can offer?

## The Client Violence Against Social Workers Study

In the mid-1990s, I was awarded grant funding by the University of Pittsburgh to conduct a survey of 1,600 randomly selected NASW members to explore and examine the incidence and prevalence of client violence toward social workers, the Client Violence Against Social Workers study (hereafter referred to as the "CV Study"). I mailed each selected member a detailed eight-page paper questionnaire that asked them about their perceptions about and experiences with

client violence. Of the sample of 1,600, I received 1,129 usable questionnaires back, which represented a 71 percent return rate, an exceptionally high rate for anonymous survey research, suggesting that the topic was of great interest to the respondents (Newhill, 1996, 2003). The survey and some of the study findings will be referred to at various points throughout this book. For further detail, the reader can consult Newhill (2003).

For the purpose of the survey, "client violence" was divided into three types: property damage, threats, and attempted or actual physical attacks. If a respondent reported that they had experienced an incident of client violence, the survey asked them how many incidents they had experienced. Then the survey asked respondents to choose the most serious incident and answer a number of closed and open-ended questions about exactly what happened before, during, and after the incident.

The survey began by asking respondents about whether they considered client violence to be an important issue for the social work profession and whether it was an issue for their own practice. More than three-quarters of the social work respondents reported that they considered client violence to be a significant issue for the social work profession in general. Half of the sample said that they often worried about their own safety while working with clients, and more than half of the sample said that they preferred to not work with clients who are or may be violent and tried to avoid them if possible (Newhill, 1996, 2003). These perceptions seemed reflective of the respondents' reported experiences with client violence: overall, 58 percent of the respondents had directly experienced at least one incident of client violence at some point during their career, and more than 63 percent knew of social work colleagues who had experienced client violence (Newhill, 1996, 2003).

What kind of incidents occurred? For the sample as a whole, 25 percent of the respondents reported that they had experienced at least one incident of property damage; 50 percent reported at least one threat by a client; and 24 percent reported at least one attempted or actual physical attack. Eighteen percent of the respondents reported that they had experienced all three types of client violence. Not all practice settings, however, carried equal risk, and the data showed that some practice settings were far riskier than others. Three of the practice settings—criminal justice settings, drug and alcohol treatment settings, and child welfare—were deemed "high risk," i.e., 75 percent or more of the social workers working in those settings reported they had experienced at least one incident of client violence. Moderate risk settings, i.e., those in which 50 percent to 74

percent of the social workers reported experiencing client violence, included mental health services, developmental and intellectual disabilities services, school social work, and family services. Finally, the low-risk settings, i.e., under 50 percent of the respondents reporting violence, included medical/healthcare services and aging services. However, even at the lowest risk setting, aging services, fully 44 percent of the respondents reported they had experienced at least one incident of client violence. For example:

> I worked as a social worker on a geriatric inpatient unit. Most of our patients had dementia, usually Alzheimer's disease, at the moderate or severe level. One day, I was in the process of leaving the inpatient unit and my arms were full of files. I unlocked the door and was in the process of going out when one of my patients, a very tiny elderly lady with Alzheimer's, screamed "You let me out of here!" and then kicked me, really hard, in the shin. I couldn't believe that this tiny lady had kicked me. She was usually so sweet and, as far as I knew, had never assaulted anyone. I threw the files on the floor, talked to her soothingly and guided her back into her room. (Newhill, 1995a)

Although the female survey respondents were more likely to worry about their safety and perceived themselves as being more at risk for experiencing client violence, the male social work respondents were significantly more likely to report experiencing incidents across all types of client violence—property damage, threats, attempted attacks, and actual attacks. Overall, while 52 percent of the female respondents reported experiencing an incident of client violence, 73 percent of the men reported experiencing client violence. Furthermore, the men experienced greater numbers of incidents than their female counterparts. For example, those male respondents reporting physical attacks reported experiencing an average of nine actual physical attacks, while the female respondents reported experiencing an average of only two attacks. Part of this can be explained by the finding that the men were more likely to work in the highest risk settings, i.e., criminal justice, drug and alcohol, and children and youth settings. However, perhaps more importantly, many of the male social workers said, anecdotally, that they were often called in to deal with aggressive clients, particularly if the client's assigned worker was female. Furthermore, they were often disproportionately assigned to work with clients known to be violent or aggressive. Thus, many agencies seem to be using their male social workers as a kind of informal security force, but often without providing them with adequate appropriate training or

hazard pay. Because of gender role expectations, the men felt they could not say no to such requests because it would seem cowardly, "unmanly," and "just wrong" to do so. Also, the men did not perceive their safety to be at risk as much as the women; that is, they were less fearful and more willing to work with aggressive clients than were their female counterparts.

The last finding to be reported here is what respondents said about how they reacted emotionally during and following an incident of client violence. As Table 1.1 shows, the social workers' emotional reactions differed, depending on the type of violence that the individual experienced.

Table 1.1: Feelings Immediately Following the Incident of Client Violence

| Emotional Feeling | Property Damage (%) | Threats (%) | Attempted/Actual Physical Attacks (%) |
|---|---|---|---|
| Angry | 55 | 45 | 38 |
| Scared/fearful | 36 | 65 | 42 |
| Anxious | 43 | 61 | 23 |
| Guilty | 10 | 7 | 5 |
| Sad | 21 | 11 | 7 |
| Embarrassed/humiliated | 9 | 11 | 7 |
| Irritated/annoyed | 3 | 1 | 5 |
| Shocked/shook-up | 2 | 2 | 36 |
| Helpless/inadequate | 2 | 7 | 18 |
| Drained/exhausted | 2 | 1 | 14 |

As can be seen in Table 1.1, the social workers who experienced property damage primarily felt angry; however, as one respondent put it: "I was angry when the youth tore up my office, but it was only property. Property can be replaced—it isn't the same as hurting a person." Individuals who experienced threats primarily felt scared, fearful, and anxious. A threat implies that violence may or may not occur. Social workers were left hanging, not knowing if the client would follow through on the threat, which caused them to experience anxiety and uncertainty. Furthermore, many of the respondents who were threatened by a client believed that there was nothing they could do about it except to hope that the client would not carry out the threat. As will be seen in chapter 4, many steps can be taken following a threat

to maximize safety and decrease the chances that the client will follow through with the threat; however, most of the respondents who experienced threats were not aware of the steps they could take. Finally, social workers who experienced attempted or actual physical attacks reported feeling angry, scared, and anxious, as well as three emotional reactions that were rarely experienced with the other forms of client violence: feeling shocked and/or shook-up, helpless and inadequate, and drained and exhausted. As one CV Study respondent described her experience:

> After the client punched me and ran out of the office, I just sat down in my chair and felt dizzy. I was really shook up by the incident. I thought the client and I had a good relationship—the assault seemed to come out of nowhere. I felt really helpless, like, I didn't know what I could have done differently to prevent it from happening. I just left the office early, went home, and went to bed. For the next few days, I just felt exhausted—I couldn't go back to work right away, and I took a couple sick days. I never reported the incident—I thought I would be blamed.

What we can conclude from these study findings is that, first, client violence toward social workers is not a rare event; rather, it is relatively common across types of practice. Fortunately, fatalities are still rare, but other less serious forms of client violence are not uncommon. Second, risk varies depending on where one works; that is, different settings carry different levels of risk, but no setting is free from risk. Third, male social workers are at a significantly greater risk of experiencing client violence than female social workers, although female social workers are more likely to report concerns about safety. Finally, experiencing an incident of client violence exacts an emotional toll on the social worker involved. The main point of all this is that it is important for social workers to recognize that the issue of safety and violence is not just a *perceived issue*, but it is a *real issue* for many, if not most, practicing social workers.

Given this, how can social workers protect themselves and their clients from such incidents occurring? Here it is important to point out that allowing client violence to occur does not harm only social workers, it harms our clients too. As emergency psychiatrist Andrew Slaby (1990) notes:

> Once a patient strikes you . . . they're forever labeled a violent patient. And their care is modified, so that if they come into the emergency room in a hospital again, people don't want to get near them. And so you want to minimize that. (17:44)

In other words, by preventing client violence, you are not only protecting yourself, but if you can forestall a violent episode from occurring, you are providing your client with a great service too. So, how do we protect ourselves and our clients from such incidents occurring?

## Predicting Violent Behavior

The prevention of violence requires that one can, on some level, identify who is at risk for behaving in a violent manner. My interest in the issue of how to predict client violence developed as a result of my years of practice experience in psychiatric emergency and inpatient settings where the assessment and prediction of client violence was a regular clinical task. How to work with violent clients was never directly addressed in my MSW program or in any available continuing education classes at the time I was in practice, but I was still expected to know how to assess and intervene with violent clients and identify which clients were imminently violent and should be hospitalized, and which were not (Shuman & Darwin-Looney, 2008). My colleagues and I had to fulfill this charge without any real targeted guidelines to draw on.

Whether a social worker is evaluating a client for psychiatric hospitalization, assessing a client's need for intensive case management, or advising whether it is safe to place an aggressive mentally ill youth in residential placement, inherent is the assumption that we possess the expertise to assess, predict, and treat violent behavior. The existing research consistently finds that clinicians do not have the ability to predict violence over the long term (Monahan, 1981; Monahan et al., 2001); however, *short-term predictions* are, indeed, in the clinical realm if the clinician has the appropriate knowledge and skill base (Monahan, 1984; Simon & Tardiff, 2008). One of the key issues is to remember that violence is a *relationship*: a relationship between the individual and factors in the individual's environment (Sarbin, 1967). What this suggests is that social workers must take a systems or ecological approach to the assessment and prediction of violence to practice in this area competently and safely (Newhill, 1992, 2003; S. Shah, 1981; Silver et al., 1999).

Using a systems orientation, when a clinician evaluates a client to determine whether they are a danger to others, the clinician must always interpret the client's clinical status in the context of that individual's past, present, and future social environments (S. Shah, 1981; Simon & Tardiff, 2008), just as one does when conducting a suicide risk assessment. This encourages the clinician to focus

on both the person's current mental and emotional state along with their current and future environments with recognition that these are dynamic, ever-changing states. Both the systems/ecological approach and the person-in-environment paradigm are hallmarks of the social work perspective (Hepworth et al., 2010; Newhill, 1992), and thus, social work may be one of the most appropriate disciplines, in terms of philosophy and practice orientation, for assessing and working with violent and aggressive clients.

## Key Takeaways

- Violence in the workplace is a critical issue for a wide range of workers whose job involves direct ongoing contact with the public.
- Many significant changes have occurred over the past few decades in the social work field, and even if one has maintained safety so far, that does not mean that safety is ensured for the future.
- Sometimes, as social workers, we are so busy trying to meet the needs of others we may forget to look out for ourselves and recognize the risks that we face in day-to-day practice.
- Some of the causes of client violence include how violent our society has become, the impact of long-standing social problems, and the unique nature of social work practice itself (i.e., that we are both agents of social care and agents of social control).
- Social work practice has changed from earlier times, and today, social workers handle client situations on the front lines in the open community that previous generations of workers did not encounter as frequently.
- Social workers today are faced with having to do more with fewer resources than in the past.
- Social workers are caught between clients in dire need and a government that is perceived by the clients as a cause of their problems and/or as an entity that cannot or will not help them.
- Many of the clients who social workers see today feel desperate, frightened, hopeless, powerless, and angry, and, sometimes, the only recourse they see in the immediate moment is to lash out.
- Findings from the CV Study showed:

- Client violence toward social workers is not a rare event; rather, it is relatively common across types of practice.
- Different practice settings carry different levels of risk, but no setting is free from risk.
- Male social workers are more likely to report experiencing both client violence and a greater number of incidents than female social workers, although female social workers are more likely to report concerns about safety.
- Experiencing an incident of client violence exacts an emotional toll on the social worker involved.
- The issue of safety and violence is not just a perceived issue, but it is a real issue for many, if not most, practicing social workers.

- Allowing client violence to occur harms both social workers and their clients.
- The prevention of violence requires that one can, on some level, identify who is at risk for behaving in a violent manner.
- Although clinicians do not have the ability to predict violence over the long term, accurate short-term predictions are possible if the clinician has the appropriate knowledge and skill base.
- Violence is a relationship between the individual and factors in the individual's environment; thus, social workers must take an ecological approach to the assessment and prediction of violence.