

Social Services Workers and Workplace Violence

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ABSTRACT. Researchers and workplace violence experts have cited risk factors that theoretically increase the likelihood that individuals will experience workplace violence. Those include working alone, contact with the public, traveling to dangerous areas, as well as other factors. By the very nature of what social services workers do, many encounter these risk factors on a regular basis. Using national data, trends in workplace violence experienced by social services workers are examined, and comparisons are made between the rates of workplace violence among similar workgroups. Results suggest that social services workers are nearly six times more likely than other workers to experience workplace violence. In the discussion, attention is given to strategies to prevent violence against social services workers.

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Since the early 1980s, researchers and policy makers have increased the amount of attention given to workplace violence. Much of what is known about workplace violence is based on official reports from the Occupational Safety and Health Administration. For instance, when considering "violent" occupations, many point to jobs such as taxicab drivers, delivery drivers, home health care workers, and nursing home workers. Searching for similarities between these occupations has allowed experts to point to a set of risk factors that increase the likelihood of violence in the workplace. In particular, according to the National Institute for Occupational Safety and Health (1996), risk factors for workplace violence include contact with the public; exchange of money; having a mobile workplace; working alone or in small numbers; working late at night or during early morning hours; working in high-crime areas; working in community-based settings; and working with unstable or volatile persons in health care, social service, or criminal justice settings.

A number of different occupations can be seen as high-risk occupations for workplace violence. Police officers, court employees, and domestic violence advocates, for example, work in a risky occupation, and their likelihood of experiencing violence is tied to working with the public, having a mobile workplace, working alone or in small numbers, working at certain times of the day, working in high-crime areas in the community, and working with unstable or volatile individuals (Lord, 2004; Payne & Gainey, 2006). The different levels of risk between these criminal justice occupations are tied to the location where interactions occur. In the courtroom, for example, where a great deal of security is present, violence is rare; in comparison, in the community where law enforcement officers work, the risk for violence is high. Certainly, the combination of risk factors and interactions between occupational type, clients served, and location of employment likely are related to workplace violence.

In considering these risk factors and taking a close look at those occupations that have been cited as "dangerous" occupations, it is clear that social services workers may be in particularly risky situations. With the exception of the exchange of money, each of the above risk factors surface in a number of different scenarios for social services workers. Despite this theoretically high risk of workplace violence, few researchers have considered workplace violence among this occupational group.

The topical studies point to the need to examine national trends regarding workplace violence against social services workers.

LITERATURE REVIEW

It is difficult to gauge the true extent of violence against social services workers. According to Spencer and Munch (2003), social services workers often do not report violent incidents in the context of their job because of the perception that these occurrences are "an inevitable part of their work and that social workers should be able to take care of themselves" (p. 535). Not only does this perception exist, some agencies have yet to create standard reporting requirements and even discourage reporting because of the extra work associated with the process. Not having the support of one's agency in maintaining one's safety can also contribute to underreporting (Spencer & Munch, 2003). In addition, those in "helping" professions may choose not to report violence for one or more of the following reasons: (a) They feel pressure from administrators and clients not to report violent incidents; (b) conflict exists between the professional role and the ascription of a victim label; (c) ambiguous definitions of violence result in some individuals being harmed without defining the behavior as violent; (d) fear of administrative reprisal and concerns about losing one's job make it seem that reporting can do more harm than good; (e) some believe that the client did not mean to harm them; (f) violence is seen as a part of the job; and (g) concerns about being blamed exist (McCoy & Smith, 2001; Payne, 2003).

In one of the first studies examining violence among human services professionals, Newhill (1996) randomly sampled members of the National Association of Social Workers from Pennsylvania and California through an anonymous mail survey "to examine the extent, nature, degree, and impact of client violence toward social workers" (p. 489). Workers were employed in several human services professions: criminal justice, drug/alcohol services, children and youth services, mental health, developmental disabilities, school social work, family services, medical/health care, and services to the elderly. Of the 1,129 workers surveyed, 57% reported experiencing one or more types of violence at the hands of clients during their career, with 48% of those respondents reporting multiple incidents. Of the 59% of respondents who reported receiving training on working with violent/potentially violent clients, 59% had received training at their current agency. The majority (63%) of respondents stated knowing

colleagues who had experienced client violence. Newhill found that males were much more likely to be targeted by client violence and experienced a much greater number of incidents than did females. Client violence against social workers is a problem that cannot be ignored.

Shields and Kiser (2003) analyzed questionnaires from 171 human services workers from Midwestern rural and urban services agencies "to investigate the extent, type, and amount of client threat and actual violence faced by human services workers" (p. 14). Over half (56%) of the participants reported experiencing a threat of violence, and 16 reported having been assaulted during an interview, both in the office and during home visits. Most of the participants surveyed indicated "clients yelled, cursed, and shouted at them during an interview" (p. 16).

Shields and Kiser also found several client behaviors thought to be related to risk. The majority (80%) of participants reported smelling alcohol on a client during an interview in the office and home setting. Clients had made sexual or suggestive comments to 28% of the participants. Participants also reported having clients stomp out of the office. Many reported witnessing some form of violence between clients. The majority of respondents (74%) indicated that their agency had some type of policy and procedure in place regarding violence, and most (70%) reported having some type of formal training for handling violent situations.

According to Scalera (1995), reports to the press and experiences of workers within the New Jersey Division of Youth and Family Services prompted the organization to enhance the safety of their field staff. In the span of one year, there were 25 incidents where employees were victims of physical or verbal assaults. Scalera wrote, "Our workers have been threatened with knives and have had scissors thrown at them. They have been punched and kicked by clients. Hot water has been thrown at them and they have had their hands smashed in doors. Ten of the incidents required some type of police involvement" (p. 338).

Jayarathne, Croxton, and Mattison (2004) conducted a national study to explore prevalence of violence against social workers in both private practice and agency settings, in regards to age, gender, race, and community size. A random sample of African American, Asian American, Hispanic, and White social workers was taken from the National Association of Social Workers directory of members for 1999. In an agency setting, physical threats by a client were reported by 22.8% of workers, 46% reported knowing a colleague who had been threatened physically by a client, and 24.6% knew of a coworker that had been physically assaulted. Younger workers (those under 45 years old) were found to be at greater

risk of physical threat, threat of lawsuit, verbal abuse, and sexual harassment, and they reported higher levels of fear of the workplace. Men were more likely to report physical threats and assaults than women. African American social workers reported less fear of most types of abuse or harassment. Among private practitioners, who tended to be older Caucasian females, 9% reported being threatened by a client, and 1.6% knew a colleague who had been physically assaulted. Younger private practitioners were more likely to know coworkers who had been threatened with assault or were assaulted. Men in the private sector were more likely than women to report verbal abuse (Jayarante et al., 2004). These findings suggest that public agency workers are at much greater risk than private practitioners, possibly resulting from differences in demographic qualities.

Although researchers have begun to consider violence against social services workers, few studies have considered national rates of workplace violence against them. Also missing from the literature are studies comparing the rates of violence against social services workers with the rates of violence against comparable workers. To fill this void, the current study addresses the following two questions: (a) What are the trends in workplace violence cases against social services workers? (b) How do these trends compare to those experienced by other human services professionals? Addressing these questions will shed some light on whether specific precautions are needed to protect social services workers.

METHODS

To address these questions, data were obtained from the Bureau of Labor Statistics (2005). The Occupational Safety and Health Act (1970) required employers to report data on workplace injuries to the Bureau of Labor Statistics. Since 1972, the Bureau of Labor Statistics has maintained data on all kinds of injuries experienced by workers in which at least one day of work was missed. The data can easily be broken down by injury type and occupation. Data on assault injuries was solicited for five occupations between the years of 1995 and 2002. These occupations included the following: social services workers, nursing home workers, home health care workers, hospital workers, those working in doctors' offices, and all workers. These occupations were selected so that comparisons could be made between social services workers (including both degreed BSW/MSW social workers and other workers holding social services positions) and other human services employees.

FINDINGS

Figure 1 shows the rate of workplace violence for social services workers between 1995 and 2002. It is important to note that workplace violence is measured by the Bureau of Labor Statistics as an incident in which a worker had to miss work as a result of the assault. Therefore, many instances of less serious violence are excluded. Also, we would have preferred to include more recent years, but such data is not available from the Bureau of Labor Statistics. As illustrated in Figure 1, the rate of workplace violence against social services workers declined between 1995 and 1996 but has been increasing slightly since then. In the most recent year for which data were available, 18.3 out of every 10,000 social services workers missed at least one day of work due to an assault they experienced at work.

Figure 2 compares the rates of workplace violence between workers in comparable fields of practice, including home health care workers, nursing home workers, hospital employees, employees in doctors' offices, and all workers. These specific occupational groups were suggested partly because they are similar in nature to social services workers (e.g., the occupational groups provide a form of service to groups who are in various forms of need). The groups provide services to clients, are paid roughly the same amount, and typically include workers with similar educational backgrounds. They also were selected because some of the

FIGURE 1. Rate of Nonfatal Injuries per 10,000 Full-Time Social Services Workers, 1995–2002.

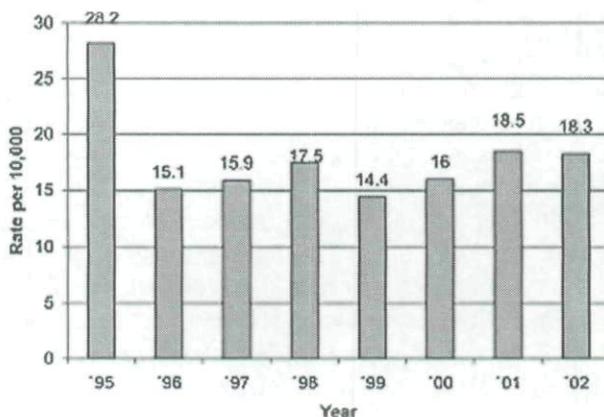
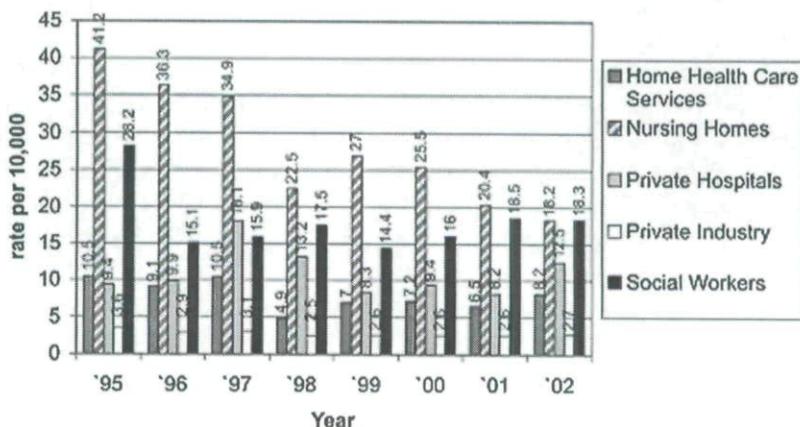


FIGURE 2. Rate of Nonfatal Injuries per 10,000 Full-Time Workers, 1995–2002.



groups (nursing home workers and home health care workers in particular) are notorious for having relatively high rates of workplace violence.

As shown in Figure 2, the rate of workplace violence for each of the occupational groups has declined greatly since the mid-1990s. This decline parallels the general decline in all forms of violence that has been found in victimization surveys covering the same time frame (Siegel, 2006). Still, a few patterns are significant with regard to social services workers. First, it appears that other groups experienced more significant declines in rates of workplace violence between 1995 and 2002. Second, in 2002 the rate of workplace violence for social services workers was the highest among the groups examined. In fact, comparing the rate for all workers (2.7 per 10,000 workers) to social services workers (18.3 per 10,000 workers) shows that social services workers are at a particularly high risk for experiencing some form of workplace violence.

DISCUSSION

The findings show interesting differences between the various occupational groups. Note that the rates for nursing home workers, though at their highest in the mid-1990s, dropped significantly between 1995 and 2003. The reason for this drop is unclear, but it may be tied to the fact that researchers and advocates called for better training of nursing home

workers in the early 1990s (Payne, 2005). This better training in how to work with older persons may have resulted in less violence against nursing home workers.

Still, the extent of violence and/or injury incurred by social workers happens with far greater frequency than it does for workers in many other fields. Social services workers need, and deserve, to be adequately prepared for the dangers they face and have the support of their agency in effectively dealing with incidents when they occur. For too long, it seems that violence faced by social workers in their job setting has been seen as part of the job. However, a number of strategies have been suggested to reduce violence against social services workers. In considering the strategies to prevent workplace violence against social services workers, attention can be given to three areas: training programs, policy assessments, and practical strategies.

With regard to training programs, Rey (1996) suggested several elements to be included in a comprehensive training program for violence prevention. Social workers need to be aware of theories explaining the causes of client violence as well as the extent of the problem. They should know how to assess the likelihood that a client will become violent and be given time to review client information before meeting with them. For their own safety, it is important for social workers to be aware of their own reactions and self-control when interacting with hostile or angry clients. Being trained in verbal de-escalation and techniques to physically control a client provides the social worker with ways of protecting themselves and their clients from harm (Rey, 1996).

Awadalla and Roughton (1998) selected elements from the Occupational Safety and Health Administration initiatives for preventing workplace violence among social service and health care workers in an attempt to develop a template for a workplace violence prevention program. They suggest that any effective violence prevention program for the workplace should include six elements. Management commitment and employee involvement includes the creation of a written workplace violence prevention program, including assigning responsibility for different aspects of the program and financial commitment for success. Hazard assessment requires review of the physical worksite, analysis of work routines, and evaluation of workplace history of violence or potential violence. When hazards have been identified through assessment procedures, hazard prevention and control is facilitated to reduce and/or eliminate risk. It is important for employees to receive safety and health training regarding "company policy, procedures and safe work practices"

(p. 33). Post-incident response is intended to minimize the consequences of workplace violence, possibly through the use of counseling. Program evaluation at all levels should be used to determine the effectiveness of the program.

With regard to policy assessment and workplace violence against social services workers, administrators must ensure that policies reflect reality or respond to real life scenarios. Sarkisian and Portwood (2003) suggested that "policies informed by applied researchers and the experiences of clients, workers, and administrators will be more likely to reflect the complexity of the issue [violence against social workers], and thus, be more effective in protecting workers" (p. 56). They offer five recommendations to achieve this goal. First, if a workplace violence prevention program is not currently in place, administrators and social workers should advocate for the creation of one and for the funding needed to maintain such a program. Second, all workers should be aware of and understand their agency's policies regarding client violence. Third, there is a need to explore the role of legislators and how they can help in the creation of policies and laws that will protect human services workers and impose strict penalties on violent clients. Fourth, interagency collaboration (involving social work agencies, researchers, legislatures, etc.) on issues of worker safety and client empowerment can provide feedback on what is most effective in maintaining social worker safety and can allow for communication between regions to identify similar problems or share secrets to success. Finally, it is extremely important to understand and be aware of environmental correlates that contribute to client violence, not only to enhance workers skills, but to better understand experiences of clients in order meet their needs and prevent violence (Sarkisian & Portwood, 2003).

To be sure, practical strategies may offer social service workers the most protection from workplace violence. These strategies include both structural (e.g., environmental) and behavioral strategies. In terms of structural strategies, creating safe office space by utilizing comfortable seating and soothing colors and by providing reading materials, an element of privacy, and an area for children to play can create a positive atmosphere. An agency manual that outlines policies and procedures should be provided to all employees (Rey, 1996).

Behavioral strategies can be used to de-escalate potentially violent situations and to promote safety in planning visits to a client's home, during visits, and when providing transportation (Burry, 2002). When planning a home visit, the social worker should be familiar with the

client's general history and, more specifically, his or her history of violence. The social worker should also inform others of his or her plans to meet with a client in the field and have a person to check in with at the office. It is also a good idea to leave any valuables at home, in the office, or in the trunk of the car and to carry a mobile phone for safety.

When making a home visit with a client, there are several strategies that should be employed by the social worker. Parking your car so that departure cannot be blocked and being alert to the environment are very important. A social worker should always try to "maintain a clear exit to the door" (p. 148) and end the interview if anyone is under the influence or displays/refers to a weapon or if there are any indications of violence. Before leaving a home, checking under and around the car is a necessity to make sure that no one is hiding under or around the vehicle (Burry, 2002).

De-escalating potential violence can be attempted through verbal and nonverbal strategies. Verbal strategies include speaking in a polite and impartial tone of voice, speaking slowly and calmly, using empathy, and explaining the purpose of the interview. Nonverbal strategies include nonthreatening posture and maintaining an adequate amount of physical space. Also, when transporting clients, it is best to have another colleague present because of the vulnerability involved with driving (Burry, 2002).

Burry also provided recommendations for agencies to enhance worker safety. An agency safety program should include safety training, strategies to maintain order and safety within the office, an operational system to summon help, access to cellular phones, documentation of incidents, and supportive counseling offered to those threatened or harmed by clients (Burry, 2002).

Up to this point, we have discussed the roles of training, policy assessment, and practical strategies as if these roles operate in a vacuum. This absolutely is not the case. Of course, the three areas overlap quite a bit. As an illustration of the overlap between these three areas, consider Scalera's (1995) nine-point plan to improve the "health and safety measures for social service workers" (p. 341). For the purpose of simplicity, we reduce this nine-point plan to three components: training, policy assessment, and practical strategies.

Training, for instance, might entail the creation of a worker safety manual that can help guide field workers in developing strategies that are suited to the communities they are serving. The safety manual can also set standards such as notifying caseworkers when they have been assigned to clients who are potentially dangerous or have been dangerous in the past.

Requiring social services workers to attend training sessions on safety in the field helps them to understand and be aware of the risks of working within a community. Part of this training would include awareness that their right to self-defense "is in no way diminished or decreased because they are [social services] professionals" (Scalera, 1995, p. 345).

In terms of policy assessment, many agencies have developed buddy system policies. A policy mandating the buddy system requires the use of a buddy or entitles the worker to a buddy in particular field activities. Some of the situations that require the use of a buddy include visits to clients with a history of violence, visits to homes where domestic violence is an issue and the alleged abuser still resides there, cases involving allegations of child abuse not previously known to the agency, visits to high-crime areas or areas known to be affected by drug use, and situations involving involuntary removal of a child (Scalera, 1995). As another policy issue, establishing a worker safety committee allows workers within the agency to meet to discuss ideas on creating a safer work environment. Establishing protocols to assist and support staff members who have been victims at the hands of a client shows that the agency cares and can help the victim by providing information about recovery resources as well as access to a buddy for all future visits (Scalera, 1995).

Developing strategies that help workers feel safe in high-crime areas and promote their acceptance by residents provides a good atmosphere for providing services to families that need them. Improving communication systems, such as providing mobile phones, promotes worker safety by allowing contact with the agency or the police when in the field. Taking incidents seriously by filing criminal charges against those who have assaulted or threatened workers within the agency takes the burden off the individual, who may not press charges in fear of retaliation from the client (Scalera, 1995). Scalera suggests that these ideas "can represent a firm beginning toward successfully meeting the challenge of ensuring the safety of social service workers and maintaining the viability and quality of our services in the future" (p. 349). Improving the individual occupational experience of social services workers should reduce the extent of burnout experienced by social services workers (Siebert, 2006).

Social services workers should also collaborate with other workers, like domestic violence advocates and police officers, in developing workplace violence prevention plans (Drew, Jordan, Mathews, & Runge, 2004; Payne & Gainey, 2006). Domestic violence advocates, in particular, work in situations that are prone to violence, and the roles of advocates are quite similar to the roles of social services workers. By working with

domestic violence advocates, social services workers will be better prepared to prevent workplace violence, especially when they are working with domestic violence abusers.

One limitation of this study is that we were unable to consider the context of the violence or the dynamics surrounding the violence. Because of this we were unable to determine why rates of workplace violence against social services workers increased slightly since the mid-1990s. In addition, we were not able to determine whether internal initiatives contributed to differences in workplace violence rates between the different occupational groups considered in this study. Consequently, a number of questions should be addressed in future studies. Are certain types of social services workers more at risk? Does violence happen at certain times of day or in certain types of neighborhood? How did the worker respond to the violence? What factors influence the worker's decision to report or not to report the workplace violence? Future research on the dynamics that precipitate workplace violence against social services workers will help to demonstrate the importance of training, policies, and practical strategies in reducing violence against social services workers.

REFERENCES

- Awadalla, C. A. & Roughton, J. E. (1998). Workplace violence prevention: The new safety focus. *Professional Safety*, 42(12), 31-35.
- Bureau of Labor Statistics. (2005). *Nonfatal cases involving days away from work: Selected characteristics*. Retrieved June 1, 2005, from www.bls.gov
- Burry, C. L. (2002). Working with potentially violent clients in their homes: What child welfare professionals need to know. *The Clinical Supervisor*, 21(1), 145-153.
- Drew, M. B., Jordan, L. C., Mathews, D. J., & Runge, R. (2004). *The impact of domestic violence on your legal practice: A lawyer's handbook*. Chicago, IL: American Bar Association.
- Lord, V. (2004). *Suicide by cop: Inducing officers to shoot*. Flushing, NY: Looseleaf Law Publications.
- Jayarathne, S., Croxton, T. A., & Mattison, D. (2004). A national survey of violence in the practice of social work. *Families in Society: The Journal of Contemporary Social Services*, 85(4), 445-453.
- McCoy, Y. & Smith, M. H. (2001). Legal considerations of workplace violence in health care environments. *Nursing Forum*, 36, 5-25.
- National Institute for Occupational Safety and Health. (1996). *Workplace violence: Risk factors and prevention strategies*. Washington, DC: U.S. Government Printing Office.
- Newhill, C. E. (1996). Prevalence and risk factors for client violence toward social workers. *Families in Society: The Journal of Contemporary Human Services*, 77(8), 488-495.
- Occupational and Safety Act, PL 91-596 (1970).

- Payne, B. K. (2003). *Crime in the home health care field*. Springfield, IL: Charles C Thomas.
- Payne, B. K. (2005). *Crime and elder abuse*. Springfield, IL: Charles C. Thomas.
- Payne, B. K. & Gainey, R. R. (2006). *Family violence and criminal justice: A life course perspective*. Cincinnati, OH: Anderson.
- Rey, L. D. (1996). What social workers need to know about client violence. *Families in Society: The Journal of Contemporary Human Services*, 77(1), 33-39.
- Sarkisian, G. V. & Portwood, S. G. (2003). Client violence against social workers: From increased worker responsibility and administrative mishmash to effective prevention policy. *Administration in Social Work*, 27(4), 41-59.
- Scalera, N. R. (1995). The critical need for specialized health and safety measures for child welfare workers. *Child Welfare*, 74(2), 337-350.
- Shields, G. & Kiser, J. (2003). Violence and aggression directed toward human services workers: An exploratory study. *Families in Society: The Journal of Contemporary Human Services*, 84(1), 13-20.
- Siebert, D. (2006). Personal and occupational factors in burnout among practicing social workers. *Journal of Social Services Research*, 32(2), 25-44.
- Siegel, L. (2006). *Principles of criminology* (10th ed.). Belmont, CA: Wadsworth.
- Spencer, P. C. & Munch, S. (2003). Client violence toward social workers: The role of management in community mental health programs. *Social Work*, 48(4), 532-544.

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