

Observations gleaned from the ESRC Violence Research Programme

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The Violence Research Programme (1997-2002) is one of approximately 30 research programmes funded by the Economic and Social Research Council. Twenty research projects explore various forms of violence and its impact on individuals and organisations. Projects range from a study of the impact of violence on professionals working in the community, of violent-resilient schools and of residential homes to violence in prison and punishment beatings in Northern Ireland. Only a few of the research studies are complete as of writing. We can however offer some general comments on the outcome and lessons of the research that have direct relevance to violence against social care staff. Six areas will be explored here: 1) definitions; 2) monitoring and recording of violent incidents; 3) contexts of violence; 4) individual and organisational resources for managing violence, its incidence and its impact; and strategies to minimise violence 5) some areas requiring further research.

For purposes of this review, we restrict our comments to violence in the delivery of social care in the context of employment. Elements crucial to an occurrence of violence (**EVio**) here we suggest include: 1) a worker/professional; 2) a client/patient; 3) a system of supervision; 4) an environment (physical and psychological) within which worker/client relations take place; and 5) resources and support structures (financial as well as personal) from which workers and clients can draw in times of conflict and crisis.

Definitions: The ESRC VRP will not offer a solution to the on-going dilemma of how to define violence. Defining violence remains difficult because many people respond differently to threat and intimidation. Research on violence in the workplace demonstrates that workers experience verbal abuse and threat far more often than they experience direct physical and sexual attack.

The fear of violence, research shows, is fuelled by such threats and intimidation. In one of the studies which examined violence perpetrated against NHS GPs, probation officers, and Anglican Clergy verbal abuse was the most common type of threatening behaviour with three-quarters of *all* respondents reporting at least one such episode. Almost one in three of all general practitioners reported experiencing verbal abuse more than twice in the previous two years.

Debates about violence in the workplace though may be triggered by unusual incidents (often-lethal violence). But these events continue to be rare. The VRP study of violence against professionals found that one in ten respondents reported at least one incident of physical assault within the last year, with one in fifty respondents reporting more than one incident in twelve months. *What is most common for many professionals in the community and social care staff is working in an environment*

where threat and intimidation is a constant part of daily working interactions with clients (and sometimes other staff).

Over the past decade, our sensitivity to violence as a problem for the workplace expanded the definitions of violence to include threat and abuse. The Health and Safety Executive launched a three-year strategy in December 1999 partly on the grounds that violent incidents at work could be costing England and Wales upward of £220m per year. Suggested initiatives related to the HSE strategy include the introduction of more appropriate sentences for those found guilty of workplace violence, the establishment of baselines to define the seriousness of workplace violence, accredited training standards, and more effective means of reporting, recording and analysing violence incidents. The Health and Safety Executive audits injuries at work that result in death, major injury or incapacity for normal work for three days or more. *This however excludes what most workers name 'as violence'.*

The consensus amongst VRP researchers is that definitions of violence should include a range of behaviours. For instance, Hewitt et al.'s study of violent resilient schools found that there was a wide range of behaviour among different schools that resulted in school exclusions. A comparison of the number of school exclusions did not necessarily lead researchers to the best information about how 'violent' a school was, nor to making assessments about how resilient a school was in managing it.

Standard definitions of what constitutes a threat may be difficult to compile (does it always need to be verbalised for professionals to 'feel' threatened, for example). However, the lessons of our researchers' struggles with defining violence suggest that we need to recognise and take seriously the way in which intimidation can have a detrimental impact on someone's working environment. Moreover, age, gender, motivation of offenders, personal resilience and good supervision all influence the occurrence and impact of violence. The methodological dilemmas of 20 research projects also suggests that we must also establish categories of unwanted touching (physical and sexual), hitting and other physical (and sexual) assaults that may lead to injury and serious impairment that can be measured separately from incidents of intimidation.

Empirical findings of violence at work often combine instances of intimidation, threat and fear with actual bodily harm when reporting violence against workers. Thinking carefully about what workers mean when using the term 'violence' is crucial to researching its impact. It is essential not to exclude perceptions of threat and actual threat, as well as actual unwanted touching (especially sexualised touch) and actual hitting/hurting when monitoring staff experiences of violence. It is crucial however to devise ways to categorise such behaviour for the purposes of monitoring and recording such violence as it impacts on the working lives of social care staff. In summary, definitions of violence used by various studies of workplace violence are not standard. However, the Health and Safety Executive audits of intentional injuries at work miss most of what workers define as violence.

Recording and monitoring incidents of violence: Monitoring of workplace violence should be sensitive to the above observations about definitions of violence. Appropriate guidelines, policy and training challenging violence will then flow from evidence. VRP research projects that examined organisational documents noted that

there were different ways of recording reported incidences of violence in similar departments of different organisations. There are no universally agreed organisational recording practices, despite mandates to record events (such as assaults on prison staff or teachers, for instance). In the context of the above observations about definitions, it is however possible to establish the occurrence of violent events from routine records. The crucial task here is to advocate an agreed set of categories of violent events, then categorise the elements of ‘what happened’ – the violent behaviour. The second task is to encourage (or perhaps require) the recording of violent events against social care staff that enables us to monitor the categories of violent behaviour that occur against social care staff.

It is the monitoring of violent behaviour that leads then to an understanding of the context of violence in a particular working context. Using the five elements listed above (**EVio**), it will be possible to specify whether the impact of violence falls most heavily on particular social care staff (such as those with less experience, female, specially-trained, minority and so forth), systems of supervision, or in particular environments (such as the in the care of particular physical or mental illness).

It would seem premature to consider establishing targets for the reduction of violent incidents until and unless some benchmark data establish the level of violence that occurs in various social care contexts. Indeed, the Home Office’s domestic violence initiative under the Reducing Crime Initiative acknowledges that an increase (rather than a decrease) in reporting and recording violence is a mark of the success of the initiative. No doubt a goal to reduce violence against social care staff is achievable when there is a system in place to record and monitor the instance of violence.

The recording and monitoring of violent events and the subsequent analysis of ‘what happened’ will enable organisations to understand the contexts where violence occurs. Attention can then turn to exploring these contexts in order to disrupt the elements of violence and actively intervene in disrupting environmental conditions that may facilitate violence against social care staff.

The experience of the researchers on the VRP is that very few organisations routinely explore their own information so that observations about contexts that both facilitate and disrupt violence can be used for purposes of staff training and staff supervision, as well as in the promotion of safe working practices. Some probation officers working in prisons complained that information relating to violent background of prisoners was not made available by the DPP until after the prison reception process had been completed. It was possible therefore for a probation officer to be interviewing a prisoner with a violent background without any prior knowledge. Other employees of the probation services carrying out complex and potentially dangerous interviews in relation to contested custody cases were denied the use of a functioning mobile phone. One counter-intuitive finding from the study of violent resilient schools is the school located in the ‘most violent neighbourhood’, according to police recorded violence, was the school most resilient to violence. The resilience was the product of a committed head teacher, a clearly written and clearly implemented policy, and sensitivity to the needs of victims and offenders alike. Violence is not inevitable.

Contexts of violence: The VRP research studies converge in noting the importance of the particular contexts of violence and the meanings these contexts have for all those affected. The study exploring violence between inmates in prison found that the violent event was not inevitable in conflict. Where there was violence, however, one party's account (the instigator) began at a different place and time than that of the receiver of the violence. The significance of this finding is that violence was not 'spontaneous', it was often 'negotiated', and it was possible to diffuse (although not always).

In the ESRC study of violence against professionals, GPs treated violence as 'understandable' if they could account for violence as a response to illness (including minor mental illness)', failures in the delivery of often necessary service provision (problems with housing and employment for instance), or as these situations heightened through the misuse of drugs or alcohol. An individual's life circumstances are very much a part of the context of violence. Professionals who come into contact with individuals with their life circumstances in crisis or in disarray may be more at risk to violence (this means social care staff).

Good professional practices reflect an ability to control and prevent potential violent situations in order to minimise risk. Professionals whose job it is to work with those who are potentially more needy, more disruptive and damaged by personal histories and circumstances will necessarily need (and develop) more skills for dealing with such people. Good management practice recognises the potential for dealing with violence in these circumstances. Worrying for GPs interviewed for the ESRC research was dealing with persons suffering from severe forms of mental illness. This was compounded by a perception of ever diminishing resources. Disruptive and potentially violent behaviour of this kind of patient was thought by the GPs interviewed to be less amenable to their professional intervention. It became more difficult for the GP to protect her or himself and find a way to exercise precaution. The lesson here is that the context of violence (and this includes the patient and the resources of the professional) shapes not only the professionals perceptions of what constitutes violent behaviour (some violent patients are manageable, others not) but also the way in which the profession can respond given the resources available.

A final point worth mentioning in thinking about the contexts of violence relates to professional expectations and professional cultures. The ESRC study suggests that the professionals vary in their approach to violence partly as a result of the way in which they perceive their professional role, the manner in which professional training is framed and explicit or implicit managerial expectations. GPs acknowledge that it is nearly impossible to adopt a zero tolerance approach to violence. It is their professional responsibility to deal with the occasional difficult patient. Probation officers however do have the power to breach a violent client in violation of their probation orders, since such behaviour is contrary to the conditions of the order made by the courts. Breach of probation is in itself an offence punishable by imprisonment. Anglican priests – one of the three study populations - reported that their professional obligation is to act as servants of the community in which the parish is located and to be responsive to whatever need arose from any member of that community. Thus many of those working with different client groups – and this would include social care staff in particular – know they will work with 'difficult' and potentially violent clientele.

It is this professional expectation that in turn influences the way in which professional cultures characterise the violence they (inevitably) face at work. To a large extent, GPs had the freedom to create their own procedures and policies for their own surgeries and prided themselves in their relative autonomy. They could strike very difficult patients from their registers, for instance. Probation officers were far less flexible. These professionals directed their criticisms and concerns for managing violence to their employing authorities, such as their local probation service or the Home Office, who they perceived as having responsibility for policies that could better protect them from violent attacks against them. The Anglican priests might turn to their Bishops for guidance and assistance, but ultimately relied on their own judgements for managing the wide range of people they came into contact.

What do we know about the different professional expectations and cultures within which violence against social care staff takes place? With access to information about definitions/categories of violence, reporting practices and dynamic monitoring of violent events, it is possible to make observations about these contexts, some of which may encourage or discourage violence. The existence of policies, procedures and the systems of supervision may become more transparent in the way they might (or might not) diffuse or minimise the damage of some violent events. The professional culture of social work has until recently been dominated by an individual casework methodology which enables violent attacks by clients as a reflection of professional failure on the part of the social worker. Such contexts can be explored and analysed for the individual and organisational resources for managing violence.

Individual and organisational resources for managing violence: The VRP's studies provide some fascinating insights into the wider economic and environmental contexts within which some violence thrives. Punishment beatings in some Belfast areas could not take place at the current level without the tacit support of some members of the local community. Many assaults that occur against school children take place outside the school gates, but within neighbourhoods more or less 'watched' by the public that may legitimise some of the racism and intolerance demonstrated by the violence. In the night-time leisure industry, bouncers have become common place and one of the main systems of crowd control at night in many town and city centres.

Individuals largely manage most violence through their own strategies and are cognisant of the possibility of violence. Some professionals appear to believe that the best 'protection' against violence is the acknowledgement of the possibility that it might occur. The ESRC violence project found this to be the case for professionals who worked with marginal and addictive individuals. Some Anglican priests had windows strategically fitted in order that they could observe casual callers before answering the door without being seen. Some probation officers situated furniture so as to ensure that they have access to a door in case of an attack. Many residents in some neighbourhoods in Belfast have developed elaborate strategies for reading the danger of particular places. GPs regard the reading of potential trouble of some clients as a basic professional skill.

So too, we would argue, do social care staff develop strategies for their own protection. Some read danger and manage violence better than others. The more we know about their contexts of danger (as reported by staff working in particular places)

the better we can share this knowledge with new (inexperienced) staff (who experience more violence, the research suggests) than others do.

Some questions for future research.

Research could document the way in which staff successfully diffuse potentially (and actual) violent events. While there is a great deal of emphasis on training, there is little evidence that 'training works' in preparing staff to challenge and minimise (inevitable) violence they might encounter (by nature of the very kinds of clients they may be working with). There is an assumption in much of the literature on violence and training that we know *WHY* clients are violent. Indeed, there are many reasons why clients (and or other staff) may become aggressive and abusive. But we know little about the kinds of resources mustered by social care staff to counter such aggression that might assist other staff in feeling that they can not only challenge abuse, but seek the emotional and management support to counter its impact. Many strategic action plans advocate support, counselling and training as ways to minimise the occurrence and minimise the aftermath of violent events in the workplace. These action plans rarely include the creation of an active, dynamic feedback mechanism to explore the usefulness of training and the possible financial implications of what might constitute an adequate management response to safe working environments.

At the time of writing qualifying training for social workers does not include violence or risk management. The ESRC project revealed that when training is offered to professionals it is piecemeal haphazard and often follows in the wake of an attack. One probation officer in the ESRC study was told by a self defence trainer employed by a probation service that in the event of being verbally abused she should simply shout louder than the perpetrator. ***Research is urgently needed on the training offered by management, social care training programmes and on the activities of so-called violence training specialists.***

Moreover, there are those employed in social care situations that might not be included in the way in which incidents are recorded and monitored. For instance, two of the professional groups researched (GPs and probation officers), front line unqualified staff potentially bore the brunt of violent attacks. Despite some quite elaborate security systems and physical barriers separating clients from staff, it was the reception and administrative staff that suffered verbal abuse and the threat of physical attack more often than the 'chosen' professional. This point was reinforced by qualitative work already commissioned by this task force (Research Perspectives 2000). Research should take care to capture the safety needs of all employed staff and clients who come together in particular locations for help and assistance.

No research has been carried out in relation to the content of protocols considered necessary by many services to inform staff on how to handle violent situations. Research needs to be carried out on the protocols of guidelines and protocols and on who influences their construction and judges their adequacy.

The ESRC study found professionals' unhappiness about managerial responses to violent attacks against staff that appeared to our respondents to be ad hoc and designed to primarily to extinguish any criticism of existing institutional procedures. Some of the most violent offences were perpetrated against probation officers

working in residential settings. Probation officers believed that workers who were in confined spaces with potential attackers over long periods of time were in the most danger. More research urgently needs to be carried out on the tensions in residential care and control settings, which could give rise to violence. This has a relevance to social care staff working in residential settings with those defined as suffering from psychiatric conditions, learning difficulties, physical disabilities and older people.

We have tried to demonstrate the importance of attempting to understand the manner in which differentiated professional contexts of violence can shape both individual and organisation responses. What is clear from the research is that the association between risk, fear and violent attack is a complex one. Any substantial shift to fortress professional practice would be to organise the delivery of social care on the basis of mistrust of clients. Such a development could be costly and create a panic culture. On the other hand our evidence suggests that a large proportion of professionals are aware and live in fear of violence believing that their employing authorities are either unwilling or incapable of effectively responding to their frequently expressed concerns.