

**SAFETY TRAINING
FOR THE PREVENTION OF CLIENT VIOLENCE
TOWARDS SOCIAL WORKERS**

A Research Practicum
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Abstract

Social workers are employed in a broad range of human service work settings. Safe working environments and conditions that are free from client violence towards social workers is a real concern for social workers and employers alike. Many aspects must be considered when creating a safe work culture including staff training and the development of safety training materials.

The Provincial Crisis Coalition, comprised of the three Mobile Crisis Units in Regina, Prince Albert and Saskatoon, requested assistance with creating a training manual and materials for their use and to share with other interested individuals or groups.

This safety training report was based on the literature reviewed, information from the Provincial Crisis Coalition and their Crisis Critical Incident Reports. This report includes references to ethics, social worker rights and occupational health and safety. Definitions and predictors of violence are provided in addition to a description of detailed techniques and skills for the social worker to utilize when preventing or diffusing violence. Reference is made to the challenge of providing mandated services and the recommended processes for supporting social workers who are victims of client violence.

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Forward

Historically the profession of social work has charitable roots beginning with humanitarian services for the poor. Today social workers function in areas such as crisis intervention, academia, research, medicine, education, child protection, forensics and residential care. Social workers are employed in a broad range of human service workplaces including community based organizations, government agencies and private business. The direct practice social worker is committed to assisting individuals and clients with problem solving and improving the quality of their lives. Generally clients perceive this helping role as beneficial and supportive. However there are times when a client's pain can result in frustration and anger that may place the social worker's safety at risk. The challenge of balancing service to clients while recognizing risks and the commitment to keeping everyone safe is an ongoing concern for the social worker.

1. Background

1.1 Extent of the Problem

- Social workers regularly have contact with potentially violent people, unsafe situations and high-risk neighbourhoods.
- Newhill (1995) wrote extensively about client violence towards social workers in the 1990's. Her research indicates that the very nature of the protective role may create vulnerability for the social worker arising from client frustration, anger and acts of violence (p. 631).
- Violence can surface in a variety of forms including threats, direct acts, and exposure to a violent environment. Attempts to quantify the number of times a social worker is threatened or assaulted has many challenges.
- In Canada, authors Macdonald and Sirotych (2005) found that 84% of the social workers surveyed felt unsafe.
- In the United States, DiGiulio (2001) reported that eight child welfare workers in the United States were murdered over a ten-year period, thus creating a critical interest in workplace violence and a number of initiatives to address this grave matter. These unfortunate deaths began a process of reflecting, redefining and analyzing safety for all social workers. In the recent American study by Faria and Kendra (2007) an astounding 75% of social workers surveyed reported fear.
- In Australia, authors Green, Gregory and Mason (2003) reported that social workers in rural Australia felt fear for their safety at least once a month. Practicum students were also vulnerable with 26% reporting some type of verbal abuse or threat in a 1993 study by Tully, Kropf and Price.

1. Background

1.2 Issue of Under Reporting Client Violence towards Social Workers

- Social Workers reporting client violence can be a sensitive and controversial area for many workplaces (Macdonald & Sirotych, 2001, 2005).
- There may be the assumption that violence may simply be part of the job (Baines, 2004). Social workers may be perpetuating the problem by denying its existence.
- Suffering in silence is identified as a barrier to quantifying the problem. It also is an issue for supporting social workers to perform this very challenging work. Faria and Kendra (2007) conclude that just as domestic violence and violence against children goes under reported, similarly threats and acts of violence towards social workers go unreported.
- Guilt, fear of stigma, fear of being blamed as well as self blame among social workers may be a problem (Leadbetter, 1993; Macdonald & Sirotych, 2001, 2005; Tully et al, 1993).
- A further barrier may be created and/or perpetuated by the very nature of the “[s]ocial work professional ideology and value orientation” (Leadbetter, 1993, p.614).
- Management may be reluctant to acknowledge the problem, thus perpetuating a culture that does not support social workers reporting and accessing support. In some cases social workers may feel they are denied the opportunity to report violence.
- Many workplaces do not allow for the option of criminal charges to reinforce the serious nature of the client behaviour and to ensure taking responsibility and natural consequences (Green et al, 2003; MacDonald & Sirotych, 2001, 2005).
- Management is often several steps removed from the incidents and may not have the direct experience of being at the same level of vulnerability. Many managers, albeit social workers, do not do home visits and do not transport clients. They also may not work shifts involving working in a night time environment that can increase safety risks.

- Social workers may not be encouraged to challenge clients about violent behaviour as it is seen in the context of possibly further contributing to the oppression of the individual (Leadbetter, 1993).
- Training concerning safety and risk assessment may be non-existent, incomplete or ignored.
- Complacency and denial about the risks and the need for preventative measures may add to the risk for social workers.

“When I look back on the kinds of things I did and where I would go alone in my early days as a social worker, it’s a wonder I came through it unscathed. I would go into neighbourhoods that I would never venture into today, especially alone and at night. But I felt at the time, I think, that I had some kind of a protective bubble around me and nobody would hurt me because my intentions were good. Although the neighbourhoods I used to work in are more dangerous today than back then, I’m also more realistic about my safety now. I sometimes wonder, though, that if I hadn’t had that protective fantasy, would I have been able to do my work? I think I would have been too scared. It would have immobilized me”. (Newhill, 2003, p.200).

2. Guiding Principles for Creating and Sustaining a Safe Work Culture

- Adopt the guiding principle of safety as everyone's responsibility; the employer and worker alike.
- The employer provides leadership and accountability through timely comprehensive training while recognizing the rights of the workers to be safe.
- Adopt the position and philosophy of zero tolerance for violence in the workplace (Choe, 2000; Pollack, 2010; Spencer & Munch, 2003). Zero tolerance becomes a goal that is strived for through the training, prevention and postvention agency practices. This sends a clear message to the agency staff, clients and the public.
- Universal precautions –“Every employee should understand the concept of ‘universal precautions for violence’– that is, that violence should be expected but can be avoided or mitigated through preparation. Frequent training also can reduce the likelihood of being assaulted” (OHSA, 2004).
- Include staff in the acceptance, creation and practice of safety within a well defined safe work culture. Culture refers to the set of beliefs, values and practices of the workplace.

3. Prevention is Key

“It’s better to look ahead and prepare than to look back and regret”
Jackie Joyner Kersee

3.1 Ethical Considerations and Workers Rights

- The Canadian Association of Social Workers (CASW) Code of Ethics (2005), Value 1 Respect for the Inherent Dignity and Worth of Persons states that “social workers uphold the right of every person to be free from violence and threat of violence” (p.4). This value supports the argument for social workers to promote and sustain healthy workplaces for all workers as an ethical responsibility.
- Managers and supervisors, who do not take precautions to ensure safety from violence, may be challenged under the CASW Code of Ethics.
- The CASW Guidelines for Ethical Practice (2005) offers broad guiding principles for safe practice. In particular section 4 refers to the “[R]esponsibilities of Managers”. Reference is made to the “[e]limination of factors” that may impede ethical practice; the responsibility to maintain adequate staffing levels and acceptable working conditions. Further, there is reference to the responsibility to support staff development. Reference is also made to the responsibility to support social workers following a traumatic event (p. 17).
- The social worker responsibility to “[u]phold the right of every person to be free from violence and the threat of violence” (CASW, 2005, p.5) provides an ethical framework requiring social work managers to be accountable for preventing client violence. This can be done through education, safety training and formal reporting mechanisms.

3. Prevention is Key

3.2 Occupational Health and Safety

- Social workers who provide “[c]risis counselling and intervention services” may be exposed to safety risks (OH & S, 1996: sec 37(2) (h), p. 125).
- The Saskatchewan Occupational Health and Safety Regulations (1996) outline the duties of the employer and the worker. The employer is responsible for the “[p]rovision of any information, instruction, training and supervision that is necessary to protect the health and safety of workers at work” (p. 15). Further to this, workers are obligated to “follow the safe work practices and procedures required by or developed pursuant to these regulations and any other regulation made pursuant to the Act “(p.15).
- Section 37 of the Occupational Health and Safety Regulations (1996) states that the employer must attempt to minimize or eliminate risk by providing training. The training will include information about the means to recognize potentially violent situations, practices to respond to risk and violence and procedures to report violence and to follow up after an incident (p. 25).
- Section 37 reinforces the fiduciary responsibility of the employer to identify, prevent and respond through a viable comprehensive training process. Safety awareness and training for potential violence is a requirement rather than an option for employer and worker alike.
- The duty to provide training as a prevention strategy is intrinsic to the role and responsibility of management and the agency.
- Recommendation: Provide mandatory safety training at orientation for social work practicum students and for social workers (Faria & Kendra, 2007; Scalera, 1995).

4. Definition of Violence Including Threats, Assaults and Near Misses

4.1 Violence Definitions

- Client Violence “[i]s conceptualized as any incident in which a social worker is harassed, threatened or physically assaulted by a client during the worker’s performance of his or her job” (Macdonald and Sirotych, 2005, p.774).
- Violence is “[b]ehaviour which produces damaging or hurtful effects, physically or emotionally on other people” (Leadbetter, 1993, p. 625).
- Violence is “[t]he intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (The World Health Organization www.who.int).
- Violence is “[t]he attempted, threatened or actual conduct of a person that causes or is likely to cause injury, and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that the worker is at risk of injury” (The Saskatchewan Occupational Health and Safety Regulations (1996), sec 37 (1), p. 25).

4. Definition of Violence Including Threats, Assaults and Near Misses

4.2 Violent Behaviours – Description (Pollack, 2010, p. 278)

- “1. Making offensive, abusive, foul, depersonalizing or racist remarks
2. Invading the personal space of staff or other clients
3. Destroying property
4. Using or brandishing deadly objects or weapons
5. Making offensive gestures or assaults
6. Being actively non-cooperative
7. Trying to intimidate staff or other clients”.

Pollack (2010) provides a comprehensive description of a range of violent behaviours (see references). Some behaviours are more traditional or more obvious than others.

4. Definition of Violence Including Threats, Assaults and Near Misses

4.3 'Near Miss' Definition

“A near miss is an incident that has the potential to cause injury, property damage or both. These are incidents where, given a slight shift in time or distance, injury, ill-health or damage easily could have occurred. A case where an accident was narrowly averted. Any situation in which ongoing sequence of events was prevented from developing further and hence preventing occurrence of potentially serious consequences. Incidents that under different circumstances could have far more serious consequences. Events that have occurred but resulted in no actual harm although the potential for harm may have been present. Thus, the near miss could be defined in terms of what could have happened” (Saskatoon Health Region, 2009, P.3)

- A near miss can be as stressful as an actual assault or act of violence. The worker is left with an adrenaline rush and the thoughts of what could have been. The sense of loss of control of the situation can result in feelings of trauma and vulnerability as well as disturbing images (Martin, 2006)
- Martin (2006) describes an incident where a female social worker accepted an invitation to enter a male client's home for coffee against her better judgement. Although nothing happened; she felt trapped and fearful for her life (pp. 75-76). This is an example where a worker may need help to identify the incident as significant: The incident can be described as a near miss. The worker may require support and validation to mitigate the emotional trauma of a near miss.
- Near miss examples:
 - I was searching for a female teen in a household when the parent said she may be downstairs. In my haste to see the girl, without thinking, I went down and came face to face with a startled adult male. He seemed to be under the influence of drugs or alcohol. He became hostile and belligerent demanding to know why I was there. I realized I was in danger and I quickly backed my way up the stairs.
 - A single parent mother had called for help with her teenage male son. The boy was caught stealing at school and when confronted by the Mom, he was threatening to leave home. Both were now calm and willing to have a worker

- come out and talk. As we were approaching the front door, the teen came rushing out almost hitting me with the door and nearly toppling us both down the front steps. We never knew whether he intended to hurt or if we were in the wrong place at the wrong time.
- We were coming out of an apartment building parking lot near a tall building. It was dark and in a neighbourhood with known drug and gang activity. Out of nowhere 5 people appeared and were sizing us up. I saw the group before my co worker who was the driver of our vehicle. I had the presence of mind to signal to her to get into the van as soon as possible and drive away. I had the cell phone ready to call 911.
 - Recommendation: It is important to report and keep track of near misses. They teach us about ourselves as workers and are helpful in teaching us about our safety protocols and the training or procedural adjustments to make to improve safety.

4. Definition of Violence Including Threats, Assaults and Near Misses

4.4 Threatening Behaviour

Scalera (1995) and Smith (2007) explore the psychology of the effects of threatening behaviour. They found that perceived threats can be even more wearing than the actual assault. Fear of the unknown and imagining what could happen can cause profound stress and a feeling of vulnerability for the social worker. Threatening behaviour may also include verbal abuse, abusive language, sexual remarks and sexual innuendo.

- In addition to near misses, threats are important to record and analyze. Workers need support following a threatening event as with the more obvious physical assaults.

LOCAL EXPERIENCE: Social workers may be the direct target for violence or may be caught in the line of fire. For example, over a 30-year period crisis workers have been physically assaulted, punched, kicked, jumped, slapped, chased and pushed. In addition to verbal threats other incidents involved being threatened and grazed with a knife and threatened to be run over by a car. A windshield was broken while a crisis worker sought refuge in a car.

5. Predicators of Violence

5.1 Description of Client Characteristics and Behaviours

Violence is usually caused by multiple and often complex factors, however, the following information will assist with violence assessments:

- Client history of violence. One of the best predictors of violent behaviours is previous violence (Newhill, 2003, p.108). The violence may have been directed towards strangers, or family members, but not necessarily helpers. Whenever possible know who you are seeing and take precautions.
- Mental health. Individuals who are psychotic, paranoid or manic may be prone to violence. Diagnoses may include schizophrenia and personality disorder. Alterations or the discontinuance of medications as well as mandated treatment raise flags of concern. (Spencer and Munch, 2003). Other conditions such as acquired brain injury and organic brain syndrome influence behaviour. Children and adolescents with a higher rate of violence may have a diagnosis of Oppositional Defiant Disorder, Conduct Disorder, Asperger's Syndrome as well as Fetal Alcohol Spectrum Disorder (Grieser, 2008, p.43). Individuals who threaten suicide may also direct violence outwardly. Include suicide as a risk factor for violence (Grieser, 2008).
- Impairment through drugs or alcohol. Unpredictable and erratic behaviour can occur when under the influence of substances. This may include drug induced psychosis, paranoia and mania.
- Domestic Disputes. In these situations emotions may be at the breaking point and behaviours may be unpredictable. Likely workers would be responding with the assistance of police services. However, it is important to note that these situations require heightened safety to assist the overall containment of the situation (Newhill, 1995).
- Unusual eye contact. Smith (2006) identifies a common theme regarding the significance of unusual eye contact, e.g., staring, or the lack thereof, prior to an attack.
- Demographics. Young males with a history of violence are most likely to assault. However, today more women are engaging in violent behaviour (Newhill, 2003, p.92) and the cautious worker will assess beyond gender, cultural or age biases or stereotypes.

- STAMP. Refers to “Staring and eye contact, Tone and volume of voice, Anxiety, Mumbling and Pacing “(Luck, Jackson and Usher, 2007, p. 11). Three Australian nurse authors collected data through a study of patient violence in an emergency hospital setting. STAMP is utilized as an assessment framework for predicting violent behaviour.

STAMP Assessment Components and Cues

Staring	Prolonged glaring at the nurse whilst s/he is engaged in nursing practice Absence of eye contact (culture is a variable here)
Tone and volume of voice	Sharp or caustic retorts Demeaning inflection Increase in volume
Anxiety	Flushed appearance Rapid speech Dilated pupils Physical indicators of pain, grimacing, writhing, clutching body Confusion and disorientation Expressed lack of understanding about emergency department processes
Mumbling	Talking ‘under their breath’ Criticizing staff or the institution just loudly enough to be heard Repetition of same or similar questions or requests Slurring or incoherent speech
Pacing	Walking around confined areas such as waiting room or bed space Walking back and forth to the nurses’ area Flailing around in bed

- These behaviours do not necessarily lead to violence. This information is useful as part of a range of tools for assessing the risk for violence.

5. Predicators of Violence

5.2 Description of Potentially Dangerous Environments

- Violent behaviour can occur anywhere. An office setting may have fewer factors to control than an out of office encounter. A potentially dangerous environment may include high risk crime areas, heavily populated areas and core neighbourhoods. (Scalera, 1995). Also include areas with known drug activity, gang activity and recent community violence (Spencer and Munch, 2003, pp. 38-39).
- Another potential hazard is presented by isolated areas and dwellings with obscure doorways, poorly lighted areas with an overgrowth of vegetation or debris on pathways. Obstacles that obscure the line of sight or that inhibit hasty retreat can be problematic.
- Home visits present a range of complexities that contribute to the safety risk for social workers. Simply entering the client's territory or turf implies that the workers must follow the client's rules (Shields & Kiser, 2003). In addition, the client's home may present physical safety hazards. Workers may get caught in the cross fire between arguing adults. House party scenarios where there are larger numbers of people and adults possibly under the influence of drugs or alcohol require extra caution and may be dangerous.

5. Predicators of Violence

5.3 Mandated Services and the Implications for Social Workers

Social workers and factors influencing vulnerability to violence:

- Social workers may be next to the police in terms of the risk for assault or violence (Ellison, 1996, Leadbetter, 1993, Newhill, 1995). Social workers who provide a mandated or protective service are in a higher risk category for client threats and violence. These may include child protection workers, corrections workers and mental health workers. These social workers often serve involuntary clients. The difficulty arises when clients see the social worker as a control agent working under government authority. This can complicate and compromise the helping role (Ellison, 1996; Faria & Kendria, 2007; Green et al, 2003; Reeser & Wertkin, 2001; Shields & Kiser 2003; SK OH&S, 2009).
- Social workers in a protective role are more likely to be perceived as control agents. The dichotomous role identified earlier of control agent and caregiver combined can lead to increased vulnerability for client violence. Violence directed at the worker may have connection to the system and its constraints and frustrations as opposed to the individual worker.
- In itself, the social worker role as helper may not be sufficient to ensure safety in the field. Smith (2006) suggests that survival is enhanced by a realistic self image of helper when anger and frustration may be directed at the very person trying to help.
- Social workers must be realistic about their vulnerability to client violence despite the over arching desire to help, forgive and potentially not defend themselves.
- It is not always possible to fulfill a client's request. Denial of resources for example, may invoke a negative and possibly violent response for a client.

LOCAL EXPERIENCE: Client safety must be effectively balanced with worker safety. The phrase “courage to intervene” was created by crisis workers participating in the Provincial Crisis Coalition Competency Matrix exercise in 2007. The “courage to intervene” refers to the dual role in many high risk situations where there is a duty to protect while fully aware of “the potential for pitfalls and risks” that may impact worker safety (Rochon Associated HR Consulting Inc., p.4).

5. Predicators of Violence

5.4 Influences of Worker Gender

- Newhill (2003) comments on the extensive quantitative study conducted by Leadbetter (1993) in Scotland where it was found that men were more likely to be assaulted than female workers. For example, Leadbetter suggests that “[m]ales’ enhanced risk may reflect the fact that men use a more confrontative approach, which may be viewed as provocative by certain clients, or that men are more likely to be assigned to settings or to particular clients in which risk of violence is high. It may also reflect a greater willingness of men to report violent incidents” (p. 38).
- Newhill (2003) indicates that there are more questions than answers in terms of the role of gender in managing violence. In his study, despite the fact that male workers are more often assaulted than females, he indicates that men perceive themselves as less vulnerable than female workers (p. 149).
- It is important to be aware of how male and female workers prepare for and respond to violence. This awareness will assist with safety training and prevention.
- Also take into consideration the client’s response to male and female workers. For example is an upset male more likely to challenge a male worker or to size him up and decide to back down?
- The point is that universal precautions (see p. 5) for violent behaviour should prevail over assumptions that may result in complacency.

6. Prevention of Violence – Defusing Potentially Violent Situations

Social workers are in a position to defuse potentially violent situations by utilizing their intuition, awareness, creativity and thinking capacity. This section refers to the social workers' awareness and skills in the areas of psychological, emotional, behavioural and physical responses to diffusing and preventing violence.

6.1 Psychological/Emotional

Awareness of feelings and emotions related to stress and violence can help the social worker to choose actions consciously rather than reactively. The social worker maintains self control having considered intuition and other factors such as their reactions to fear and danger.

- Staying alert and staying safe – Pay attention to intuition and “gut feelings.” The Martin Smith (2006) article entitled *Too little fear can kill you. Staying alive as a social worker*, explores why, despite clear indications on a number of levels, social workers ignore the signs for violence and in the end also do not follow their intuition: “[t]here is no one, simplistic response that can always be depended upon to aid threatened workers and that spontaneity and intuition in the moment are as important as any carefully pre-planned and rehearsed escape strategies” (p. 74).
- Sense of duty – Martin Smith (2006) describes a situation where a seasoned social worker fails to pay attention to her inner feelings and questions, “Why? Maybe, again, a combined sense of duty, politeness, wanting to help and not wanting to be seen as failing or falling short in her role” (p. 76).
- Heightened awareness – Workers need to conduct their assessment for violence but have a “heightened awareness “of the situation so as to pay attention to intuition and allow for spontaneity. Shields and Kiser (2003) describe this state of “heightened awareness “about the potential for violence that helps with both prevention and the moderation of violence (p. 20).
- The fear factor – Extreme fear has the potential to wipe out all the wisdom from previous experience and training. The worker can freeze. A state of panic may ensue described by crisis workers as having a range of symptoms. These may include the inability to think or speak; the mouth is dry; the legs feel like rubber; there may be a dizzy/swirling feeling.
- Awareness of self and reactions to danger – Mandell (2008) recommends self-monitoring and critical reflection to build awareness and to position oneself for response in extreme situations. This is particularly helpful in relation to mandated social work roles where confrontation and extreme controlling actions on the part

of the social worker may be challenged. Forethought coupled with self awareness can help provide a more controlled response even when one may feel out of control under the circumstances.

- Maintaining self control – Be aware what pushes your buttons. To be able to shape another person's behaviour you must be able to control your own. Do not personalize the behaviour or words coming your way. Remain neutral and stay focused on the task that is to help shift the client's behaviour to get whatever she/he needs. Be aware of your thoughts, emotions, breathing and posture.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.1 Psychological/Emotional

- Be Creative
 - › Spontaneity and creativity are complementary qualities or skills.
 - › Creative response to the pace and mood of a crisis situation may make the difference between safety and danger.
 - › Martin Smith (2006) talks about potential aggressors being snapped out of their trancelike state by the actions of the social worker and seeing the worker as a person and not as a “part object” that is the target for the aggression (p.74).
 - › If one tack is not working, try another. The tendency for workers under duress is to repeat a course of action, hoping it will work. If one behaviour is not successful, try another. Creativity allows for new options to be tried.



6. Prevention of Violence – Defusing Potentially Violent Situations

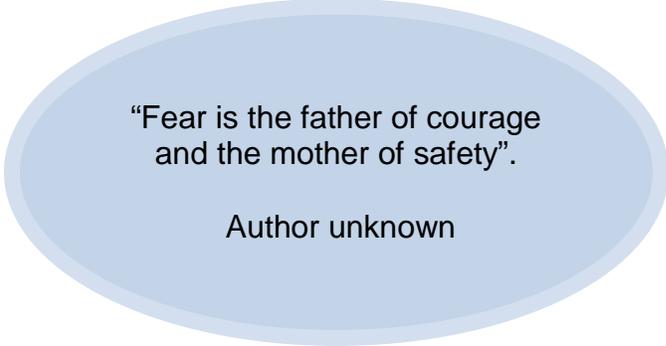
6.1 Psychological/Emotional

- EXAMPLES of creative ways to help the client snap out of the downward trend to actual violence:
 - › Offer water or food. This can have a nurturing effect that may help mitigate violent behaviour. Newhill (2003) calls it “the chicken soup effect” (p. 168).
 - › Suggest both parties sit down to talk. Simply changing positions can affect the intensity of a crisis situation.
 - › Move the client to different room.
 - › Tell the client that you will get your supervisor who may be able to help.
 - › If on a home visit, you might interrupt the communication and say that it is okay, but maybe another day would work better and take your leave.
- There are many more possibilities, but any of these examples may unlock client behaviour and allow for a breather and a possible change of direction.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.1 Psychological/Emotional

- Mental Defence
 - › The mind has a valuable contribution to make in terms of thinking ahead to anticipate where the situation may go. Being mentally prepared for a situation assists with appropriate responses at critical moments.
 - › Mental defence can help the worker with thought patterns or soothing self talk such as “I am going to be okay. I can do this. I am in control.”



“Fear is the father of courage
and the mother of safety”.

Author unknown

6. Prevention of Violence – Defusing Potentially Violent Situations

6.2 Behavioural

Communication skills: The primary tools in managing a potentially violent person are the social worker and his/her knowledge, experience, imagination, maturity and confidence. There are no magical or foolproof behaviours, but there are skill sets that may be of assistance.

Mandell (2008) refers to “[c]ommunication skills (listening, verbal and non-verbal expression-including tonality, body language and dress), insight, self awareness, values and beliefs, biases, attitudes, openness, genuineness, warmth, and non-judgmental stance” (p.237).

- Verbal Skills – Voice tone-speak with a firm, confident, steady voice. Voice volume and pitch is normal, perhaps even lowered to force the person to strain to hear you. Use short words, short sentences and repeat when necessary. Offer a friendly, courteous and assertive approach. Convey genuineness and warmth. Be logical and honest. Don’t make promises you cannot keep. Offer choices if appropriate. Outline consequences. “Personalize and depersonalize yourself to lessen the danger” (Weinger, 2003, p. 45). For example use “I” statements.
- An apology when utilized appropriately can be an effective tool for conflict resolution. Other interventions may include “[a]cknowledging the client’s anger and feelings; being non critical, non-blaming and non-defensive; apologizing if appropriate...” (DiGiulio, 2001, p.74).
- Build human bridges – Any statement that enhances trust or suggests like mind may be of assistance – e.g., “Bear with me, I am doing the best I can to try to understand your situation...”
- Simply acknowledging the behaviour can be helpful. Deliver the message in an assertive manner – that violence, acting out or abusive behaviour is not in the client’s best interest.
- Listening skills – Listen attentively. Listen empathically. Seek clarification. Exercise patience; give the aggrieved party ample opportunity to state his/her case. Offer the individual who is escalating to speak in private. “Help the client to talk out angry feelings rather than acting upon them” (Weinger, 2001, p. 45). Acknowledge the client’s anger.

- Body stance and positioning –
 - › Use slow movements, relaxed, open posture.
 - › Keep at least arm's and leg's length away.
 - › Keep arms flexible and positioned to protect the face from a sudden blow or attack. Stand with legs apart to provide better balance and positioning for a pivotal reaction.
 - › Never turn your back on the client. "When standing, do not face the client; rather, turn sideways, preferably with the arms folded or with one arm across the stomach and the other around the chin. Both stances allow for rapid protective movements with arms or hands...you want to protect sensitive areas, such as the face, throat, and ears" (Newhill, 2003. p. 195).
 - › Keep hands visible and do not put hands into your pockets.
 - › Be aware of not crowding the person's personal space.

"If the client tries to pull your hair, the immediate response is to pull away. Instead, you should get hold of the client's hands and try to pry his or her fingers loose while verbally telling the client to let go. If that fails, pulling backward on the client's thumb often works to get the client to let go" (Newhill, 2003, p. 195).

- When the individual is intimidating, position a desk or counter between the client and social worker. Use eye contact carefully. Be aware of the potential for a smile to be misinterpreted. At times workers smile due to nervousness or as an attempt to lighten up the situation.

"[p]eople in highly aroused states are likely to perceive a smile as a threat as, being a teeth-baring gesture, it closely resembles a snarl. It is therefore advisable not to smile in fraught situations as the communication conveyed (threat) might actually be the opposite of that intended (appeasement)" (Martin, 2006. pp. 72, 73).

- Be aware of the effects of touching a client. It can be misinterpreted. Are you getting too close for safety?
- Cultural diversity—Different cultures may have different experiences as well as reactions to crisis situations. "Be aware of racial and ethnic issues and differences in order to be sensitive to and respectful of all clients" (Weinger, 2001. p. 43).

The meaning and implications of simple gestures such as a handshake, a nod of the head, a touch or a facial expression may vary among cultures. For example, traditional Islamic and Hindu cultures do not touch with the left hand. Traditional Asian culture may suppress facial expression and too much smiling may be an indication of superficiality. Some cultures may avoid eye contact to show respect and in some cases prolonged eye contact may indicate sexual interest (Tidwell, 2009).

- Recommendations for training: Give consideration and special attention to new staff and students. These individuals may not have the experience or awareness to manage their reactions to danger and can benefit from forethought and training (Reeser, 2001).

6. Prevention of Violence – Defusing Potentially Violent Situations

6.2 Behavioural

- Role plays and case scenarios—Role plays and case scenarios help to advance the training material from an academic to a practical level. Staff can experiment in a safe setting while learning about their own capacity to respond and learning from each other (Newhill, 2003). The experience of role plays and case scenarios can “equip staff with verbal and physical scripts, thereby instilling some sense of empowerment and confidence” (Spencer and Munch, 2003, p.540).
- The trainer may consider demonstrating what not to do when faced with a hostile or aggressive client and then have the trainee(s) role play an appropriate response. Participants can help review both role plays by considering the following questions:
 - “1. What were the cues that the client might become physically aggressive?
 2. At what phase did the worker first intervene with the assault cycle?
 3. What did the worker do in an attempt to diffuse the situation?
 4. What was the effectiveness of these interventions?
 5. What are other alternatives for intervening in this situation?” (Weinger, 2001, p .46)

6. Prevention of Violence – Defusing Potentially Violent Situations

6.2 Behavioural

Example Role Plays and Scenarios

- Home scenario: You are asked to mediate a parent teen conflict. The upset teenager will not settle and is threatening to leave the parental home without a coat and it is minus 20 Celsius. The mother wants you to stop him.
- Home scenario: In a child protection role you have made your assessment and have decided to remove the infant. The police are in the home with you and are standing by. The mother who is kept back by police is very upset and angry. Now that you are leaving she appears calm and asks to give the baby one last hug.
- Office scenario: A worker is talking to a client about the need for a mental health assessment. The client agrees to go to the hospital but she seems very protective of her purse. You are wondering if she has a weapon in it.
- Office scenario: An adult male arrives at the office demanding an explanation. His wife now becomes upset when he “physically corrects her behaviour”. She is threatening to leave. He thinks that you had something to do with this.
- Ask Trainees to present scenarios or case examples from their own experience.

What kind of preparation is important and how would you respond? Look at the five previous questions (Weinger 2001, p. 46) and apply them to these scenarios and case examples.



6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Dress for Safety

- Dress in a manner respecting practicality, neatness, professionalism and safety (Weinger, 2001).
- Wear clothing that does not attract undue attention and is sensitive to the circumstances of those served (Weinger, 2001). Provocative or revealing clothing is neither safe nor acceptable. Clothing with slogans, logos or pictures must be worn with caution as it may be demeaning to a person or a group of people.
- For mobility and safety reasons, clothing should be non-restrictive e.g., neither too loose nor too tight.
- Footwear must be secure, supportive and allow for good mobility (Weinger, 2001). Shoes with high heels and/or poor grip are unsuitable for the workplace. No open-toed footwear when going out of the office or when serving clients in the office.
- Some jewellery items may create safety hazard e.g. large earrings that can be pulled. Lanyards, neckties and scarves should not be worn around the neck for the same reasons.
- Please see Lyter and Abbott (2007) for general information about dressing for safety as it is an important part of safety training and practice.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Equipment

- The use of technology - It is important to have communication for safety when out of the office (Coastal Technologies Corporation, 2009).
- Global positioning systems, cell phones, alarms, surveillance equipment, mirrors, electronic key cards were identified by the OSHA (2004) guidelines for office and field use.
- Ensure vehicles are in good running order with safety gear such as blankets, flashlights, snow shovels, etc.



6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Transporting

- Keep the gas tank full and keep the vehicle in good running order (Saskatoon Health Region, 2009).
- In cold climates, consider an automatic command start to reduce the risks of leaving a vehicle with the motor running.
- Take an extra set of keys. Each worker should carry a set of keys as this provides additional safety.
- Have police radios and cell phones handy for use.
- Keep doors locked and windows up.
- Keep valuables out of view (Coastal Training Technologies, 2009).
- Keep the vehicle clear of items that may be used as a weapon.
- Seat clients in the rear bench seat of a van. It is recommended to have two staff transport potentially hostile clients. The driver can focus on the road while the staff in the passenger front seat or middle van seat can observe, anticipate danger and lead a response. Use judgment in talking or keeping silent depending upon the reaction of the agitated client (SCIS Training Manual, 2011).
- The goal is to keep the driver safe should a client become hostile or unpredictable. If unable to stabilize client, worker will stop the vehicle, remove ignition key, exit the vehicle and summon immediate police assistance.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Parking

- When going out on a call or home visit park in a well lit area that allows for easy retreat (Saskatoon Health Region, 2009).
- Position the vehicle for a hasty retreat.
- Consider parking a few doors away from the call site. In this way it is possible to be vigilant without drawing attention to oneself. It is also less conspicuous when placing a phone call from the vehicle (SCIS, 2011; Coastal Training Technologies Corporation, 2009).
- Scan the area before exiting the vehicle.
- Provide surveillance or an escort for social workers walking to their personal vehicles at night.



6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Office Safety

- Position interview rooms for easy surveillance. Consider windows or one way mirrors. Never interview in an isolated area. Interview rooms preferably have two exits. This allows either the worker or the client a means of retreat as a means to avoid violent confrontation. Always plan your escape route. Stay close to the exit to facilitate a hasty retreat. Remove projectiles and eliminate excess furniture or clutter (OSHA, 2004).
- Keep valuables such as purses out of view, preferably in a locker.
- Consider furniture that cannot be easily lifted or thrown. Weinger (2001) recommends a cushion nearby and /or a lighter chair that the interviewer sits on to be picked up and used as a shield if necessary.

Diffusing a potentially violent situation: Although each situation is unique, a protocol for potentially violent client situations is advised. Create a protocol and test it out in a role play (Spencer and Munch, 2003). Adjust the protocol as needed. The following is a sample safety plan for handling difficult, potentially violent situations:

- One staff attends to the individual.
- The second staff is *spotting*. (*This is a term often used in gymnastics for example where the person spotting is close by and poised to respond or catch the individual to prevent a fall*).
 - › This staff observes and may or may not choose to be visible to the client.
 - › Reading the situation and good judgment is important.
 - › At times a client may settle knowing that there is other staff nearby.
 - › On the other hand, the client may up the ante knowing he/she has an “audience”.
 - › The staff who is spotting is poised to assist the first staff if a problem arises.
- The third staff is positioned, ready to dial 911 if signalled or required. Always be aware of exit routes. Know which doors are locked or unlocked.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Home Visits

- As previously indicated home visits have a range of uncontrollable variables to consider when planning for safety. “Considering the home as the client’s private domain, workers are intruding. Hence, we can expect people to become defensive as well as self- protective” (Shields & Kiser, 2003). It is important to be respectful of the client’s own space.
- Allow ample time to arrive at the destination. This will allow time to observe and collect oneself. Focus and allow for forethought; have a conversation with your partner- what is the goal of the visit? Who will take the lead? Is there a history of violence - reminder universal precautions (see page 4).
- Are there any animals in the home? Ask that animals be taken to another room.
- Approaching the door- stop and listen. Do not stand directly in front of the door. Leave plenty of room in case the door is swung outwards and a hasty retreat is required. Is there any shouting or anything out of the ordinary?
- Knock and then “[s]tep back from the door of the client’s home after knocking, and observe carefully before entering. Linger on the doorstep a moment to assess. If something is amiss, do not enter” (Lyter & Abbott, 2007, p. 27). If a voice gives permission to enter, do not enter; it is safer to wait until the occupant comes to the door.
- When entering the home do not remove footwear; be ready to make a hasty retreat.
- Do not meet in the kitchen where there is potential for sharp objects and objects that may be used as weapons (Newhill, 2003, p. 202). Do not meet in the bedroom where guns are often hidden or the bathroom as it is a confined space with only one exit. Keep your partner in view at all times.
- Once inside the home, be alert and aware of the layout of the home. Note the location of the exits and number of adults and their condition.
- Be aware of weapons or items that may be used against the worker.
- Observe illegal paraphernalia.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Five Types of Home Visitors were Identified by Lyter and Abbott(2007).

“(1) The *frightened/avoidant type* who have considerable fear about the risks that might lie in the home visit milieu, and often avoid making visits altogether or rush the visit in order to mitigate their own anxiety;

(2) The *clueless type* who appear disinterested and avoid discussion of safety policies and practices, and who move about with abandon, often becoming interested only after an incident occurs to them or to a colleague;

(3) The *naïve/compassionate type* who believe that because they are compassionate, all people will recognize their desire to do good, and who may believe that their kindness gives them a protective shield, or risk may be the necessary price to pay for serving humankind;

(4) The *bravado type* who boast about their ability to handle, without fear, any situation, who see themselves as invincible; and

(5) the *informed type* who attempt to be well informed about risks and consistently exercise safe practices of social work” (p.20).

- The books *Security Risk* by Weinger (2001) and *Home Visits* by Wasik, Bryant and Lyons (1990) have excellent information for inclusion in training programs and manuals.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Working Alone

- It is logical that teamwork can help prevent client violence towards social workers. Simply put, there is safety in numbers. Unfortunately, many rural areas for example, do not have the option of sending two workers into the field.
- The Saskatchewan Occupational Health and Safety Regulations (1996) contain a section on working alone and violence prevention (section 37(1) h). This section actually identifies crisis counselling and intervention services in recognition of the risks involved in this practice.
- Workload pressures, resource cutbacks and denial by workers and management can contribute to the failure to provide safe working conditions.
- Teamwork offers an opportunity whereby workers can combine skills and abilities to accomplish this challenging work. This is a proactive safety procedure that can help prevent injury in this area (Newhill 2003; Wasik, Bryant & Lyons, 1990).
- In some cases it may be important to consider mandating the use of teams (Scalera, 1995).

6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Procedure for Signing Out of the Office

- Each workplace requires the tools as well as the protocol for signing out and for monitoring. e.g., Name of staff person(s). Time out. Expected return time. Cell number to reach staff. Type of call and location of call.
- Office staff monitor and begin checking if the worker(s) is late. Decide what is reasonable to be late e.g., 20 minutes. Take action; it could save a life.

The unfortunate death of Louise Pargeter (Hays, 2004) in the North West Territories was a hallmark Canadian event for identifying numerous safety breaches and the risk of home visiting alone. Parole officer, Louise Pargeter, was killed by a parolee on a routine solo home visit in broad daylight. One of the concerns was that Louise Pargeter had signed out, but no one noticed for hours that she had not returned.

Even well planned home visits that anticipate danger can go awry with a range of mitigating factors affecting safety controls.

6. Prevention of Violence – Defusing Potentially Violent Situations

6.3 Physical Safety

Weapons

- Weapons include the obvious as well as items that can be utilized as weapons such as ornaments, hot drinks, pens and more (Weinger, 2001). e.g., Glass in picture frames, lamps and coffee tables can be dangerous.
- Firearms- Slovak, Brewer and Carlson (2008) say it is important for social workers to be aware of weapons such as firearms as they are often in a position to assess and address risk whether it is for suicide, homicide or violence towards social workers (p.365).
- Slovak, Brewer and Carlson (2008) conducted a recent study of social workers to ascertain the frequency they assessed for firearms in situations of risk. This National Association of Social Workers research found that the majority of social workers (over 1000 surveyed) did not assess for firearms (NASW, 1996).

LOCAL EXPERIENCE – The most common weapons that crisis workers may have exposure to are knives. These come in all shapes and sizes and may include ornamental sharp objects. Consult with your police force in terms of current weapon trends. It is important to know the facts in order to plan for safety. Gangs for example may carry knives. Your local police web site often has a message from the Chief of Police as well as valuable crime statistics.

7. Aftermath of an Incident – Including Threats, Assaults and Near Misses

- Address the issue of under reporting- Are staff persons able to recognize a critical incident/act of violence? Ask the staff whether they feel comfortable and supported to report an incident?
- Report the critical incident- immediately. See section 9 for Forms and References. Carefully explore the benefits of the practice of mandatory reporting (Faria & Kendra, 2007; Lyter & Abbott, 2007).
- Critical incident debriefing- provides support for the worker in recognizing and understanding the emotional, physical and behavioural impact of a critical incident or traumatic event. It provides an opportunity to validate the worker's feelings and reduce self blame and sense of loss of control. To be conducted immediately following the event (Lyter et al, 2007, Occupational Safety and Health Administration, 2004). Include a teaching aspect to the debriefing that focuses on the recovery phase and techniques to ensure and speed recovery.
- Determine who will conduct the debriefing, e.g., the team leader/supervisor, a peer support group or an outside resource. The outside resource should be approved by the agency and staff and preferably have awareness and experience with worker safety issues.
- Victims of violence may experience the following “in addition to their actual physical injuries...
 - › Short and long term psychological trauma
 - › Fear of returning to work
 - › Changes in relationships of counsellors and family
 - › Feelings of incompetence, guilt powerlessness and
 - › Fear of criticism by supervisors or managers” (OSHA. 2008, p.18).
- Operational review - This review process focuses on agency operations and offers staff (front line, supervisors and managers alike) an opportunity to gather information and understand how safety may be improved. This review queries what was learned from this event. Were safety procedures followed? Are there changes to be made to the safety training and procedures or to the work environment? Ask the staff if they feel safe at work and what would make them feel safer (Occupational Safety and Health Administration, 2004; Pollack, 2010).

- Pressing Criminal Charges - Workers need to feel supported and clients need to know that there are limits to behaviours for all members of society. Newhill (2003) explains that “we must give a clear and consistent message to our clients that using violence to solve problems is not acceptable” (p. 213).
- Review safety training program – make revisions and re-train and support social workers.
- Develop a tracking system for critical incidents within the workplace. Analyze and address patterns.
- Review
 - › Workplace incidents
 - › Occupational Health and Safety Committee minutes
 - › Workers Compensation reports
 - › Collective Agreement complaints or grievances.

8. Summary and Conclusion

This training manual was based on the literature reviewed and referenced materials utilized by the Crisis Coalition and their Crisis Critical Incident Reports. The intent was to examine the extent of client violence towards social workers, the factors influencing violence and a range of training options to address the problem. The quantitative studies helped to measure incidents in a variety of work settings while raising the issue of under reporting and speculation why this occurs. It is important to discuss the issue of violence within an ethical and human rights framework as well as referencing Occupational Health and Safety legislation. This flows into a description of the key elements of an ideal work culture that focuses on prevention and also supports social workers who are threatened or assaulted.

Understandingly no single article reviewed provided the template for a training program and manual, however collectively all references assisted with the identification of the key components for workplace violence prevention and response for social workers and social work students. The most useful and concrete recommendations came from the Saskatchewan Occupational Health and Safety Regulations (1996) and the Canadian articles by Macdonald and Sirocich (2001, 2005). In addition the most resourceful books were *Client Violence in Social Work Practice* (Newhill, 2003), *Home Visiting* (Wasik et al, 1990) and *Security Risk* (Weinger, 2001).

Combined, these materials presented informational facts as well as inspirational arguments to motivate action for addressing the difficult and challenging reality of client violence towards social workers.

9. Forms and References

9.1 Employer Safety Checklist

Does the agency cultivate a proactive, preventative safety culture in the workplace?

Does the agency have a written safety training manual?

Does safety training occur for all staff including regulars, part time, casuals and office support staff? This includes orientation, annual training and training following an incident.

Do all staff and board members, where applicable, contribute to the creation of the training manual and the safety training course?

Does management ensure that the agency has adequate resources to control for safety?

Is equipment regularly inspected and maintained, e.g., cell phones, police radios, vehicles, flashlights etc.?

Is a system available to notify workers of new hazards and threats to safety?

Are all staff aware of their responsibilities in reporting a safety hazard, near misses, threats or act of violence?

Are all staff aware of the protocol for reporting to the police?

Is support and follow up provided when an event occurs? Creating a supportive workplace culture means it is okay for the worker to ask for help. Conversely the agency takes responsibility to offer/provide support universally to all those affected. This becomes the agency norm.

Are workplace incident reports filed and kept for trend analysis and safety improvement? Will the agency consider an outside safety audit?

Are all workers included in workplace incident analyses and consultation for change?

Are referrals made to the Occupational Health and Safety Committee for follow up?

Adapted in part from (OSHA, 2008, pp. 32, 33)

9. Forms and References

9.2 Safety Training Employee Checklist Form – Orientation Sign Off

I have successfully completed the Crisis Intervention Employee Safety Training Orientation.

Date_____

Employee Name_____

Employee Signature

Supervisor Name_____

Supervisor Signature

9. Forms and References

9.3 Safety Training Employee Checklist Form – Orientation Sign Off

I have successfully completed the Crisis Intervention Safety Training Annual Review.

Date _____

Employee Name _____

Employee Signature

Supervisor Name _____

Supervisor Signature

Date _____

Employee Name _____

Employee Signature

Supervisor Name _____

Supervisor Signature

Date _____

Employee Name _____

Employee Signature

Supervisor Name _____

Supervisor Signature

9. Forms and References

9.4 Workplace Incident Report – to be completed by the Employee involved in the Incident

WORKPLACE INCIDENT REPORT
(To be completed by EMPLOYEE involved in incident)

Date: _____

EMPLOYEE: _____

WORK TITLE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

PLACE OF INCIDENT _____

POLICE REPORT INCIDENT #: _____

A. Type of Incident: Near miss Physical contact Threats
 Verbal abuse Physical contact requiring medical attention
 Property damage
 Other (Specify): _____

B. Weapon Involved?: Yes Describe (specify): _____
 No

C. Aggressor Condition: Intoxicated Disoriented Violent
 Hostile Language Barrier
 Other (Specify): _____

D. Aggressor: Client Employee
 Male Female
 Other (Specify): _____

INCIDENT DESCRIPTION (Please attach crisis report):

Employee Signature: _____ Date: _____

Received: Supervisor's Signature : _____ Date: _____

THIS REPORT AND RESPONSE CHECKLIST WILL BE REVIEWED BY THE LOCAL OCCUPATONAL HEALTH ANI SAFETY CO-CHAIRS FOR ASSESSMENT OF PREVENTATIVE MEASURES.

cc: Employee
Executive Director

9. Forms and References

9.6 Audio Visual Materials

Websites

- www.coastal.com
- www.eletrolab.ca
- www.andrews.edu - information on cultural differences in body language

DVD's by Coastal

- Personal Safety for Home Health Caregivers
- Healthcare Violence: Be Part of the Cure
- Alert & Alive: Defusing Anger & Violence in the Workplace
- Violence in Home Healthcare: Be Smart Be Safe

9. Forms and References

9.7 References

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