

Be Careful: Personal Safety for Social Workers

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Presented By CEUSchool

Brief Bio:

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Writers Comments Regarding this Topic:

Work-related violence against social workers is an often unspoken fact of life and, due to various stressors, it appears to be increasing. In 2004, the National Association of Social Workers (NASW) partnered with the Center for Health Workforce Studies, University of Albany, to conduct a national study of 10,000 licensed social workers. The response rate was 50%. In response to the question, "Are you faced with personal safety issues in your primary employment practice", 44% responded yes. The threat of violence impacts on social workers both professionally and privately. The need for personal safety information is imperative to protect social workers and provide preventive strategies to enable them to provide safe, effective client interventions.

Brief Course Description:

This course will discuss:

- History of safety issues for social workers
- Impact of aggression on the well-being of social workers
- Agency safety rules, regulations and procedures
- Situational awareness
- Threat recognition
- Essential ideas for personal safety
- Protocols while visiting clients in higher risk areas
- De-escalation techniques
- Self-protection strategies

Course Objectives:

After completing the offering, the participant will be able to:

1. Define what is meant by workplace violence
2. List at least 3 reasons why workplace violence appears to be increasing
3. Explain how workplace safety can impact a social worker's emotional and physical well-being
4. List at least 3 areas of knowledge that an agency's skill training program should include
5. List at least 4 suggestions for making agency facilities safer
6. Define what information should be included in a pre-visit safety assessment
7. List at least 2 things social workers should know about their clients prior to going into the field
8. List at least 2 essential ideas for personal safety for each of the following: in the car and in a client's home
9. List at least 3 indicators to predict client violence
10. List at least 4 signs of increasing agitation
11. List at least 3 de-escalation techniques
12. List at least 2 self-protection techniques if attacked

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INTRODUCTION

Work-related violence against social workers is an often unspoken fact of life. Probably few social worker students or new practitioners realize when they enter the profession that they may be targets of assaults. This should really not be a surprise however, because social workers usually become involved with clients during periods of crisis and often interact with clients when they are emotionally labile.

Violence includes physical assault, verbal assault, harassment and the threat of assault. Some assaults may be minor, but others can be lethal. The violent deaths of some social workers have triggered awareness of this issue. The resultant outcome of this awareness is the mandatory training in personal safety for social workers by some states and schools of social work, as well as the development of agency policies and procedures to protect social workers on-site and during home visits. Even if a state doesn't require these measures, it behooves every social worker to be

aware of the potential threats that may be encountered and how to mitigate these threats of violence.

HISTORY OF VIOLENCE AGAINST SOCIAL WORKERS

Ever since Jane Adams went into Chicago's tenements to provide social work, social service workers have been at some risk. Because social workers go into their field to help others, they tend not to perceive clients as potential threats to their safety. They have the mindset that their clients want and need their interventions. However, circumstances sometimes change the clients perceptions as to the "help" social workers provide. If they become frustrated or feel a loss of control, their behaviors may become negative. This can result in violence towards the social workers. The vast majority of incidents do not involve serious bodily injury. Injuries involving social workers have ranged from verbal attacks which require no medical attention to those requiring hospitalizations. Although fatalities are rare, some social workers have paid the ultimate price for caring for their clients. Following is a list of some of the social workers who have been killed while performing their professional duties:

- 1987 - Norman Fournier was a social work mental health coordinator in Washington State. He was shot and killed by a client when he went to pick him up on an involuntary commitment order.
- 1987 - Paul Grannis was a social worker in Kentucky. After the removal of an adolescent, a client's father shot him to death while on a home visit.
- 1988 – Linda Rosen was a case manager in a psychiatric hospital emergency room in Pennsylvania. During the intake interview, a client shot her to death.
- 1989 – Robbyn Panitch was a social worker at a mental health clinic in California. A client stabbed her to death during a counseling session.
- 1991 – Tanja Brown-O'Neil was a social worker at a social services agency in Maryland. She was stabbed by a client who was angry at not receiving his food stamps.
- 1993 – Rebecca Binkowski was a graduate social work student who was a resident manager at an apartment for mentally ill persons in Michigan. She was stabbed to death while driving one of the tenants.

- 1996 – Linda Silva was a social worker for the Division of Social Services in Massachusetts. She was shot to death during a home visit by a parent involved in a child custody case.
- 1996 - Josie Curry, Michael Gregory, and Jimmy Riddle were three caseworkers at the Department of Social Services in South Carolina. They were shot to death at their agency by a client upset that his children were being put into foster care.
- 1997 – Steve Tielker was a Family and Children’s Services supervisor in Indiana who counseled sex offenders. He was shot to death by a client on probation for child molestation during a court mandated counseling session.
- 1998 – Donna Millette-Fridge was a social worker at a community mental health outreach program in Connecticut. She was stabbed to death by a client while walking into work.
- 1998 – Lisa Putman was a Child Protective Services social worker in Michigan. She was murdered while on a home visit by clients who were upset that their children had been put into foster care.
- 1999 – Nancy Fitzgivens was a social worker for Child Protective Services in Ohio. She was killed while making a home visit.

- 2004 – Teri Zenner was a social work case manager in a mental health center in Kansas. She was murdered with a chainsaw while on a home visit to see if her client was taking his medication properly.
- 2004 - Greg Gaul was a licensed private clinical social worker in Iowa. He was shot to death by a client while on a home visit.
- 2006 - Boni Frederick was a social services aide in Kentucky. She was stabbed to death during a home visit by a client who had lost custody of her child.

SOCIAL WORK VIOLENCE STATISTICS

Social workers may wonder just how dangerous their profession truly is. In 2004, the National Association of Social Workers (NASW) partnered with the Center for Health Workforce Studies, University at Albany, to conduct a national study of 10,000 licensed social workers. The study obtained nearly a 50% response rate. In response to the question: “Are you faced with personal safety issues in your primary employment practice”, 44% of the respondents said yes. Also, 30% of those social workers did not think that their employers adequately addressed their safety concerns. The survey determined that the majority of social workers facing safety issues were more likely to:

- Be in the first five years of their social work practice (26%)
- Work in private, non-profit (37%) and state government settings (23%)
- Work in social service agencies (17%)
- Describe their primary area of practice as mental health (35%) or child welfare/family (16%)

Another survey by NASW's Committee for the Study and Prevention of Violence Against Social Workers, with the support of the Massachusetts Chapter of NASW, revealed that 51.3% of the social workers they surveyed reported feeling unsafe in their jobs. Nearly one-third experienced some form of violence, including verbal abuse, at least once in the office. Nearly 15% reported at least one episode in the field. C.E. Newhill found, in a 1995 survey of MSW students, that client violence is one of the top three practice concerns in their field placement. A large study of mental health workers in Georgia in 2003 found that 61% had been victimized either psychologically or physically and 29% had feared for their lives during their career.

According to the Occupational Safety and Health Administration (OSHA), only one more work setting is more dangerous - working at night in a retail store.

Although the research is not definitive, there is consensus among social work professionals that violence against them is increasing.

CAUSES OF INCREASING SOCIAL WORKER ASSAULTS

A number of reasons for increased violence against social workers have been given. Below is a list of some, but certainly not all, of the reasons:

- The number of people seeking public assistance has swollen with the mass de-institutionalization of psychiatric health patients. Clinic-based psychiatric social workers are now routinely working with clients who previously were confined to high-security mental hospitals.
- More aggressive efforts are being taken to track down men who owe child support.
- Social workers are being asked to deal with increasingly volatile issues in family disputes, especially in child abuse cases, as a result of the 1974 child protection law and domestic abuse cases. For

example, the number of child abuse reports nationwide quadrupled from 669,000 in 1976 to 2,694,000 in 1991 according to statistics developed by the American Humane Association, a Denver-based group. Also, some abusers will focus on social workers who they feel are threats to their control over their abuse victims.

- Money difficulties due to the recession have aggravated the situation. Welfare cutbacks have occurred while the need for services has grown. Welfare clients, angered by the cutbacks and delays in receiving public assistance, have become increasingly aggressive.
- The increasing practice of seeing clients in the community versus seeing them in agency settings resulting in more exposure to risk.
- The availability of guns and a population adept at using them.
- The rise in violence in general, including schools and other work places. As a result of the Tarasoff Decision, social workers should be forewarned of potential threats of violence by clients who have violent ideations towards them but they may not receive notice of this. (In 1976 the California Supreme Court ruled that therapists are obliged to warn potential victims of violence if, during their sessions, they determine someone is at risk.)
- A growing substance abuse problem.

- An increased disparity of income in the population, causing people to feel helpless and more desperate.
- The attitude of the social workers who resist thinking of clients as potentially threatening, or just the opposite, by assuming that danger is “just part of the job” and shouldn’t be overemphasized.

Even though many acts of aggression towards social workers have been documented, it is believed that these aggressive acts are actually under-reported. There are a number of reasons for that. Some could be due to shame. Social Workers may feel as if they couldn’t do their job adequately or they were unprofessional and this caused an incident. Also, some agencies do not encourage social workers to report acts of violence.

Whatever the causes, the fact remains that the need for personal safety of social workers can no longer be ignored.

IMPLICATIONS OF VIOLENCE ON THE SOCIAL WORKER

Social workers face many stressors that impact on their professional and private lives. Social workers often work with mentally and emotionally unstable people, dwindling services and reduced benefits, and working conditions such as understaffing, working alone, and working late hours. This puts them at a high risk of workplace violence. Also, they constantly

deal with very difficult situations, usually for low wages, which can lead to frustration and burnout. This can cause high staff turnover which, in turn, impacts on any remaining agency social workers. Social workers consistently experience increased paperwork, an increase in the severity of client problems, larger caseload sizes, longer waiting lists for services, assignment of non-social work tasks, and an increase in oversight. These all serve as barriers to effective practice and increase social worker stress.

These stressors can negatively impact a social worker's mental and physical well-being. An NASW survey found social workers in mental health, health, and child welfare/family fields reported feeling fatigue (65%, 70%, 65% respectively); psychological problems (48%, 36%, 37%); and sleep disorders (22%, 23%, 25%).

The stressors can also cause social workers to be distracted during their client interactions. This may cause them to miss subtle signs of agitation and the escalation of emotions which can lead to acts of aggression by the clients.

Needless to say, those social workers who have experienced any form of aggressive behaviors from their clients will be impacted. Social workers may become so hyper-vigilant in the future that they would be unable to establish trusting relationships with their clients. They may suffer long-term physical or mental consequences from the episode; or they may even leave the profession altogether due to burnout or fear.

SAFETY IN THE AGENCY

All human services agencies should have safety policies and protocols contained in a written safety plan. This will not only maximize client and worker safety, minimize the agency's liability, but it will also facilitate a quicker recovery for the victim and agency should an incident should occur.

The written safety plan should be:

- Specific to the function and layout of each agency; input from staff and expert consultants should be included,
- Detailed and comprehensive so that all staff members, clinical and non-clinical, know what to do in an emergency, and
- Reviewed and practiced on a regular basis.

The safety plan should include safety skill training as part of a social worker's orientation with periodic practice drills using these skills in potential incidents. An agency's safety skill training program should include:

- How to recognize signs of agitation.
- What to do at the first signs of agitation.
- The use of specific code words and/or phrases to signal help without increasing the client's agitation.
- How to assess a client's level of dangerousness.
- How to use interventions such as de-escalation, non-violent self-defense (NSD), when to call security or police, and when/how to evacuate the building for clients demonstrating increasing agitation and/or aggression. (NSD is a system of self-protection and humane control used for crisis intervention which was developed in the 1970s by Dr. William Paul. The system features evasion, deflection, dodging, disengagement, and restraint. It does not allow any offensive movements such as kicking, striking, etc. other than the use of humane restraint.)

Personal safety skill training is important, but it is also important to make agencies as safe as possible. Some suggestions for making the physical layout of the agencies safer are:

- Maintain an organized, calm, and respectful appearance for clients, especially in the waiting areas. Monitor temperature, crowding, and noise.
- Ensure adequate lighting, both inside and outside.
- Be aware of traffic patterns, with special attention to where clients can go unescorted, especially bathrooms and coffee areas.
- Establish a “risk room” where potentially violent or agitated clients can be placed and seen. This room should be furnished sparingly in neutral tones and located in a centrally located area with ready access to help.
- If possible, install safety equipment such as buzzers and silent alarms in offices and waiting areas.
- Furnish offices to maximize safety. Allow a safe distance between clients and social workers. Place furniture to facilitate easy access to the door; social workers should not have to go around their desks or pass clients to get out of the office. Eliminate, as much as possible,

items that may be thrown or used as weapons such as staplers, books, pictures, scissors, paperweights, etc.

- Possibly limit access to staff work areas by using keys or coded locks on doors.
- Routinely inspect the interior and exterior layout and all safety equipment to ensure that everything is in working order.

The agencies should have codified rules, regulations, and procedures to establish a safe environment which address prevention, intervention, and aftermath strategies. They may include:

- Designing and maintaining a safe physical environment.
- Developing a safety committee to develop and maintain safety orientation and continuing education programs.
- Developing a method for assessing risk to staff while performing their duties and developing processes to reduce risk, such as using a buddy system, assigning cases with consideration to gender, ethnicity and culture, language, etc.
- Having a format for obtaining a client's history of violence as part of a regular intake procedure.

- Having a method of communicating to all staff when current danger exists.
- Ensuring adequate staffing at all times and allowing no one to work in a building alone.
- Developing policies relating to the provision of services to clients who carry any type of weapon or who are under the influence of any type of alcohol or drugs.
- Developing policies relating to home visits. (This will be discussed later under the heading of “Safety in the Field”.)
- Establishing relationships with security and police, informing them of the agency’s safety protocols, as well as what would be needed from them during an incident.
- Developing a post-incident format for debriefing and communicating with all staff following an occurrence of client violence, as well as a format to determine when and how legal action against a violent client may be taken.
- Developing a format to report and record all work-related occurrences of violence, including threats.

SAFETY IN THE FIELD

Before going into the field, all social workers should have their own safety action plan. It should encompass what actions to take before leaving the agency and what preventive measures to utilize while in the field.

Before going into the field, social workers should:

- Learn what they can about the client's and/or family's histories, learn if they have had prior violent encounters with the police, schools, or social services, determine if they have had negative interactions with agencies in the past. Find out if there is a history of mental illness in the family. Some of this information can be gleaned from agency records. Additional information may be obtained from informal sources such as supervisors, coworkers, or colleagues from other agencies.
- Carefully consider the streets, neighborhoods, or areas where the families live. For example, avoid going alone or wearing jewelry in known drug areas, isolated places, or high crime areas.
- Find out about the activities and whereabouts of cults and militia groups in the areas. The beliefs of cults and militia groups may cause them to view social worker's actions as threatening, unnecessary, or unconstitutional.

- Consult with social workers with more experience if limited practice experience is an issue.
- Leave information with the agencies as to the time and place where the field visits are to occur and the expected duration of the visits.
- Dress sensibly at work to allow for ease of movement, including comfortable shoes. Remove neckties, scarves, hanging jewelry, religious or political symbols or anything that could be used as a weapon or increase agitation in a client.
- If possible, keep your home address and last name from becoming known to your clients and have an unlisted phone number.
- Be careful of what is posted on social networks that can disclose routine habits and/or home addresses.
- Make sure that your car is in good working order and that you have plenty of gas in it. You should also have a spare tire with a jack, a working horn, spare change, a flashlight, jumper cables, and a first aid kit.

The best preparation will still not remove all threats of danger. Vigilance and situational awareness are imperative. Some steps that can be taken to decrease vulnerability while in the field are:

- Drive by the residence first to see if things seem okay or if there is anything suspicious going on.
- When pulling into a parking lot or neighborhood, observe who is hanging around and what their general attitude is. Back your car into a parking garage space so you can exit quickly if you need to. Make note of at least two (if possible) exits and entrances to the parking area. Park close to any lights if there is a chance of you returning to your car before or after daylight.
- If you park on the street, do not park directly in front of the home or residence you are visiting.
- Have your car keys in your hand as you approach your vehicle.
- If you have a flat tire at night or in a high crime area, try to keep going along the shoulder of the road until you reach a gas station or, at least, a safer area.
- If stranded, ask to see identification of anyone stopping to assist you, even the police. If you accept assistance, pretend that someone else will be arriving soon and stay alert to their actions.
- Drive with your windows up and the doors locked in unsafe areas.
- Always keep your car doors locked when you are away from the car or sitting in it.

- Be careful about what you leave on your seats or dashboard.

Valuables can be an incentive for others to break into your car. Items with personal contact information can lead to identify theft or cause the thieves to break into your home.

- Scan the area as you approach your car and always check the floor and backseat before getting in.
- If someone tries to force you into your car, throw away the keys to distract the attacker and run.
- If someone approaches your car to force entry, lay on the horn and drive off quickly.
- Try not to drive clients in your car. If you must, have them sit next to you. Never have them sit behind you where you can't see what they are doing.
- If someone in your car is forcing you to drive, turn on the flashers, press the horn, stop suddenly, get out and run or, in the worse case scenario, cause an accident with other cars.
- Schedule visits during daylight hours, preferably in the morning.
- Go out in teams or with the police, if warranted, on potentially dangerous visits.

- Before opening a gate, rattle it to determine if there are animals loose that might pose a threat.
- Listen outside the door of the residence for disturbances such as screaming, yelling, or fighting before making your presence known.
- When knocking on the door or ringing the bell, stand to the side, not in front of it, in case someone tries to harm or grab you.
- Introduce yourself clearly, letting the family know who you are and why you are there.
- Assess the person/persons you are interviewing to determine their demeanor and/or if they are under the influence of any substances.
- Note any drug paraphernalia lying around.
- Note the general layout, exits, and phones of the residence. Position yourself for an easy exit if necessary.
- Scan the environment for any weapons. For example, guns are often kept in the bedroom while knives are kept in the kitchen.
- Avoid discussing plans and personal information within the hearing of others.
- Keep personal items such as a purse or briefcase locked in the trunk of your car. Only keep your keys, a little money, and a phone on your person.

- Travel with a cell phone that is charged, turned on, and pre-programmed to call 911 for assistance in any emergency or threatening situation.
- Check in with your agency at set times to let them know you are okay.
- Most importantly, trust your instincts. If something doesn't feel right and you are uneasy about the situation you are in, leave and call the police.

PREDICTING CLIENT VIOLENCE

No matter how thorough social workers may be about using safety precautions, client interactions may not always go smoothly. Social workers must be aware of indicators of impending violence to either eliminate or mitigate aggressive acts. There is no magic bullet to predict when interactions may turn negative, but common factors have been identified which can make people more inclined to violence. Some of these factors are:

- If a person has a history of prior violence, it is more probable that violence will happen again, as this tends to be their coping mechanism. This is the single best indicator of violence, so social

workers should investigate past or current violent behavior.

Interactions with someone with a history of violent behavior should be arranged in a controlled environment with assistance present or readily available.

- Certain internal factors have been associated with aggressive encounters. These include fear, humiliation, boredom, grief, and a sense of powerlessness. To reduce risk, avoid putting clients in positions that embarrass them. Instead, try to give them knowledge that empowers them and help them see other, nonviolent options.
- Physical factors increase the risk of violence as well. These include lack of sleep, physical exhaustion, use of drugs or alcohol, heat, hunger, cold, physical disability, or chronic pain. Social workers should try to alleviate, as much as possible, those situations that can be controlled, such as heat, hunger, cold, exhaustion, and lack of sleep prior to their interactions. They should follow agency policies regarding interactions with those under the influence of any type of substance.
- Situational factors have also been found to be predictive of violence. Access to weapons, having experienced childhood abuse or aggression in the home, or feeling a sense of injustice or oppression

can lead to violence. These factors should be assessed prior to any interactions or during an initial assessment in the field.

- Violence has been shown to more likely to occur when children or adults are taken from their living conditions, especially if they are removed in front of family or friends. These interactions should always be planned events and never conducted alone.
- Certain conditions have been associated with violence. Knowing the dynamics of addictions, mental illness, brain trauma, and other issues associated with acting-out behaviors can better prepare social workers for interactions with these persons.

Whether or not social workers have information about a person's past history or current emotional state, there are signs they can look for to determine impending client agitation and possible aggression. Clenching of fists or jaws, having a "wild" look in the eyes, being out of touch with reality, speaking in a loud voice or becoming verbally abusive are all indicators to look for. If these behaviors occur, immediate steps to reduce the tension should be taken before the behaviors escalate to violence.

VERBAL DE-ESCALATION STRATEGIES

Susan Weinger, author of Security Risk: Preventing Client Violence Against Social Workers states: “The best way to manage violent behavior is to prevent it.” However, that is not always possible. When a potentially violent situation threatens to erupt and no weapon is present, verbal de-escalation is appropriate. The most important tool in de-escalation is a social worker’s brain. By using skills to reduce the level of arousal that social workers have learned, discussion becomes possible; reasoning with an enraged person is impossible.

The first step in verbal de-escalation is for social workers to remain in control of themselves:

- Appear calm and self-assured even if you don’t feel that way. Take a deep breath. Relax facial muscles and look confident. Anxiety can make a client feel more anxious and unsafe which can escalate aggression.
- Use a modulated, low, monotonous tone of voice. The normal tendency when people are frightened is to have a high pitched, tight voice which can increase client anxiety. Speak in a clear and direct manner so clients can hear what is being said through their anger.

- Be very respectful, even when firmly setting limits or calling for help.
The agitated client will be very sensitive to feeling ashamed and disrespected.

The second step is the physical stance social workers should take:

- Never turn your back for any reason.
- Try to be at the same eye level. Encourage clients to be seated, but if they need to stand, you should also stand up.
- Allow extra physical space between you and clients – about 4 times the normal distance.
- Do not stand squarely facing clients. Position yourself at an angle so you can sidestep away if needed.
- Do not maintain constant eye contact. Clients may perceive “staring” as disrespectful.
- Do not smile. This could be perceived as mockery or anxiety.
- Do not touch them. Even if therapeutic touching is culturally appropriate with some clients, cognitive distortion in agitated clients can be misinterpreted as hostile or threatening.
- Do not have the client stand between you and the door.

- Use non-confrontational body language. Move slowly. Avoid putting your hands on your hips. Do not point or shake your finger. Keep hands out of your pockets to indicate that you do not have a concealed weapon.

The third step in verbal de-escalation is the actual discussion you have with clients:

- Do not be verbally defensive. Even if comments are directed at you, they are not personal. The clients are angry at the situation, not you.
- Use good communication skills. Be empathetic of their feelings but not their behavior. Do not solicit how they are feeling or interpret their feelings in an analytic manner. Just reflect their feelings and be non-judgmental. Do not argue with them. Never tell a client to “calm down”. By saying this, you communicate that you do not understand and accept their viewpoint. This, in turn, validates their anger.
- Do not get loud or try to yell over screaming clients. Wait until they take a breath and then talk calmly at an average volume.
- Do not use humor. Angry clients may misinterpret this as being disrespectful.

- Attempting to distract or change the subject can sometimes work, but may further anger clients who realize you are diverting them.
- Respond selectively. Answer all informational questions, no matter how rudely asked. Do not, however, answer abusive questions.
- Explain limits and rules in an authoritative, firm, but respectful tone. Give choices, where possible, to alternatives that give clients a way out of the situation without embarrassment. For example, giving them the option of talking later or agreeing on a cooling off period allows clients to save face.
- Be patient. According to Griffin et al., it takes a person about 30 to 40 minutes to calm down from anger physiologically.
- Trust your instincts. If you have done what you can to calm the situation but de-escalation is not working, stop. Most often, social workers can tell within 2 to 3 minutes if de-escalation strategies are beginning to work. However, if they are not, tell clients to leave, escort them to the door, call for help, or leave yourself and call the police.

IF AGGRESSION OCCURS

As much as social workers would like to believe they can control any situation, they may not always be able to do so. Anger and aggression cannot always be contained. If that happens, the first step social workers should take is to leave the room and get away from the situation as quickly as possible. If that is not feasible, they should call for help and try to protect themselves as best as they can. Some social workers take courses on self-protection or check with their local police departments for self-defense strategies. Even if they haven't done these things, social workers can use some basic tactics to protect themselves until help arrives, such as:

- Try to protect themselves from head injuries by blocking blows with arms, clipboards, pillows, etc.
- If they fall, kicking out to block an attack with their feet and legs.
- If they are unable to get up, curling into a ball to protect their vital organs.
- If they are bitten, pushing into the bite, not pulling away.
- If their hair is pulled, pressing down on the person's hand with both of theirs.
- Using fingers, fists, palms, elbows, knees, and feet as their weapons.

CONCLUSION

Personal safety is essential to social workers. They cannot help clients through a crisis if they are afraid for their own well-being or are caught up in a dangerous situation. Unfortunately, incidents of aggression against social workers appear to be escalating. Therefore, it is crucial for all social workers to know how to identify potentially dangerous individuals and what to do when they encounter them. They should be aware of the causes of the assaults, how the increasing violence against social workers not only affects their job performance but their physical and emotional well-being, their agency safety policies and procedures relating to the physical plant as well as in the field, and strategies for their safety in the field. They should also be cognizant of predictors of client violence. All social workers should know verbal de-escalation techniques to defuse a dangerous situation, but they should also know some basic strategies on how to protect themselves if de-escalation is not effective. Social workers should remember, however, not to get carried away with worry about aggressive clients. They need to remember that aggressive actions are the exception to the rule. Most clients are not a threat. Personal safety action plans are useful because they promote awareness and decrease fear. The plans empower social workers to reduce risk and to take appropriate actions if and when they are

needed. Personal safety knowledge enables social workers to provide safe and effective client interventions, the role they seek.

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