Power, Respect and Violence in Human Service Work

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Evaluation of Workplace Violence Prevention Intervention in the Social Service Workplace

Lipscomb, Johnson, McPhaul, London, Geiger-Brown, Foster

- NYS Public Employees Federation (PEF) & Civil Service Employees Association (CSEA)
- Office of Alcoholism and Substance Abuse Services (OASAS)
- NIOSH/CDC R01 **(2002-2007)**

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Purpose of Project

- Describe risk factors for workplace violence in social service settings
- Assess staff assault experiences
- Design and implement a prevention program
- Conduct a process and outcome evaluation

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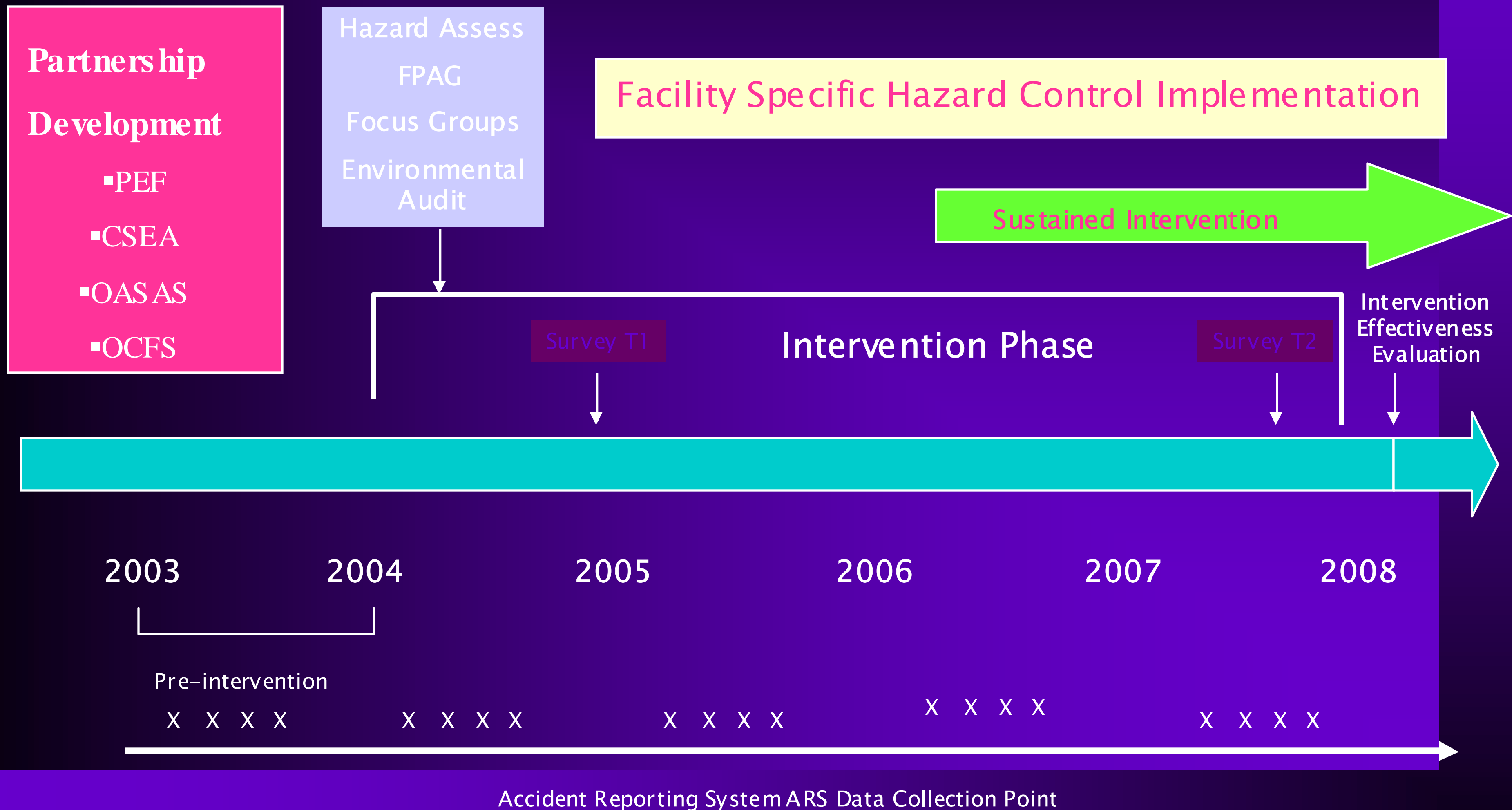
Workplace Violence in Social Service Workplaces: Intervention Study Timeline



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Social Service Agency Partner

- Office of Alcoholism and Substance Abuse Services (OASAS)
  - 13 Addiction Treatment Centers (ATCs) Statewide
    - 12/13 located on grounds of psychiatric hospitals
    - 6 intervention/7 comparison
    - 2/3 PEF members
    - 10,000 admissions/year
    - 25-92 staff per ATC

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Focus Group Findings

- Focus groups of staff were conducted in all six intervention facilities
- Led by trained project staff members
- 1 to ½ hours long
- Only non-managerial employees participated
- Smaller number of focus groups were performed with patients
- Transcripts were analyzed using ATLAS software and core themes identified

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Addiction Treatment Facilities within Psychiatric Hospitals

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Addiction Treatment Facilities as Free Standing Units

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Social Justice and Violence:
Growing Inequality=Increasing Violence

- Social hierarchical ranking divides people into classes that receive differential respect or honor
- The more ‘inferior’ one’s position is regarded – the more frequent and intense the feelings of shame
- The degree of wealth and income disparities in a society is a powerful predictor

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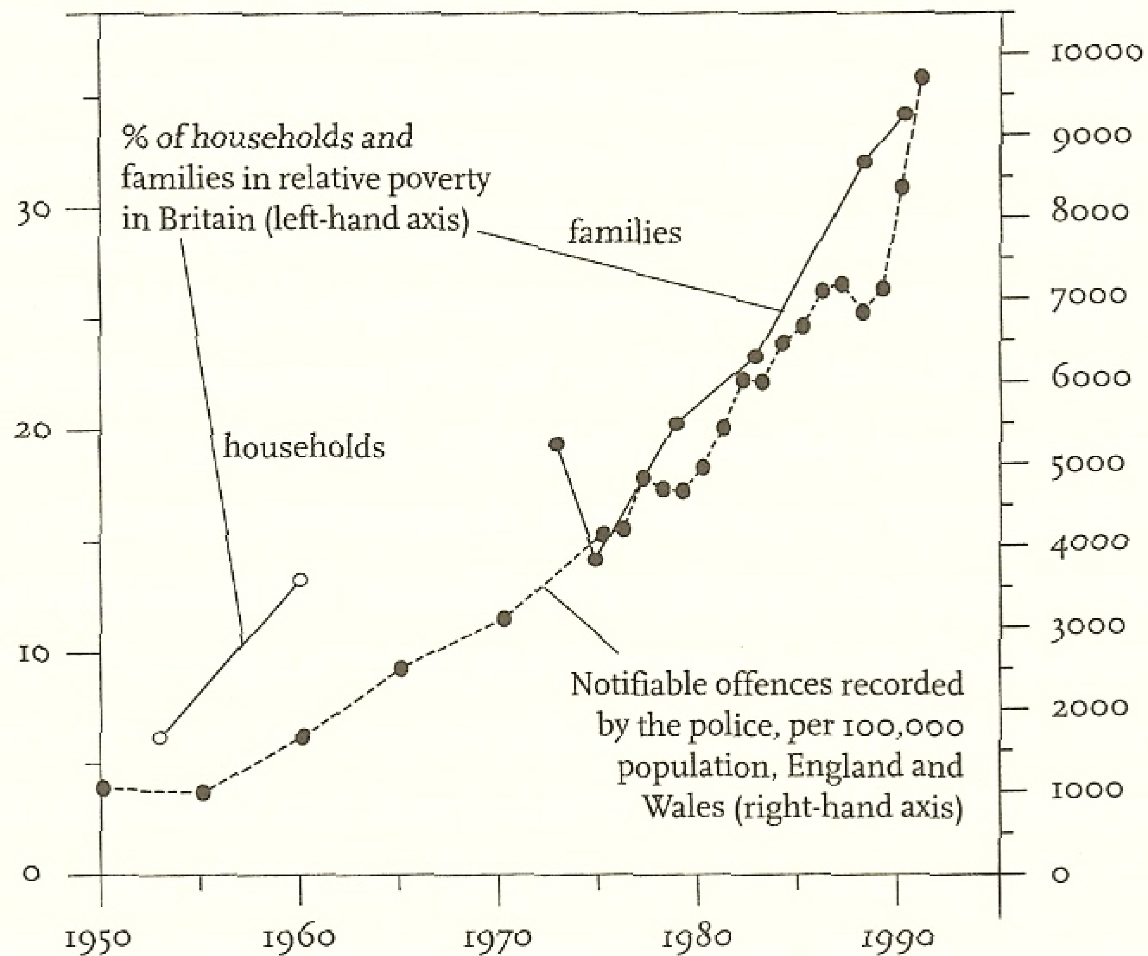
Figure 2 Relative Poverty and Serious Crime England and Wales 1950–91



The solid lines record the growth of relative poverty (% of population with incomes below 50% of the median income, allowing for the number of people in each household or family) since 1953. There was a dramatic rise in the proportion in relative poverty in Britain after the late 1970s, and also a sharp rise *in serious crime in England and Wales, shown by the dotted line.* (After Figures 13 and 14 in Richard G. Wilkinson, *Unfair Shares*, Barnardo's, 1994.)

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Income Inequality and Shame

- The US has the greatest income disparity of any developed nation and homicide rates that are 5 to 10 times larger than other developed countries.
- Other countries have a much more equal sharing of collective resources and less violence
- Violence rates rise and fall as income inequality increases or decreases
- Shame is exacerbated by one's position of relative inequality.

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The Social Causes of Violence

- "…the basic psychological motive, or cause, of violent behavior is the wish to ward off or eliminate the feeling of shame and humiliation – a feeling that is painful, and can even be intolerable and overwhelming – and replace it with its opposite, the feeling of pride."

  James Gilligan, Preventing Violence, p. 29

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Dying for a Little Respect

- Insult and humiliation are the most powerful instigators of violent behavior
- Violence becomes a means to maintain and achieve respect when one's social resources are limited or non-existent
- The "Code of the Street" (Anderson, 1999): "respect is at stake in every interaction…Many feel that it is acceptable to risk dying over issues of respect."

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Patient's Rights versus Worker's Rights

- Patient's Rights Movement has struggled to establish basic human rights of patients for human dignity, respect and humane and just treatment
- Worker's Rights Movement has struggled to establish the basic right for a humane and healthy work environment
- Our findings suggest that the least violence occurs when the rights of both groups are respected

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Human Rights, Respect, and Philosophies of Care-Giving

Patient Rights \ Worker Rights	Low	High
Low	No Human Rights	Worker Centered Respect
High	Patient Centered Respect	Mutual Respect

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Why So Little Overt Physical Violence in Addiction Treatment Centers?

- Incidents of violence towards staff are rare
- Most violence was between patients
- Patient population largely consists of individuals from lower socio-economic positions – many from homeless backgrounds.
- The social inequality theory of violence would have predicted much more violence should be occurring in this group than we actually observed.
- We asked: “Is there something protective about the treatment philosophy of these centers?”

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Culture of Mutual Respect in Addiction Treatment Centers

- Recovery model of treatment
  - Many frontline staff are recovering addicts
  - ‘Program of recovery’ emphasizes:
    - Respecting the humanity of patients
    - Providing behavioral, conceptual & moral tools
    - Engage patients themselves as co-counselors
  - Patients are required to treat staff with respect
  - No tolerance for physical violence towards staff

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Respectful Treatment of Clients Helps Create a Safer Climate

- *"We treat them like human beings, to give them some kind of hope within themselves."*
- *"But to really take the time to listen makes the work environment dramatically more powerful; it takes the poison out of it."*
- *"Patients are often just so thrilled to have an opportunity to have someone really take the time to listen. That right there can stop the violence dead in its tracks."*

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Philosophy of Care is Based on M*utual Respect:* For patients

- Treat patients "*with respect and dignity*" and try to "*listen to their concerns*"
  - "*They're first, the client comes first.*"
  - Center should be "*a non-fear driven place*" where "*patients don't have to be afraid all the time*"
  - Humane treatment philosophy is enforced
  - Abuse of patients is not tolerated
  - Patients have strong procedural rights
  - Staff generally "*Enforce discipline with care*"

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Philosophy of Care is Based on M*utual Respect:* For Staff

- Patients who are physically violent "*are out of here in a heart beat*."
- "*They know this facility is no nonsense*."
- Threatening behavior is not tolerated.
- Patients who are too aggressive are removed
- Patients act to prevent violence and protect staff by breaking up conflicts before they escalate

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Institutional Restructuring Threatens this Mutual Respect Process

- Cost-cutting and the continuous threat of privatization has placed enormous pressure on Treatment Centers to restructure:
  - Centers are chronically short-staffed
  - System pushed to expand their services
  - New population groups are entering treatment centers that do not fit ‘recovery model’
    - Prison population
    - Psychiatric population

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Short Staffing Comes from Budget Cuts and Down-Sizing

- *"We need more staff. That's something that's never going to change because it's a state fixture, that's the way the state has it and they're not going to staff it."*

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Low Staffing Levels Increase the Threat of Violence

- Too few staff on nights & weekends:
  - *"make it really difficult to maintain harmony"*
  - *"evening shift is very, very stressful"*
  - *"always in the evenings…"*
  - *"in the dead of night"* worker had to lock herself in her office when threatened by client
- Heavier patients loads and low staffing levels make it difficult to supervise patients even during the day shift

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Short Staffing Leads to Fear of Violence and Higher Stress Levels

- *"I'm short-handed here. I've got too much to do, too little time and the stress level just goes right through the roof."*
- *"One of the underlying problems that I see that I fear in terms of violence is when there's a shortage of staff - we're very short staffed."*

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What Happens if the Rights of Workers are Ignored?

Patient Rights / Worker Rights	Low	High
Low	No Human Rights	Worker Centered Respect
High	Patient Centered Respect	Mutual Respect

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Contrasting Case Study: Violence Levels High Without Mutual Respect

- Large, older state institution
- Patients had severe disabilities and can’t function in other settings
- This institution had the highest incidence of violence in the United States
- WHRC was called in by State Occupational Health Professionals to do an evaluation

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Why such high violence levels? No Respect for Worker Health

- Highest mandate was to protect clients
- Staff told to "take the bullet" if client on client assault is likely
  - To physically place themselves between two clients and take the blow on their own body
- If staff doesn't do this a neglect charge is filed against them by coworker
- No concern by administration for worker safety
- All emphasis was placed on client well-being

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Equality and Respect are Protective for Both Patients and Workers

- Social justice requires recognizing and enforcing the human rights of both patients and workers
- The current tendency to ignore the rights of care giving workers is unjust and will only increase overall violence levels
- The least violence is likely to occur when the rights of both groups are respected
- Institutional policies of cutting back public support for social services can threaten this practice of mutual respect

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