

Getting What They Pay For?

Jonathan E. Lynch discusses quality training for the management of physical aggression.

This article was prompted by that of Lister *et al.* (2001) in the Autumn edition of *CJM* (No.45), '“Be Nice”: the training of bouncers’.

Although theirs is not the only role that might involve the physical management of aggression, bouncers may occupy a relatively unique position. For example, police officers, prison officers and nurses in mental health units (MHUs) could all be required to contain violence, but in most cases daily life is not focused upon this matter to the same extent as for bouncers. Violence appears to be virtually guaranteed at some bars and clubs and the relationship between bouncers and nightlife violence has been cited as a significant public health issue (Stanistreet *et al.* 1998). Another difference is that the training police, prison and health professionals receive for violent occurrences tends to be formal and consistent with policies and informed guidelines. Although not without (internal and external) critics, courses usually include both prevention and some consideration of the images of those involved. One view is that bouncers are associated with ‘toughness’ and it is this which may ‘attract’ confrontation. However, the spectacle of authority without the formal power of arrest may also be a target for confrontation.

Lister *et al.* mention that complaints about bouncers often centre on ‘what they do’ rather than ‘what they don’t know’. If regulation of door staff is a real possibility, perhaps the proposed authority that will oversee this should include some consideration of professional fields that face similar difficulties, noting especially the most serious occurrences that have been affected by what was ‘not known’. Certainly some of the physical restraint skills taught to MHU staff and others have been amended following serious or even fatal events.

Time and money

Much of the physical skills training is standardised in police forces, and the prison service has national arrangements. Where there are extra threats to safety such as a person wielding an implement, further training is provided for those who will carry out planned interventions. There is much greater variation in MHUs despite expressions of concern at the varying standards and inconsistencies. Many nurses receive ‘Control and Restraint’ training, reflecting the introduction of team-restraint training from the prison service to some forensic facilities in the 1980s. The use of the same title for courses within

MHUs may be misleading as they not only tend to contain different techniques and terms but are underpinned by varying ideologies. Courses with the same title may last from one, two, three or five days (the most common), a week, ten or even fifteen days. Inconsistent duration suggests differences not only in content. The time available for supervised practice in many courses is questionable and worrying given that practice is essential for acquisition of psychomotor skills and associated confidence.

Noting that a prison study had shown a reduction in injuries to officers following team-restraint training, Parkes (1996) found less success after a four-day programme was held for staff in one MHU (this course was later amended). Ongoing update/ refresher training is also a serious issue as skills will diminish with time. The Police Complaints Authority (1999) gave an example related to baton use, citing what appeared to be an inverse correlation between complaints and the frequency of refresher training within forces. One self-funding bouncer in ‘Be Nice’ mentioned that training length and cost are important factors. If, as Lister *et al.* suggest may be the case for the police and bouncers, training is seen as reflecting a gulf between the calm waters of theory and the often harsh (even stormy!) practicalities of coping with physical aggression, the cheapest/ shortest options may well be taken. A reluctance to spend time and money may reflect the part-time status of most bouncers, but suggestions that courses are equally valid are questionable.

Orientation?

Years ago the Japanese police decided that combative martial arts skills involving impact (e.g. punching, kicking) were inappropriate for most daily work. They adopted grappling, joint-locking and restraining techniques which could assist manual containment of suspects. With the more dangerous techniques omitted, such methods were considered more suitable for law enforcement (circumstances allowing) than both the visual and actual effects of striking. However, in some cases ‘pain-compliance’ and/or use of a disadvantageous position — for the suspect — would be required. Frequent training is considered less of an obstacle in Japan and some Westerners who have lived there believe cultural attitudes make comparisons invalid. In this country some pain-compliance techniques appear to have been developed from those associated with the Far East and rely on the application of pressure to ‘locked’ joints (joint locks). These may ‘work’ and

gain the cooperation of most resisters but there could be unpleasant results if the joints of recipients are developing, damaged or frail. Other potential complications include unusual flexibility, high pain thresholds, and consumption of alcohol or drugs. These substances are hardly uncommon in bars and clubs and feature in many aggressive incidents regardless of location. Acute mental illness and learning difficulties/disabilities can also be relevant as either may reduce susceptibility to pain-compliance techniques. On the floor, the prone position (lying on one's front) would appear to pose the greatest risks to safety if breathing is affected. However, risk factors vary (Bell *et al.* 1992) and this position is not the only one in which loss of life has occurred during restraint (Paterson *et al.* 1998). With any use of force the circumstances and each individual's informed sense of accountability will influence what is deemed 'reasonable'.

Those expected to prevent or stop physical aggression require thorough training that situates their roles within legal, moral and even social contexts. Courses must be job-specific and contribute to understanding of both practical and conceptual frameworks — the roles of nurses in forensic MHUs and prison officers may overlap but

they do not do the same jobs and their employers have different expectations of each. Ironically some bouncers may be particularly vulnerable, as they lack the formal, employer-sponsored/sanctioned training, supportive policies and guidance that could assist their decision-making on the job.

In 1999 the BBC TV series *Muscle* showed use of CCTV footage to illuminate real incidents on the doors of bars and clubs, and then how the courts had interpreted events. Reported cases show that assessments of the legality of force may be complex. Such discussions and contemplation are certainly required if a group who are themselves at risk of arrest are to stay within the law and maintain safety. Some immediate security presence is required in numerous premises that are, by definition, high-risk environments combining young males, alcohol and, in some premises, what is tantamount to subcultural encouragement of physical aggression. If volatile customers are confronted by even a minority of security staff who are intent on physical conflict we must assume that violent offences by some members from both camps will continue to cause distress, fill cells, take the time of courts, and leave some people in A&E departments (or worse). Unlike many film portrayals, blows to the head and face do not really just leave the recipient with a trickle of blood running from the corner of the mouth.

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