

# ABSORBING VIOLENCE?

## The Under-Reporting of Workplace Violence in the Care Professions

**1992 is the European Year of Safety, Hygiene and Health Protection at Work. It is also the year in which Britain is implementing new EC directives concerning the hazards of factory and office production. It is a time when government and media are drawn to the questions of health and safety in the workplace; when employers, employees and trade unions are looking beyond wage bargaining to working conditions. So why, in such a constructive environment, do we hear so little about what for many in the care professions is a major occupational hazard, workplace violence? Why is the subject receiving so little attention?**

It is not a question of workplace violence being an esoteric issue. Whilst there are problems of definition, most analysts accept that it encompasses physical attacks, threatening behaviour and verbal abuse. Many draw on the Health and Safety Executive conception which views workplace violence as: 'any incident in which an employee is threatened or assaulted by a member of the public in circumstances arising out of the course of his or her employment'. (1) Nor is the subject un-newsworthy. Newspapers in the mid-80s reported a succession of brutal assaults and the deaths of three social workers at the hands of clients. The deaths made front-page news. There were public enquiries and a number of policy directives followed in their wake. So how can we explain its current absence from public debate, the lack of public awareness?

It would appear that there are three major contributing factors:

**(a) The absence of general statistics**

There is no agency which collects statistics on workplace violence across the caring professions. Further, no individual profession appears to have collected these statistics systematically over a number of years. We have, then, neither a comprehensive range of information nor, indeed, a depth to that information which has been collected. There is no possibility at present of satisfactorily gauging trends in the incidence of violence.

What information we have, has been produced by disparate surveys and case

studies of particular care professions. A survey of NHS staff in 1986, for example, revealed that in 12 months alone 1 in 200 staff had suffered a major injury, 1 in 10 a minor injury, 1 in 21 had been threatened with a weapon or implement and over 1 in 6 had been threatened verbally (HSE 1987). A more recent analysis concluded that 'during the last decade, the rise in the number of assaults on staff has outpaced even the marked growth of crime', including violent crime, with health and welfare personnel among those particularly at risk. (IDS 1992 p.2).



Case studies reveal a similar picture, with staff delivering care in the community being the most vulnerable to both physical and verbal assault. Guns, axes and broken bottles have been used to threaten staff. They have been stabbed, punched, bitten by dogs, intimidated,

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verbally molested and had their property damaged.

**(b) There is no obligation on employers to publish the information on workplace violence they do collect**

Given the implications for staff recruitment and retention, let alone an organisation's public image, it is not surprising that few employers of care professionals publish statistics on violence undertaken against their staff. Moreover, there is no compulsion on employers to publish the information they collect.

**(c) Systematic Under-Reporting**

Systematic under-reporting of violent incidents by care professionals and their line managers is in many ways the decisive element in pre-empting public

awareness. We believe that there is a professional culture which operates to suppress rather than report the fact that a violent incident has occurred. American health researchers estimate that about four incidents occur for every one officially recorded (Whittington & Wykes 1989). British research suggests the scale of under-reporting is probably higher particularly among community-based employees. As the Nova study indicates, only the most serious incidents, usually those involving clear physical injury, are reported. This often leaves managers oblivious to the problem (Norris, 1990).

**Explaining Under-Reporting**

There are several reasons why the under-reporting of workplace violence against Britain's care professionals occurs. One key reason, familiar in victimology, but amplified by notions of professional integrity, is the widespread assumption of personal culpability. Many victims censure themselves for failing to form an effective professional relationship and mishandling the care situation. Self-blame, moreover, is heightened by the fear that disclosure itself signifies professional inadequacy and will impede career progression. This is particularly problematic for women working in what are still male-dominated management structures. Many fear that they will be stigmatised not just for professional incompetence but for gender reasons as well. It is all too easy for a male manager to construe an admission of work-related violence in terms of *female* inability to cope under pressure. (See, as an example, Mason P. 1992)

If self-censorship is one reason for under-reporting, organisational culture is another. According to the Skelmersdale Committee, established in the wake of the murders of social workers in the 1980s, employers have a duty to identify the nature and extent of the risk of 'foreseeable' workplace violence, develop preventative measures and, where violence occurs, manage its consequences.

The organisational response to this, and other official initiatives, has remained patchy. Many agencies lack clear policies and management practice varies 'from organisation to organisation and to an extent from job to job'. (Willcocks and Harrow 1992 p. xxiii). Managers, especially the many recent appointees from outside the caring professions, lack personal experience of the problem and this coupled with the absence of effec-



# Absorbing Violence

tive victim support and compensation systems appear to be a major deterrent to reporting. Furthermore, in a period of financial constraint employee protection is not seen as a priority.

A third reason, paradoxically, emanates from the very research which has exposed workplace violence in the caring professions. Impelled by the need to minimise risks and heavily influenced by the behavioural core of social work's 'received ideas', researchers have tended to focus on the interpersonal dynamics of violent confrontations. Whilst undoubtedly deepening professional understanding of the phenomenon, the emphasis on interpersonal issues has been detrimental to the development of policies on prosecutions, staff insurance and compensation (Willcocks & Harrow). It has, moreover, prompted a spate of training manuals and guidelines which, while aiming to develop an individual's preventative and coping strategies, appear to reinforce the very sense of culpability which inhibits reporting!

## Absorbing Violence?

By suppressing the incidence of work-related violence, care professionals and their employers have effectively removed the issue from the public arena. There are long-term costs to this, not only for the individual care professional but for the delivery of health and welfare services in the future. Current legislation (e.g. the NHS and Community Care Act 1990) is

accelerating the shift away from institutional care. As the 'more difficult' cases re-enter the community, the potential risk to care workers increases. The legislation also speaks of 'empowering' clients and patients, and involving them in negotiating and 'purchasing' services. These new modes of service delivery are likely to heighten the potential for conflict between care providers and 'customers'. The expectations generated by the public service charters (e.g. The Patients Charter) may also produce violent exchanges.

We think it is time that care workers and their employers make the public aware of this occupational hazard. It needs to be taken beyond their professional journals to a wider audience. Systematic reporting and recording of incidents is a necessary pre-requisite as is the recognition that workplace violence emanates from the wider socio-economic environment and not just interpersonal dynamics. Reporting could also be increased if more employers provided assistance with legal proceedings and aftercare for those exposed to violence. The European Year of Health and Safety provides an opportune moment for such initiatives.

*Edward Brunson & Maggie May*  
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## Notes

(1) Some analysts also include racial and sexual harassment but this contentious issue is beyond the scope of this paper.

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## VIOLENCE : WHY?

### A view from inside.

Violence is destructive in whatever form it manifests itself. Be it violence within our thoughts, which causes us to feel heavy and uptight, uncomfortable within ourselves; violence in our words, which can result in the break-up of friendships and relationships, causing ill feeling and hatred, and violence in physical actions, which causes pain (physical and mental), and usually results in a custodial sentence...

If a person feels negative within themselves, and if he/she feels unable to resolve the problem either within their own mind or through talking about their own experience with others, then there is a danger that the person will become very anxious, frustrated, and in turn angry. This may well be the stimulus to violence, whether verbal or physical. For some this may be a release from the frustration and anger they are experiencing...

Much violence comes about through our denial of others to be themselves - we want them to be what we want, see things how we see them... I have had to accept myself for the person I am, and to allow others to be who they are... Not to feel as if it is essential to 'fight' in order to preserve my self esteem...

So we learn through talking what our feelings really are, to understand that others have feelings, our effect on them, them on us. If only it were as straightforward as that. If you write right-handed and have to change to writing left-handed, how difficult will you find it? To change emotional responses - so much more difficult. To want to lash out is the easy option; to acknowledge 'why' requires effort.

'Big boys don't cry!' 'Go out and give him a good bashing!' These are classic examples of a father's egocentric ideal for his son. This makes for emotional instability and confusion within a person. It is just as natural for a boy to weep and show love, affection and care as it is for a girl. Sadly many parents do not see this, and in many cases a child is lost between the conflicting ideals laid down by his parents.

It would be unrealistic to ask a child to allow his parents the right to be who they are, good points and bad points all inclusive. But children are frequently born out of carelessness, sometimes as a plaything, a toy. Bringing up a child is a massive responsibility...

John. Grendon prison. C Wing. 6 1/2 years. Robbery with firearms, GBH, Possession of drugs.