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Violence in the workplace is a serious safety and health issue. It's most extreme form, homicide, is the fourth-leading cause of fatal occupational injury in the United States. Within the social work field workers routinely deal with individuals who have mental problems, face losing their children and several other issues that can cause individuals to act out leading to assaults and injuries to workers.

There are a number of reasons client violence seems to be on the rise. From seeing clients in the office to seeing them in the community is a major issue due to clients that are being seen in their own home have a greater availability of guns and are more adept at using them. Add budget cuts to social service agencies, a growing substance abuse problem, and exposure to higher-risk situations on the part of social workers and increased rates of client violence are sure to follow.

Violence in the social work field is far more common than what most people think. Social workers often get to know their clients which causes them to let down their guard and become more complacent thus opening up the opportunity to be victimized by these same individuals. Many agencies don't have a systematic way of reporting incidents of violence and this sends out a message that client violence is not taken seriously or that the worker may be the blame for the incident. Unfortunately, it sometimes takes a tragedy for agencies to really focus on what can be done to make social workers safer.

Although I have never worked in the social work field I have dealt with social workers many times. While working with the Chattanooga Police department for several years I often times would answer calls or assist Child protective Services when responding to homes as well as responding to their offices on McCallie Avenue when problems arose.

The CPS agency here in Chattanooga seems to have plans in place when dealing with situations that could be harmful to the worker. When answering calls in the East Lake community they would call police to assist or to just stand by while they conducted home visits. When expecting a client in the office that they believed might turn hostile they would call us and we would respond and just stand by just in case the situation got out of hand.

Although I have never worked at a social service agency the police department had several plans set in place to deal with violence against officers. I guess the one I remember the most would be when receiving a call involving individuals that were wanting to remove their belongings from their partner's residence. We would often get these calls at night time but the police department cautioned against this stating that they would need to return during daylight hours. The reason being for this is that during the night we did not know what type of situation we were getting into and could not assess the situation as clearly as we could during daylight hours. When interviewing individuals in the office we would ensure that all objects that could be used as weapons were removed from the room and we made sure we had an open access to the door in case things got out of hand. When dealing with individuals in their home some of the same actions were taken. We would remove anything we thought could be used as a weapon, always had two officers when entering a home and we always made sure the other officer was in eyesight of the other.

As I continue in the field of social work I will try and incorporate some of the safety aspects I learned into my routine work habits. When dealing with client's weather at their home or in the office I will try and eliminate objects that can be thrown or used as weapons, be aware of the location or neighborhood in which I'm working in, plan home visits for early morning and make sure to lock my car doors. It has been said over and over again that the best predictor of

violent behavior is prior violence. Keeping this in mind There are several things I would need to look at before a home visit such as having a safety plan in place, have a safety assessment in place in which I will try and learn all I can about the individual or family I'm meeting with, and letting your office or coworkers know where you will be. Identifying potential safety risks while in the home and remaining alert and observant should help me when starting out on my own. Probably the most important thing I would be able to in consult an individual that has been in practice for a while and has had experience in this. Often new practitioners may not pick up on warning signals of impending violence. Experienced clinicians may spot things that I would not be aware of. Even though implementing all these procedures I will need to remember to never let my guard down and stay out of denial. Frequent training can also reduce the likelihood of being assaulted however assaults do happen when working with individuals that are having major personal issues and I will be aware of this as I continue into this field.

## References

- Barnes, C., & Harvey, J. (2000). COMPARISON OF NARRATIVES OF LOSS EXPERIENCES OF WORLD WAR II AND VIETNAM COMBAT VETERANS. *Journal of Personal & Interpersonal Loss*, 5(2/3), 167-181. Retrieved from SocINDEX with Full Text database.
- Boscarino, J. (1995). Post-Traumatic Stress and Associated Disorders Among Vietnam Veterans: The Significance of Combat Exposure and Social Support. *Journal of Traumatic Stress*, 8(2), 317-336. Retrieved from SocINDEX with Full Text database.
- Callers, J., Foy, D., Donahoe, J., & Goldfarb, J. (1988). Post-traumatic Stress Disorder in Vietnam Combat Veterans: Effects of Traumatic Violence Exposure and Military Adjustment. *Journal of Traumatic Stress*, 1(2), 181-192. Retrieved from SocINDEX with Full Text database.
- Hyer, L., Boudewyns, P., Sperr, E., & McCranie, E. (1996). Modes of Long-Term Coping with Trauma Memories: Relative Use and Associations with Personality Among Vietnam Veterans with Chronic PTSD. *Journal of Traumatic Stress*, 9(2), 299-316. Retrieved from SocINDEX with Full Text database.
- Taft, C., Vogt, D., Marshall, A., Panuzio, J., & Niles, B. (2007). Aggression among combat veterans: Relationships with combat exposure and symptoms of posttraumatic stress disorder, dysphoria, and anxiety. *Journal of Traumatic Stress*, 20(2), 135-145. doi:10.1002/jts.20197.

