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# Safety of Intensive In-Home Family Workers

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**Gwendolyn D. Perry-Burney**

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*Violence against social workers and other helping professionals has increased. Within this context, intensive in-home family workers were asked about their safety in working with clients. If family workers stated that they felt only somewhat safe or not safe at all, they were asked to explain where they are likely to feel unsafe. Findings include concerns about safety. The author suggests comprehensive educational curriculum be integrated in agency training for new hires and seasoned employees; also, training should be implemented to increase worker awareness of potentially violent situations and how to de-escalate and defuse potentially violent clients.*

Violence against social workers and other helping professionals is increasing (Newhill, 1996; Shachter & Seinfeld, 1994). In recent years, studies have shown that the number of social workers involved in violent altercations with clients has increased considerably (Rey, 1996; Knight, 1996; Horwitz, 1999); as the profession expands services to individuals and families (Straussner, 1990), many more social workers may find themselves in hostile situations. Violence against social workers has been reported in all of their work environments (Rey, 1996; Schultz, 1989; Star, 1984; Newhill, 1996). A survey of 175 licensed social workers and 98 agency directors in a western state showed that 25% of social workers had been assaulted by a client, nearly 50% had witnessed violence in an agency, and more than 75% were fearful of workplace violence” (Rey, 1996, p. 33). Not surprisingly, however, the settings in which violence is most apt to occur include correctional settings, mental health institutions, nursing homes, child and public welfare agencies, domestic violence situations, severe substance abuse situations, physical and mentally disabled group homes, and homeless shelters (Dillon, 1992; Ellison, 1996; Holmes, 1982; Kaplan & Wheeler, 1983; Horejsi, Garthwait, & Rolando, 1994; Newhill, 1996; Norris, 1990; Rey, 1996; Schultz, 1989; Tully, Kropf, & Price, 1993; Star, 1984; Winerip, 1999), where clients can “sometimes become so overwhelmed by fear that they lash out in panic at all who attempt to influence their choices or constrain their behavior” (Murdach, 1993, p. 307). Some evidence even suggests that the perpetrators of violent acts are becoming younger and the acculturation of violence is often passed on intergenerationally (Coudroglou, 1996; Holmes, 1982; Shachter & Seinfeld, 1994).

The increase in violence perpetrated by individuals against helping professionals, particularly social workers delivering human services, is substantiated by a large body of

literature (Brown, Bute & Ford, 1986; Dillon, 1992; Ellison, 1996; Horwitz, 1999; Kaplan & Wheeler, 1983; Knight, 1996; Newhill, 1996; Norris, 1990; Rey, 1996; Schultz, 1989; Tully, Kropf & Price, 1993; Horejsi, Garthwait, & Rolando, 1994). In a random survey of National Association of Social Workers members from Pennsylvania and California conducted by Newhill in 1996, 78% of the respondents said that client violence toward social workers was a significant issue for the social work profession. The same study found that the nature of the violence perpetrated by clients ranged from property damage and threats by clients to attempted or actual physical assaults. For example, in November 1999, a male social worker working in a foster care unit met with me to discuss a threat by his foster parent. He was notified by the local Children Services Board to investigate allegations of physical abuse by a foster parent on a foster child. After completing the in-home visit and initial assessment of the foster family, the social worker had approached the door to leave, when the foster parent said to him in a stern tone, "If you take my child, I will get my son and nephew to beat you up."

The effects of violence are far reaching. Violence directed toward social workers contributes to anxiety, which in turn affects employee satisfaction as well as employee retention (Vinokur-Kaplan, Jayaratne, & Chess, 1994; Knight, 1996; Scalera, 1995; Soest & Bryant, 1995). One social worker reported, "I feel unsafe when families become violent with each other and I am asked to go out to the home and intervene." Another said, "Visiting families during an initial home visit at night, especially in neighborhoods like public housing communities or high crime areas, makes social workers concerned about their safety." In May 2000, a social worker informed me of her apprehension in making an initial home visit in a high crime area. The local police accompanied the young worker because the client was known to be involved in the drug culture. When they reached the house of the client, they found the front door riddled with bullet holes. The worker related to me that nothing in her coursework or on the job training had prepared her for this experience. Fortunately, the client had left the house before the drug dealers left their "message."

Professionals' concerns about violence also manifest themselves through the shunning of potentially violent patients. As one person clearly stated, "We live in an increasingly violent society and this is reflected in our clients. I won't put my life at risk and have chosen a population to work with that I can feel safe with" (Newhill, 1996, p. 491). Home visits and evening work (Knight, 1996) can create volatile situations for social workers entering neighborhoods unfamiliar to them, serving high-risk families, with parental and child problems such as substance abuse, child abuse, truancy, and gang violence. Indeed, intervening in domestic violence cases, HIV/AIDS treatment, custody issues and other social problems (Schultz, 1989) places social workers at great risk of violence (Shachter & Seinfeld, 1994).

Since the time of the friendly visitor, social workers have been entering homes to protect children and support families; yet, little research has examined work safety issues.

In particular, these issues arise in unfamiliar and potentially dangerous neighborhoods or volatile home situations. The issue of social worker safety needs to be addressed by social service agencies and human service organizations through the development of policies and procedures that address work safety. While delivering agency services is of paramount importance, so too are safety concerns.

As a first step in validating in-home family workers' safety concerns and developing policy interventions, this study sought to identify intensive, in-home family workers' feelings about the safety of their jobs. The study was conducted with professionals working intensively with children and their families in the state of Pennsylvania.

A significant body of literature suggests that violence prevention training and incorporation of individual self-defense skills, such as effective communication and de-escalation of client anger, are vital to combat client violence levied against social workers (Brown, Bute & Ford, 1986; Ellison, 1996; Kaplan & Wheeler, 1983; Pepinsky, 1998; Newhill, 1992, 1996; Norris, 1990). Several intervention programs designed to deal with violence have involved cooperation between police officers and social workers, training in working with at-risk families, and professional skill development to assist in recognition of potential clients (Holmes, 1982; Kaplan & Wheeler, 1983; McKay, Bennett, Stone, & Gonzales, 1995). However, the fear exists that even with increased training and programs designed to increase worker safety, violent assaults against social workers in the field and in agency settings will continue.

## Methods

On July 7, 1989, Pennsylvania passed the Family Preservation Act, with these goals: (1) to preserve families in which children have been victims of neglect or abuse, and (2) to reduce out-of-home placements of children in foster homes or institutions. In Allegheny County, four agencies were granted a contract to conduct programs called Shelter Diversion Programs.

Shelter Diversion Programs staff were trained in the Homebuilders model of family preservation, which is designed to give workers and families an option of providing a nurturing environment for children within their own biological family. The Shelter Diversion Programs were intensive, flexible, and goal-oriented. This exploratory study obtained qualitative, descriptive data from intensive in-home workers employed by the four Shelter Diversion Program sites in Allegheny County, Pennsylvania. The programs offered intensive services to families at risk of having a child removed from the home. Client families were contacted within 24 hours of their referral, and seen as often as needed over a 4-6 week period.

Families were referred to the Shelter Diversion Programs by their children and youth services caseworker. At the time of this study, the Shelter Diversion Program had served

142 families (371 children). Sixty-two percent of the families were “chronic” child welfare families, by Children and Youth Services defined as families with more than 6 months of previous agency involvement. Of these families, 79.6% of the homes were headed by single mothers; 55.6% were never married; the mean age was 34 years, the minimum age was 18 years, and the maximum age was 70 years; 43.7% had a high school/GED diploma; 78.2% were unemployed; and 55.6% had an average income of less than \$10,000. The mean number of children per household was 2.5, and the maximum number was 7. African Americans comprised 66.2% of the households.

Families referred to Shelter Diversion Programs were given a primary reason for risk of placement, which was the problem that the county caseworker considered most significant in placing the child at risk of out-of-home placement. The most common reasons were child behavior (27%), child neglect (21.3%), physical abuse (18.4%), and drug/alcohol abuse (13.5%). A chi-square analysis indicated that drug/alcohol was a significant risk for placement. Frequencies and percentages of problems are shown in Table 1. Marital status, income, and race were not significantly associated with risk of placement.

**Table 1. Primary Reason for Risk of Placement**

Variable	Frequency	Percentage
Physical Abuse	26	18.4
Sexual Abuse	4	2.8
Neglect	30	21.3
Family Counseling	1	.7
Child Behavior	38	27.0
Delinquency	1	.7
Truancy	2	1.4
Drug/Alcohol Abuse	19	13.5
Mental Health Problems	3	2.1
Mental/Physical Disabilities	1	.7
Lack of Parent Skills	3	2.1
Poor Housekeeping	1	.7
Other	12	8.5

At a family’s entry into the Shelter Diversion Program, the in-home worker could prescribe a maximum of 25 services for the family, grouped into five categories: crisis, psychological, counseling, health, and miscellaneous. The major issues that in-home workers planned to address with family caretakers were: parent education (70.4%), family

counseling (64.1%), and individual counseling (62%). At exit, 95% of these services had been provided.

Children may be at risk for out-of-home placement because of a number of factors, the most common being parental factors, followed by child factors. In this study, 42.3% of referrals were for parent abuse/neglect, while 28.9% were associated with child factors. Parental problems included physical child abuse, sexual child abuse and child neglect. Child problems included misbehavior, delinquency and truancy. In addition, 25.4% of families were referred due to homelessness, domestic violence, or medical neglect. Families in jeopardy of having their dependent or delinquent child removed from their home spent an average of 4 weeks working with family workers to resolve the crisis.

### **Data Collection**

A qualitative research approach was used in this study. Agency directors agreed to allow the author time after a weekly staff meeting to conduct interviews. Anonymous, self-administered questionnaires were given to each family worker after the agency staff meeting. Supervisors who carried family cases were also asked to fill out the questionnaire. The author remained in the room to answer questions and to observe the process. After family workers completed the questionnaire, the author interviewed staff individually in another room to get a general sense of how they viewed the Shelter Diversion Program to discover what they did not say or mark on the questionnaire form.

The family worker survey asked respondents about their safety in working with clients. If family workers stated that they felt only somewhat safe or not safe at all, they were asked to explain where they were more likely to feel unsafe.

### **Findings**

#### **Characteristics of Respondents**

A total of 24 family workers from the four Shelter Diversion Programs participated in the study (supervisors, n=4; family workers, n=16; and parent aides, n=4). The average age of the workers was 34 years. A majority were female (77%). They ranged in age from mid-twenties to early fifties. Over half (58%) were African American; 46% were single, 38% were married, and 11% were divorced. The average work experience was 4 years in this type of work. About two-thirds (65%) had an undergraduate degree, either a B.A. or B.S. degree, and 11% had a graduate degree, either an M.A. or M.S. degree.

Family workers were instructed to identify their degree of safety concerns when making initial in-home visits. If they felt only somewhat safe or not safe at all, they were to explain in a follow-up statement where they are likely to feel unsafe. A majority of the family

workers, 81% reported feeling only somewhat safe or not safe at all entering client homes. Their overarching concerns about safety were

1. The unpredictable nature of clients
2. Environmental safety concerns
3. Feelings of high stress during the first few home visits
4. Entering homes where family members were violent with each other
5. Intervening within 24 hours of the referral, especially with an irate paramour who had been court ordered out of the home
6. Housing projects where people identified them as being part of the system or an enemy
7. High traffic areas and housing projects that were known drug areas
8. Home visits in the evening

During face-to-face interviews, family workers were asked to clarify some of their responses to questions about safety. For example, one respondent had written on the questionnaire, "I don't put myself in a dangerous situation." When asked to clarify this statement, she replied, "During initial home-visits, I call the caretaker ahead of time so that she can look out for me." Another respondent said, "I drive by the neighborhood first to locate the home, prior to my visit."

While 73% of home visitors reported feeling at least somewhat safe entering homes, African American (56%) felt safer than whites (37%). Also, workers aged 34 and over felt the safest. Women (74%) felt much safer than men (26%) in providing in-home services to families in crisis. However, 8% of the women reported that they did not feel safe at all entering some homes, whereas no men reported that they did not feel safe at all. Workers who had completed 4 years of college felt much safer than workers who had only completed high school or who had some college. Length of employment was also a factor in feeling safe. Workers with 2 or more years on the job felt safer. There was more concern about safety when working intensively with families for 30-45 days, than when working with families 45 days or longer. Slightly over half (59%) of the workers were satisfied with their job; 48% planned to stay on the job at least another year; 37% said they did not know when they might leave; and 14% had plans to leave within a month.

Almost three-quarters (72%) of these social workers felt that families needed in-home services to assist them in their crisis; 52% believed that 30-45 days was enough time to work with families, while 32% thought 45-90 days were needed.

## Discussion

Violence is a way of restoring equilibrium and autonomy in a situation in which a person feels little power or control. Few would dispute the fact that the majority of in-home social workers work with clients who are powerless in our society. In most cases, social workers are asked to intervene in the lives of individuals and families with multiple problems. The power and authority over them exhibited by the social worker may cause some people to lose control and become verbally or physically abusive to the worker. Social workers have a right to a reasonably safe work environment. Administration must provide safeguards for workers who deal with potentially violent clients, and who enter unsafe environments. Based on the information obtained from participants in this study, literature reviews, and the authors experience and knowledge as a social worker. The author recommends five comprehensive educational curriculum components, and seven administrative tasks that are listed below.

Training is needed to enable social workers to predict, and reduce, the likelihood of encountering violent situations. A comprehensive educational curriculum designed for this purpose should include (1) effective techniques for verbal de-escalation of violence; (2) basic safety procedures when entering an unfamiliar home or neighborhood; (3) safety procedures when working with first-time clients; (4) safety procedures for working with a potentially or known violent client; and (5) effective interview techniques for identifying potentially violent clients.

Training can increase workers' awareness of potentially violent situations as well as their awareness of both conscious and unconscious human responses to stimuli such as physical or verbal abuse. An equally important outcome of training should be elimination of the view that in-home workers must accept violence as an occupational hazard. Agencies and organizations should provide (1) emergency communication systems (cell phones, two way radio); (2) partner home visits; (3) effective review of the client's case history and profile; (4) documentation of worker whereabouts; (5) special procedures for working after hours; (6) procedures for transporting clients; and (7) new client assessment procedures. Workers should be formally oriented to their agency's worker safety protocols, through policy and procedure manual as well as on the job training programs.

It is often suggested that workers who perform the same job tasks over an extended period of time become lax about safety. It is important to provide continual training for in-home workers to ensure that they remain aware of safety protocols. Training topics should include (1) indicators of forthcoming violent episodes; (2) awareness of the physical environment; (3) review of agency safety protocols; and (4) proper response to a violent client.

The manner with which an agency or organization reacts to violent events is equally important. Workers who encounter violence in the work place are affected mentally,



emotionally and professionally. The support an agency provides should include: (1) forms that document both potential violence and occurred violence; (2) a plan of action if violence occurs; (3) counseling support for the employee and family subject to violence; and (4) management training regarding the effects of violence on employees.

### Social Work Implications

There are many forms of violence in the workplace. Employees must recognize that all forms of violence should be taken seriously. Workers must receive continual training on the issues of violence, safety and client sensitivity, to prevent and protect against occurrence of violent incidents.

However, it is important not to allow our concerns about violence to promote the need to extreme forms of protection such as guns, pepper spray, and other protective devices and measures. The helping professions are attempting to alleviate, not perpetuate, this kind of paranoia. As more light is shed on the issue of safety, social worker organizations, family preservation services and human service organizations must comprehensively define the boundaries for protection in the work place.

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