

Transformation and personality development: the outcomes of client's violence in the professional relationship of social workers

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Accepted for publication: 12 April 2019

Abstract

Background: Violent behaviors in professional relationships of social workers have become a growing concern for the international society. The outcomes of violence are effective in professional relationships. The purpose of this study was to better understand the consequences of violence in the professional relationships of Iranian social workers in order to improve their performance and coping skills.

Methods: The study was carried out through qualitative content analysis and 20 semi-structured interviews were conducted with 17 social workers. The participants were selected through purposeful method and data gathering was stopped after data saturation.

Results: Two main categories including “distress” and “development opportunity” and four subcategories including “distress and social worker’s reactions,” “distress and client’s reactions,” “personality development,” and “reinforcement of professionalism” were identified.

Conclusion: The cognition of violence consequences and learning coping skills in professional communication in social work can improve professional performance. Paying special attention to distress and violence repercussions and making appropriate decisions by putting in practice scientific and practical training in workplaces and educational settings can help social workers in preventing and reducing violence. As experiences in social work settings are not enough, it is suggested to look at the objective of this research from a macro-social and organizational perspective and plan both at the micro and macro levels to reduce violence.

Keywords: Client’s Violence; Professional Relationship; Outcomes; Social work; Transformation and Personality Development

Cite this article as: Babaeian N, Raheb G, Borhani F, Hashieh-Baf A. Transformation and personality development: the outcomes of client’s violence in the professional relationship of social workers. *SDH*. 2019;5(2):86-98. DOI: <https://doi.org/10.22037/sdh.v5i2.25347>

I Introduction

Improvement of awareness about violence at work and the outcomes have drawn the attention of researchers. Violence at work is repulsive behavior that demotivates practitioners and disrupts the service provision process (1). Violence is a behavior through which an individual imposes their will on others through physical and/or nonphysical measures (2).

It is a global problem and a concern for anyone in whatever working environment. Violence is considered as one of the occupational risks at work (2). According to the World Health Organization (WHO), violence is an intentional use of physical force and threatening to harm oneself or another person/group/community that lead

to high risk of damage, death, psychological trauma, or exclusion (3).

According to Canada Statistics, Workplace Violence Has high Costs for People (4). Health and the social work sector is characterized with the highest level of concern about the stress caused by work, violence, and threat of violence and social workers are the second highest group at risk. According to statistics, the death toll of social workers was higher than members of the police force between 1985 and 1988 (4).

In their professional relationships, social workers try to help their clients using their knowledge, talents, creativity, and art to make better decisions and find suitable solutions for the problems. But there can still be long-term social problems and unrealized desires of the client which exacerbates uncontrollable feelings and emotions and the outcome is violence towards the social worker. After experiencing violent behavior from clients, the social worker, who would justifiably picture their job as helping people, families, groups, and communities, is faced with mental challenges. In the face of violence from a client, a social worker begins to feel a sense of failure and hopelessness (5). Experiencing violence from clients throughout professional relationships is a source of stress, distress, hopelessness, increased vulnerability, frustration, regret, and anxiety and in more serious situations pain, inability, and death (6). Many things affect the social worker and client when experiencing violent behavior and afterwards; the notable ones are damage and problems like “stress, physical/mental/psychological disorders, negative influence on the relationship, personal health problems, development of negative attitudes toward one’s job, and committing murder or suicide”. (7).

There have been studies on the levels and types of violence; still, no study has been carried out on prevalence, definition, outcomes, and measurable interventions of violence against social workers at work

even in the developed countries. In addition, comparing countries in this regard based on available information is not easy (8). According to some qualitative studies, there is a lack of accurate information with regard to violence against social workers and the outcomes; so that, there is a need for deeper surveys (9). Most of the studies on the health sector and social work are of quantitative nature and fail to examine the outcomes and reactions in a qualitative way; this highlights the need for more studies (10). Being subject to violence and the outcomes for social workers has become a major concern for the international community of social workers (11). Therefore, comprehending the outcomes and what is experienced by the social worker and the client during the violence and afterwards can equip social workers with professional techniques to protect themselves and their clients from the harms. These topics are hardly addressed by studies in Iran and other countries (12, 13). Perceiving the outcomes of violence in professional relationships of social workers is essential given that the social workers need to take care of their clients and as well as themselves (12).

Understanding the outcomes of violence is possible through one’s interaction with the environment, problem, situation, and structure. The outcomes appear throughout interactions between the social worker and the client. Since violence and the outcomes are both objective (e.g. quitting or anger) and subjective (e.g. psychological distress, failure, behavior changes), dealing with them, through quantitative approach alone, is not feasible. So far the issues of violence against social workers in professional relationships and its nature have drawn little attention in Iran. What seems essential in this field and also effective in attenuating and preventing violence and the outcomes is to identify and analyze social workers’ experiences of violence from clients, perceive the outcomes of violence, and identify the

aspects of phenomenon and the reaction of the social workers to the violence. The purpose of this study was to better understand the consequences of violence in the professional relationships of Iranian social workers to improve their performance and coping skills.

Methods

The study was carried out as a qualitative content analysis. The participants were social workers in different fields (except for neuropsychological and work with mental patients) who had an experience of violence from their clients. The participants were selected through purposeful sampling. In observance of moral and legal requirements, an ethics code was secured for the study (IR.USWR.REC.1395.76). Those interested in participation were asked to sign a written letter of consent. The confidentiality of interviews and the participant's freedom to cooperate or leave the study were emphasized through the study. Participants were allowed to know the results of the study at the end if they desired. The findings were also provided to the participants if they showed interest. Inclusion criteria were desire to participate in the interview, experience in dealing with violence at work, more than one year experience in the social work profession, having at least a BSc in social work, living in Tehran, and being of Iranian nationality. The authors visited different work environments of social workers (welfare organization, prisons, rehabilitation facilities, banks, hospitals, ministry of oil, emergency intervention centers, social services center, and municipality). Overall 17 social workers (five men and 12 women) participated in 20 interviews until data saturation was realized.

Data gathering was done through face to face semi-structured interviews. Each interview started with a topic leading question like "please tell us about your experience of violence with a client.", "given your experience, what would be

your client's or your reaction to violence?", "what was the outcome of the violence for you and your client?", and "please narrate an actual situation where you experienced client violence during a professional relationship." To clarify the concept and delve deeper, the interview continues with explorative and relevant questions. Interviews were conducted twice with participant's number one, two, and five to clarify the previous interview and ask questions which came to the researcher's mind.

Overall (Average interview time, 45 minutes) 20 interviews were conducted with 17 participants. The study was carried out from April 2016 to October 2017. The interviews were transcribed and data analysis was done using qualitative data analysis along with data gathering process. The interview texts were reviewed by the authors several times. Two members of the research team reviewed the interviews independently and determined semantic units based on the purpose and question of study. Afterwards, the key points and titles were extracted as open codes taking into account the revealed and hidden contents of the semantic units. The codes were categorized, based on the differences and similarities, under more general titles (minimizing the data to describe the phenomenon and for better comprehension); the abstracting process was continued until the themes were extracted (14). Then, the categories were titled based on their superficial contents; assigning a title facilitated by achieving better perception of the subject by the authors (14). At the next stage, wider categories were determined and through which the data and raw texts of the interview were reviewed several times and the categories were surveyed to ensure that the results are representative of the contents. MAXQDA (v.10) was used to facilitate the back and forth process, listing, categorizing, data comparison, and retrieving the data.

To make sure about the reliability and accuracy of the findings, triangulation method was used for information gathering (data, sources, and time); the authors' presumptions were neglected; widest diversity in sampling was ensured; data recording was done accurately; good relationships were established between the authors and the participants; and the authors, assistants, and outside supervisors kept long-term and deep engagement with the data collected from the interviews, observations, and revisions (14). In addition, the authors tried their best to cite quotations completely identical to the interviews so that by reading the paper the readers can decide if the findings are useful for them.

Results

In this study, the experiences of 17 social workers employed in various centers and institutions about the consequences of violence in professional communications were attained. The experiences showed that social workers and clients reacted during and after the violence, both primary and secondary. The reactions were classified according to emotional, cognitive, and behavioral dimensions. Violence also had positive consequences. The development of individual personality and the

reinforcement of professionalism were two classes that were given the opportunity to grow. The two classes of distress and opportunity for growth were also included in the larger class named the personality growth and transformation.

The first author did the interviews. Each interview was transcribed and reviewed by a second, third and sometimes fourth author. They were coded and to follow, the next person was selected for the interview and also the type of questions and how to ask questions were determined. This was how we approached data saturation. 17 participants including five men and twelve women within the age range 26-65 took part in the study; they had work experience of 3-35 years. All of them had a social work degree and different level of experience in different work environments (Table 1).

Transformation and personality development

The results of data analysis indicated two main themes of transformation and personality development with two main categories of distress and development opportunity respectively. Based on their experiences, the participants mentioned distress and primary and secondary reactions of themselves and the participants from four aspects of "emotional," "cognitive," "behavioral and "physical to a lesser extent. They noted that in addition to distress and confusion, other outcomes of violence were reinforcement of professional behavior and personality growth both for them and their client (Table 2).

Table 1. Participants demographics

The Participating Social Workers	Male	Female
Number	5	12
Age (years)	26-45	32-65
Work Experience (years)	6-18	8-35
Related Bachelor's Degree	3	3
Related and Unrelated Master's Degree	1	5
Related PhD	1	4

Table 2. Categories and sub-categories of distress and personality development

Main category	Categories	Subcategories		
Transformation and personality growth	Distress	Primary reactions of social worker	Emotionality	Irritation Fear (fear of stigma, fear of harming others) Belief in an immediate danger
			Cognitive	Doubt Expectation Conflict and inconsistency at work
			Behavioral	Shocked Anger Disability Faintness
			Physical	Unconsciousness Physical harm (broken bone, wound)
		Secondary reactions by social worker	Emotional	Annoyed Feeling guilty
			Cognitive	Feeling low self-efficiency Sense of being tricked Leaving the job
			Behavioral	More cautious Fatigue (occupation burn out, tired from the work)
			Physical	Anger and nervousness Body and hand shaking
		Primary reactions of client	Emotional	Crying Running away Taking action against the social worker in court
			Behavioral	Inconsistency in behavior Drawing attention Demonstration of power
			Physical	Self-harm (cutting vein) Beating oneself
			Emotional	Hate Irritation Distrust
	Development opportunity	Secondary reactions of client	Emotional	Belief in stigmas Feeling of being deserted Rejecting the social worker
			Cognitive	Learning violence Repeating violence Explaining the problem
			Behavioral	Introducing solution Decision making Follow up
			Personality development	Change in behavior of the client
Reinforcement of professionalism		Emotional	Creating positive feeling in the client	
		Cognitive	Establishing effective relationship	
		Behavioral	Improving awareness in the client	
		Personality development		

Distress

The main subcategories of distress were “distress and primary/secondary reactions of the social worker” and “distress and primary/secondary reactions of the client.”

Distress and primary reactions of the social worker

The subcategories of distress and primary reactions of the social worker included irritation and fear in the emotional category; belief in immediate danger, doubt, expectation, and conflicting and controversial roles in cognitive category; being shocked, anger, and disability in behavioral category; and faintness,

unconsciousness, and physical harm in physical category.

One of the participants working in a hospital said about his feeling of irritation (the fifth participant): “not long ago I had a cancer patient who was not satisfied with all the help and support he had received. He kept complaining and nagging and was not satisfied with my explanations. Then he started cursing me using very bad words; at that moment I was very irritated.”

Another participant working at a prison commented on his sense of fear (the eleventh participant): “I was very scared, but I managed to hide it from the client. At that moment I was not okay so I asked my colleague to handle the case.”

With regard to the belief of being in immediate danger, one social worker in a municipality said (the twelfth participant): “I was very worried the day that the sons of that Khan came to beat up my colleague. My big concern was what if they were serious and what would happen to my colleague or his stuff if I did not back him up.”

One of the participants working in a rehabilitation center commented on doubt (the second participant): “the client’s house was a deserted and dark place and I very soon realized that the client was not a normal person. When I was faced with my client’s bad temper, I became doubtful about establishing a relationship.”

A participant working in a welfare organization shared his experience about the high expectation of a client (the first participant): “I had a good relationship with the client and had interviewed him several times. He demonstrated no sign of having a bad personality so that I was not expecting of such violence.”

The participants who had worked in different centers had different experiences about conflict and inconsistency in roles. One said (the eighth participant): “It was easy for me to lose my temper, curse, and call the security to take the client away. Actually I thought it was my role to act in such a way as someone in authority; then I

thought to myself; was I a social worker....or just someone in authority. I was not able answer the question. There was a conflict in my mind about the two roles, and of course, I chose to be the social worker.”

With respect to being shocked, one of the participants working in an overnight center said (the tenth participant): “I was very shocked when she tried to hit me by throwing the hole punch at me. It would have hit my face if I had not dodged!”

As far as anger is concerned, one of the participants working in a municipality said (the twelfth participant): “I was very angry with this client who used to be very polite during interviews and then became very rude and told me off in front of others. I told him that I could not have a conversation with him in the corridor.”

Another social worker in the social emergency organization commented on disability (the tenth participant): “I was very much disorientated [bitter laugh], I did not know what to do [bitter laugh again]. I could not stop thinking about what if he harms someone with that brick in his hand? I was not able to stop him. That was the moment that I realized I was not able to control him.”

A social worker in a center for supporting women commented about faintness and physical harm (the third participant): “one of my ribs broke when she pushed me and I my whole body felt faint all so much so that I was not able to stand up. It was a sense of physical and spiritual weakness.”

With regard to unconsciousness, a social worker with experience of working in a center to host children with bad parents said (the second participant): “we were sitting at the dinner table when one of the kids hit me on the back. The stroke was so powerful that I fell unconscious.”

Distress and the secondary reactions of social workers

The subcategories of distress and the secondary reactions of the social worker included being annoyed and feeling guilt in

an emotional category; feeling low self-efficacy and feeling like one has been tricked in the cognitive category; and leaving the job, being more cautious, and fatigue in the behavioral category.

With regard to being annoyed, most the participants stated that “some clients tend to curse us very badly when they are not satisfied with our answers and solutions. Any reminiscence of those curses and the fact that we have not been able to help the client bothers us.”

Another participant shared an experience at a children care center about feeling guilt (the second participant): “I asked my supervisor to handle this case and that either the kid stays there in the facility or me. I am sorry to say that the supervisor supported me and the kid was sent to another facility; since then, the guilt I feel won’t leave me alone. I think I have not been a good social worker and failed to serve my client as I should have.”

A participant working in a municipality commented on the feeling of being tricked (the fourth participant): “It happens sometimes, when that the client does not tell me everything and when I find out the truth I feel I have been tricked.”

A social worker in an addiction social clinic commented on leaving the job (the seventh participant): “I witnessed the leg of one of my colleagues being broken when he was trying to help a client in a fight. Afterwards, the colleague left the workplace and started a new job.”

With regard to being cautious, one of the participants with a lot of experience in visiting clients in their homes said (the fifteenth participant): “the violence has made me more cautious so that now I am more careful when I want to enter the neighborhood of my clients and there is always this sense of fear inside me.”

Fatigue and burn out were also mentioned by many of the participants. Social workers in welfare organizations and hospitals said (the fourth and fifth participants): “All those tasks and assignments would drain all our energy. No

matter what you do, the client always complains and becomes violent. We really get tired and sometimes we think we just do not have the energy to go on.”

Distress and primary reactions of the clients

Based on the experiences of the social workers, the clients tended to be distressed and demonstrated primary reactions when they would start to get violent. The subcategories of distress and the primary reactions of the clients included anger and nervousness, body and hand shaking, and crying in emotional category; running away, taking action against the social worker in court, inconsistency in behavior, drawing attention, and demonstrating power in behavioral category; and self-harm (cutting vein), and beating oneself in physical category.

One participant commented on anger and nervousness (the sixteenth participant): “When the client is angry, you can tell by their anxious face, high-pitched voice, fast speaking, and shaky hands.”¹⁰ Another social worker told us about how a client was crying and shaking: “She tried to hit me by throwing a hole punch at me, then she stared at the mark that the hole punch had left on the wall behind me. She was shivering badly and then started to cry.”

Another participant in a rehabilitation center told us about how a client ran off (the ninth participant): “After the physical violence, the client ran out of the center to avoid facing me again. I was very sorry for that.”

A social worker in a welfare organization talked about being taken to court by a client (the eighth participant): “she had stolen something from my drawer; the mother was also a thief and a beggar and sued me for false accusation. She came to my office with the police. I explained the situation and that I was doing my job as a social worker and showed them the evidence. Finally they were convinced that I was right.”

A participant commented on the inconsistency of client’s behavior (the

seventeenth participant): “It was absolutely amazing that a very polite client once committed verbal violence against me. I was not able to comprehend such inconsistency in behavior.”

Concerning clients trying to draw attention to themselves, one participant with experience of working in a rehabilitation center said (the ninth participant): “many of the female clients had histrionic personality. By being violent, breaking windows, and self-harm, they were only trying to draw attention to themselves.”

Demonstration of power was noted by one of the social workers who was working in a prison (the fourteenth participant): “I think they are violent to show their power. They try to show off and resist the law to compensate their failure in the society.”

One participant who worked in a social support center after imprisonment commented on vein-cutting of a client (the eleventh participant): “There was this young girl who tended to self-harm and vein-cut whenever she would fly into a temper. It was a real problem for us.”

Another participant mentioned a client in a rehabilitation center who used to beat herself (the fifteenth participant): “There was a girl who would harm herself in a fit of temper whenever things were not going the way she wanted.”

Distress and secondary reactions of the client

The subcategories of distress and secondary reactions of the clients included hate, irritation, and distrust in an emotional category; believe a stigma, feeling of being deserted, and rejecting the social worker in a cognitive category; and learning violence and repeating violence in a behavioral category.

One of the social workers working in a children’s care facility commented on hate (the second participant): “The client kept quietly repeating that someday he would kill me. He used to run to the kitchen

to pick up a knife and threaten me. Hate was quite clear in his eyes.”

As to irritation, one participant said (the seventh participant): “A client came to us and asked for equipment to repair a bike. We were not able to provide him with the equipment he wanted and in return he became violent with us and remained irritated for a while.”

In his comment on distrust, one social worker said (the thirteenth participant): “A man approached us and yelled angrily ‘who are you and what’s your business here?’ ‘He would not stop or listen and then left; clearly, he did not trust me and this continued for a while.’”

A participant working in a prison mentioned about the belief in stigma and the sense of being deserted (the fourteenth participant): “Sometimes they do not forget the stigmas and internalize them instead. Usually, a client who is arrested for a crime suffers insults and even physical violence over and over. This horrible experience internalizes the stigma and creates a sense of being deserted by the society.”

A social worker in social work clinic told us about rejection of the social worker (the third participant): “there have been cases where a client insisted on replacement of the social worker. ‘And why? Because the social worker would not accept their unreasonable requests.’”

Many of the participants stated that violence is acquirable and repeatable as in many cases the client achieves what they want by repeating a violent behavior. One participant working in a social services center said (the sixteenth participant): “there was a client who had learned to fulfill his wishes through violence. But, when he was assigned to me, I showed him that this is not going to work anymore. At any rate, he had learned the violent way.”

Development opportunity

The subcategories of development opportunity were personality development and enforcement of professionalism.

Personality development

The subcategories of personality development were explaining the problem, introducing a solution, decision making, and follow up. One of the participants who had worked in a social services center remarked (the seventh participant): “I waited until the client calmed down, and then I gave him a glass of water and asked him to tell me what bothers him. I found out his daughter had a problem outside the house. By asking him about his problem, I signaled that I care about him.”

Introducing a solution to the problem that the client has is very effective in their personality development. A social worker who had worked in a social services center said (the seventh participant): “I was the only male personnel there. I tried hard to improve my relationship with the boys, but I was not very successful. Finally, I came up with a good idea. I started a soccer team and it worked. Not only I became friends with the boys but also I found the chance to establish good friendly relationships with their families.”

One participant highlighted decision making and shared his experience in this regard (the sixth participant): “I tended to delay the discussions with the client until they stopped their violent behavior. This way, the client would have time to calm down and then I would listen to whatever they had to say. Then I would negotiate the terms of our reactions to the next fit of bad temper by the client. Since the client was in the decision making process, it was very unlikely that they would repeat such violent behavior again.”

Follow up was another topic mentioned by one of the social workers in a welfare organization: “An old lady tried to beat me with her stick. I grabbed her hand and made her sit down. Then, I offered her a glass of water. I asked about her problem when she had calmed down. I pursued the case until her problem was solved. Afterwards, she was very sorry for her behavior and apologized.”

Reinforcement of professionalism

The subcategories of reinforcement of professionalism were change in the behavior of client, creating positive feeling in the client, establishing effective relationships, and improving awareness.

Violence and reinforcement of professionalism afterwards creates changes in the client and change in behavior is one of the objectives of social work. One participant said (the eighth participant): “there was this man who was very hard to establish a relationship with. He had a very bad attitude about the personnel of the welfare organization. He really had an issue. Once he approached me and started to curse even before he knew me. Still, I did what I had to do as a professional because I knew he needed help. Later he came to me to apologize. These things happen a lot.”

The participants noted that in many cases violent and aggressive behavior would turn into positive feelings and trust towards the social worker when they react to violent and aggressive behavior of the client with patience and in a professional way. A social worker working in a bank said (the seventeenth participant): “When you are patient and calm, your client will feel that you can help them. People’s behavior depends on the way you treat them. I tend to be silent and calm when the client is angry and aggressive. Calmness in my behavior works and they change their behavior in a positive way.”

A social worker with the experience of working in an overnight center shared her experiences about establishing a relationship (the eight participant): “there was this girl who thought that I was a religious person. She did not like me and cursed me. In return, I said that her cursing did not bother me; I told her that I am your social worker and I will do what I can for you. My reaction worked and soon she calmed down, the misunderstanding was solved, and I managed to establish a good relationship with her.”

Another participant spoke about her experience with improving awareness (the twelfth participant): “I try to make a deal

with my client the first time I visit them. I make sure they know how much power and authority I have to help them and where and how I can help them. I do whatever I can to help my clients, but if I fail they should know that I done my best.” Reinforcement of professionalism improves awareness in the client.

Discussion

Two main categories including “distress” and “development opportunity” and four subcategories including “distress and social worker’s reactions,” “distress and client’s reactions,” “personality development,” and “reinforcement of professionalism” were identified.

Irritation and fear were the key elements of primary emotional reactions of the social workers to the violence of clients. Several studies have highlighted irritation (11, 15) and the fear of sustaining physical harm due to failure of the social worker to deal properly with violence (16, 17). Some studies have also focused in detail on the primary cognitive reactions of social workers to violence such as belief in the risk (18), doubt (7), expectation (7), and conflict and controversy in the role (19). Bibby and Collins and Randall highlighted being shocked and frozen as the primary behavioral reactions in social workers (11). Anger and disability were the primary behavioral reactions of social workers in the face of violence that is explained in detail by Weinger (20). The results of the cited studies were aligned with the findings of the present study, but no study was found that paid attention to the distress and reactions of social workers to violence in a comprehensive manner.

Distress and secondary reactions appear after experiencing violent behavior and create mental engagement in the social worker. Such reactions included, among other subcategories, being annoyed, feeling guilty as emotional secondary reactions. Newhill and Wexler and Knei-Paz mentioned being annoyed and feeling guilty as the secondary outcomes of

encountering violence in social workers (5, 15). Sense of low self-efficacy and being tricked were cognitive secondary reactions in the social workers in the face of violence; this finding is consistent with (16, 17). Fatigue, burn out, leaving the job, and being more cautious were the secondary reactions after violence in social workers. Several studies have shown that burn out and leaving the job were common outcomes of violence in professional relationships (17). The results of the researches were aligned with the present study but they had not addressed the relationship between the distress and reactions of social workers during violence directly.

Another subcategory of distress and personality development was primary and secondary reactions of the client during and after a violent behavior. The social workers who had confronted violent clients observed primary and secondary reactions, distress, and changes in the mode in the client. Emotional reactions and distress in the client included anger and nervousness, trembling, and crying. Some studies have stated that violent individuals tend to demonstrate physical and facial reactions and they may even cry out of anger (21). The social workers mentioned that in some cases, the client would run away, sue the social worker, demonstrate controversy in behavior, try to draw attention to themselves, and show off power as primary behavioral reaction after violent behavior. All such reactions have been mentioned in similar studies as the outcomes of violence and its effects on behavior of the client (22). In some cases and along with demonstrating violent behavior, the client would self-harm (vein cut), and do self-beat. Such behaviors have been mentioned in some studies (23), which are consistent with the present study.

The participants noted that after demonstrating violent behavior, the client experiences distress that emerges in their feelings, beliefs, and behaviors. Hatred, irritation, and distrust in the social worker were of the emotional reactions of the

client. Similar results have been reported by Bibby and McClennen (11, 23). Believe in stigmas, the feeling of being deserted, and rejecting the social worker were some of the secondary reactions and distress in the client; which has also been reported in other studies (24). Learning and repeating violence were also part of the secondary reactions by the client after violent behavior. Bandura's social learning theory and social development model emphasize on learning violence and its effect on repeating violent behavior (25). Padyab et al. maintained that learning violence and repeating violent behaviors is when people tend to demonstrate violent behavior to realize their desires. When such behavior is internalized, people learn violence and use it to achieve all their desires (26). The results of these studies were aligned with the results of the present study.

Violence and experiencing it throughout professional relationships of social workers created an opportunity for development both in the social worker and client. The opportunity included personality development and reinforcement of professionalism. In the face of client's violence, the social worker employs their practical and theoretical knowledge to respond properly and find a solution to prevent or decrease the risk of further violent behaviors. In fact, personality development is one of the key outcomes of the subcategories of problem elaboration subcategories (proposing solutions, making decisions, pursuing the problems of the client). Experiences stated by the participants in the present study were consistent with their knowledge and McDonald's argument about solution-based treatment, Compton and Galaway's viewpoint about problem solving and its effect on social work process, and Perlman's problem solving framework. Problem solving process encompasses problem definition and elaboration, determining objectives, information gathering, decision making, special programming, evaluation, and completing

the task. This process leads to growth and development. Making decisions about the needs of the client needs a specialist. This process is founded on professional principles and values (27-29). John Dewey, the father of problem solving science, states that reflective thinking is comprised of five stages that lead to personality development and growth (30). The studies carried out in social work were in line with the results of the present study.

Along with experiencing distress throughout the process of dealing with violent clients, the social workers were also concerned about maintaining a professional relationship and supporting the client. Thereby, all measures and solutions adopted by the social worker are in line with personality development and reinforcement of professionalism. The outcomes of such responses by the social worker were changes in the client's behavior, development of positive feeling in the client, establishment of proper relationships, and improvement of awareness in the client. Our results about opportunity for development and reinforcement or professionalism are consistent with other studies on violence and its relationship with social worker profession, the science of social work, the effects of professionalism of social worker on behavior change in the client, and emergence of positive feelings in the client (8). Enosh et al. approached behavioral changes as a positive attitude towards violence in the professional relationship of social work (9). Florence named identifying proper behaviors as one of the personal and organizational success in preventing violence at work (8). Cattaneo noted that empowerment is at the core of facing violence so that those subject to violent behavior must pay more attention to empowerment and personality development (31). The mentioned studies and experiences of social workers in the present study showed that researchers and organizations should pay special attention to the consequences of violence, both from

the distress angle and also from the point of view of opportunities for growth dimensions.

Limitation

The present qualitative study surveyed the outcomes of violence in the professional relationship of social work from the social workers' point of view working at the organizations and clinics located in Tehran City. One reason for choosing Tehran City was that this city is a multicultural city. However, social workers in neuropsychological centers or other cities were not included. In addition, the clients' viewpoints were not examined since they were not interested in sharing their experiences. Thereby, generalization of the findings must be done with cautious.

Conflict of interest

Authors declare no conflict of interests.

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