Conflict and violence in the workplace have emerged as a real but inadequately explored concern in the social work profession. The present study surveyed a national random sample of 1,029 NASW members about their experiences with client violence and with physical and psychological assault in relationship to practice setting, age, gender, and experience. Although results cannot be generalized due to response bias in the sample, 62 percent of social workers in the study reported they had been victims of physical or psychological assault and 14 percent reported they had committed such an assault on a client within the past year. Most incidents were psychological in nature (primarily verbal aggression), although physical violence was also documented. Male social workers were more likely to be both victims and perpetrators of aggression, and these conflicts were more common in inpatient, correctional, and school settings. Training implications are discussed.

KEY WORDS: assault; clients; perpetrators; social workers; victims; workplace violence

The social work profession has long been involved with the issues of aggression, conflict, and violence. Child abuse, domestic violence, crime and punishment, gang violence, and community and school safety are examples of the types of circumstances social workers address on a regular basis. A circumstance less immediately associated with social work concerns is that of violence in the workplace, most especially that of aggression and assault between social workers and the individuals with whom they come in contact in their professional roles. Such incidents, typically occurring in the workplace and often referred to as client violence, have become a real, albeit overlooked, part of social work direct practice.

Workplace violence, in general, has emerged fairly recently as a public concern. As high profile reports of violence have found their way to the media, public attention has been focused on the issue. Reports of workplace violence in the helping professions have been no exception, and news reports of violent attacks on social workers by current or former clients have appeared in both the professional and public media (see, for example, Dillon, 1992; Landers, 1993; Latta, 2002; “Tampa Man Convicted,” 2002).

Jayaratne and colleagues (1996) conducted a national study and found that 42 percent of the social workers sampled had been verbally abused by clients, 17.4 percent had been physically threatened, and 2.8 percent had been physically assaulted. In another national study Beaver (1999) found that 50.7 percent of the National Association of Social Workers (NASW) members sampled had been verbally abused and 19.9 percent had been physically assaulted. Statewide studies have also contributed to determining the extent of the problem of client violence. For example, in a study of Georgia field instructors Tully and colleagues (1993) found that 62 percent had been verbally abused and 24 percent physically assaulted. Rey (1996), in a study of licensed social workers in a western state, found that 88 percent of the respondents had been verbally abused and 24 percent physically assaulted. Horejsi and colleagues (1994) reported that 97 percent of the Montana child welfare workers in their sample had been verbally abused and estimated that 10 percent had been physically assaulted. Newhill and Wexler (1997) reported that 92 percent of children and youth services social workers in California and Pennsylvania...
had been threatened, and 2 percent had been physically assaulted.

Professional “contributions” to the occurrence of workplace violence in the social services arena have also received media note through reports of violence perpetrated on clients or patients by helping professionals. Examples include incidents of physical, sexual, and emotional abuse by nursing home staff (Bartish, 1999; Courant, 2001); mental health workers (Blair, 1997); doctors, nurses, and psychotherapists (Laurance, 1999); and licensed social workers (Pawloski, 2001). Although these reports are primarily anecdotal in nature, evidence is growing that staff assaults on clients occur. Little information is available in the professional literature, however, on the potential for social worker assault toward clients. Although worker behavior that may contribute to an increase in the risk of assault by a client has been examined (Skiba & Cosner, 1990), I was unable to locate any systematic data to document the incidence or prevalence of social worker assault on clients.

The purpose of the present study was to examine aggressive and assaultive interchanges between social workers and clients and to document the nature and extent of such interactions. Much of the earlier literature has been hampered by a lack of standardized definitions. In fact, there is no consensus on what actually constitutes an act of violence, and the interpretation of an act as violent is often left to the individual experiencing it (Breakwell & Rowett, 1989; Macdonald & Sirotich, 2001; Spencer & Munch, 2003). To address this problem, I used specific behavioral definitions to describe what constituted an act of violence and conceptualized violence as including both physical and psychological behaviors. These behavioral definitions were drawn from the Revised Conflict Tactics Scale (CTS2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), an instrument designed to measure the extent to which people in relationships engage in specific kinds of behavioral acts with one another to deal with conflict. The CTS2 measures individuals’ use of a variety of tactics, including negotiation, psychological aggression, physical assault, and sexual coercion for dealing with conflict. The CTS2 is based on conflict theory, which “assumes that conflict is an inevitable part of all human association, whereas violence as a tactic to deal with conflict is not” (Straus et al., p. 284). For the purposes of this study, it is important to note that both physical assaults and psychological aggression were considered violent acts, and only these two scales were included in the research. Other tactics for dealing with conflict (that is, negotiation, sexual coercion) were not included in the present research and are beyond the scope of this study. For the purposes of the present report, the term violence is interchangeable with physical and psychological assault. Psychological assault and psychological aggression are, likewise, interchangeable.

METHOD
Sample and Procedure
I examined the responses of 1,029 respondents to a survey that was sent to a national random sample of 3,000 NASW members regarding their experiences with physical and psychological assaults between social workers and clients. Each person was mailed a self-report questionnaire along with a cover letter, an informed consent form, a return postage-paid envelope, and a return postage-paid postcard. Respondents were asked to return the postcard and questionnaire separately to ensure anonymity. If the confirmation postcard was not returned within two weeks of the date mailed, a follow-up letter was sent. Replacement surveys were also provided to several study participants at their request.

Respondent Characteristics
Of the 1,029 individuals who responded to the survey, 734 (71.3 percent) were women and 286 (27.8 percent) were men. Most reported their racial status as white (82.8 percent, n = 852). The remaining respondents were African American (3.5 percent, n = 36), Hispanic (1.7 percent, n = 17), Asian (.4 percent, n = 4), Native American (.3 percent, n = 3), or other (5.1 percent, n = 52). Respondents’ ages ranged from 29 to 77 years, with an average age of 54.8 years. The vast majority (90.3 percent, n = 929) held an MSW degree, and 93.3 percent (n = 960) indicated they had been practicing social work in the past 12 months.

Reports of length of experience in social work ranged from two to 51 years. The average length of experience was 25.7 years, and the median was 27 years. Sixty-seven percent (n = 689) of respondents spent the majority of their time providing direct services to clients, 16.4 percent (n = 169) spent most of their time in administration or management, 6.3
percent \((n = 65)\) in supervision, and 9.2 percent \((n = 95)\) in other or multiple functions.

Respondents also were queried about the settings in which they practiced. The most frequently reported practice settings were private practice offices \((23.5\% , n = 242)\) and outpatient mental health settings \((22.2\% , n = 228)\). Other primary practice settings included inpatient health \((6.5\% , n = 69)\), outpatient health \((6.9\% , n = 71)\), inpatient mental health \((6.7\% , n = 69)\), child welfare \((5.5\% , n = 57)\), residential \((3.7\% , n = 38)\), schools \((8.6\% , n = 88)\), outpatient social services agencies \((7.2\% , n = 74)\), and courts and correctional settings \((1.4\% , n = 14)\).

In the present study, the questionnaire, including the CTS2 questions and the demographic questions, was pilot tested for readability and face validity with a group of social work graduate students and faculty, all of whom were NASW members prior to its use.

Response Bias

Results of this study are limited by the low response rate \((34.3\% )\) and by the possibility that respondents and nonrespondents might differ in some important ways. Because it was impossible to compare respondents and nonrespondents, participants were compared with the total NASW membership to assess the representativeness of the sample. Study respondents were found to be similar to all NASW members on several demographic features. NASW membership at the time of this study, for example, was also primarily female \((80\% )\) and white \((73.1\% )\), and most held an MSW degree \((77.4\% )\). Respondents differed, however, in terms of their practice experience. Very experienced social workers were overrepresented in the sample. Of the survey respondents, for example, 61 percent had more than 20 years of practice experience, whereas only 13 percent of the NASW membership had more than 20 years of practice experience (personal communication with O. Valdez, NASW National Office, February 21, 2001). Although this overrepresentation of social workers who have been in practice longer has serious implications for the career violence rates found in the study (it could be assumed that if you remain in practice for a longer period of time you are more likely to experience an aggressive or assaultive act merely by the time spent with clients), it is less likely to have affected the reports of spouses, often taking the form of underreporting by the perpetrator, did affect findings (Straus & Gelles, 1990).

Empirical efforts to investigate validity and reliability of the CTS2 have resulted in changes such as item revision and interspersed order of items (Straus et al., 1996). Thus far, the CTS2 has been found to have good internal consistency and preliminary evidence of both construct and discriminant validity, with alpha coefficients of .86 and .79 for the physical violence and psychological aggression scales, respectively (Straus et al.).
annual incidence found. Still, the overrepresentation of very experienced workers, along with the less-than-ideal response rate, make it impossible to generalize this study's findings to all NASW members or to social workers in general.

RESULTS

Prevalence of Violence

Assaults on Social Workers. An overwhelming majority (86 percent, \(n = 885\)) of the 1,029 social workers responding to the survey had experienced some type of violence from clients during their career in social work. Not surprising, psychological aggression, including threats, verbal abuse, and property destruction, was more common than physical assault. Results indicated that 85.5 percent (\(n = 880\)) of social workers had experienced some type of psychological aggression by clients at some point during their career (career prevalence) and 62.3 percent (\(n = 641\)) had experienced psychological aggression within the past 12 months (annual incidence). Physical assault by clients was also not uncommon, with 30.2 percent (\(n = 311\)) of social workers reporting a client had physically assaulted them at some time in their career and 14.7 percent (\(n = 151\)) reporting that such an assault had occurred in the past year.

As stated earlier, the overrepresentation of very experienced workers could result in overestimating career prevalence rates. Therefore, the annual incidence was used to examine the nature of the acts reported. The most common forms of psychological assault on social workers by clients were being insulted or sworn at (42.6 percent, \(n = 438\)), being shouted or yelled at (39.7 percent, \(n = 409\)), or having clients stomp away during a disagreement (37.2 percent, \(n = 383\)) (Table 1). The most commonly reported acts of physical assault were being pushed or shoved (5.9 percent, \(n = 61\)) or having something thrown at them (5.5 percent, \(n = 57\)). Six of the CTS2 survey items (being beat up, being choked, being slammed against a wall, being burned or scalded, being sexually assaulted, or having a client use a gun or knife against them) were experienced by fewer than 1 percent (\(n = 10\)) of the social workers responding, and, therefore, were excluded from analysis. The percentage and number of social workers reporting experiencing each of the remaining 14 items on the psychological aggression and physical assault scales are included in Table 1.

<table>
<thead>
<tr>
<th>Behavioral Act</th>
<th>Victim %</th>
<th>n</th>
<th>Perpetrator %</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychological</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulted or swore</td>
<td>42.6</td>
<td>438</td>
<td>2.3</td>
<td>24</td>
</tr>
<tr>
<td>Shouted or yelled</td>
<td>39.7</td>
<td>409</td>
<td>6.4</td>
<td>66</td>
</tr>
<tr>
<td>Stomped away during disagreement</td>
<td>37.2</td>
<td>383</td>
<td>1.0</td>
<td>10</td>
</tr>
<tr>
<td>Said or did something to spite</td>
<td>16.0</td>
<td>165</td>
<td>1.7</td>
<td>17</td>
</tr>
<tr>
<td>Threatened to hit or throw something</td>
<td>9.7</td>
<td>100</td>
<td>0.2</td>
<td>2</td>
</tr>
<tr>
<td>Destroyed something that belonged to</td>
<td>5.3</td>
<td>55</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Called fat or ugly</td>
<td>6.9</td>
<td>71</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Any psychological assault</td>
<td>62.3</td>
<td>641</td>
<td>11.9</td>
<td>122</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushed or shoved</td>
<td>5.9</td>
<td>61</td>
<td>0.3</td>
<td>3</td>
</tr>
<tr>
<td>Threw something that could hurt</td>
<td>5.5</td>
<td>57</td>
<td>0.1</td>
<td>1</td>
</tr>
<tr>
<td>Grabbed</td>
<td>3.8</td>
<td>39</td>
<td>1.3</td>
<td>13</td>
</tr>
<tr>
<td>Punched or hit</td>
<td>3.5</td>
<td>36</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Kicked</td>
<td>3.1</td>
<td>32</td>
<td>0.1</td>
<td>1</td>
</tr>
<tr>
<td>Twisted arm or hair</td>
<td>1.3</td>
<td>13</td>
<td>0.1</td>
<td>1</td>
</tr>
<tr>
<td>Slapped</td>
<td>1.0</td>
<td>10</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Any physical assault</td>
<td>14.7</td>
<td>151</td>
<td>4.0</td>
<td>41</td>
</tr>
</tbody>
</table>
Of the 641 social workers reporting they had experienced psychological aggression in the past year, 501 (78.3 percent) had experienced more than one event. Sixty-nine (45.7 percent) of the 125 social workers reporting physical assault reported more than one incident in the past year. Respondents reported a total of 8,113 acts of psychological aggression and 695 acts of physical assault during the past 12 months.

Assaults by Social Workers. Nearly one-quarter (23.4 percent, n = 241) of social workers reported committing some type of aggressive or assaultive act toward a client at some point in their career, and 13.8 percent (n = 142) reported they had done so within the past year. The majority of these assaults were psychological, with 19.5 percent (n = 201) of social workers reporting they had psychologically assaulted a client during their career and 11.9 percent (n = 122) reporting they had done so in the past 12 months. In addition, 8.1 percent (n = 83) reported they had physically assaulted a client, with 4 percent (n = 41) reporting this assault had occurred within the past year. It is important to note that of the 41 social workers reporting they physically assaulted a client in the past year, fewer than half (n = 19) identified the specific act. Table 1, therefore, gives an incomplete picture of what specific acts of physical assault by social workers actually occurred.

The vast majority of social workers in this study reported they had never committed any of the acts of violence examined. The only acts reported by more than 1 percent of social workers included having shouted or yelled at a client (6.4 percent, n = 66), having insulted or sworn at a client (2.3 percent, n = 24), having said or done something to spite a client (1.7 percent, n = 17), having grabbed a client (1.3 percent, n = 13), or having stomped away from a client during a disagreement (1 percent, n = 10) (Table 1). For those social workers who reported committing any psychological assault in the past year (n = 122), 52.4 percent (n = 64) reported having done so on more than one occasion. For the social workers who reported having physically assaulted a client, 29.5 percent (n = 12) reported having done so on more than one occasion. Workers reported committing a total of 311 incidents of psychological assault and 86 incidents of physical assault toward clients in the past year.

Effect of Practice Setting on Assault Rates
To further explore aggressive interactions and where they were more likely to occur, respondents' reported practice settings, in which they provided services to clients, were examined for their relationship to assaults. Annual rates of assault toward and by social workers in 10 settings are presented in Table 2.

Table 2: Social Workers as Victims and Perpetrators of Client Violence in the Past Year, Based on Practice Settings (N = 1,014)

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>n</th>
<th>Psychological</th>
<th>Physical</th>
<th>Perpetrators</th>
<th>Psychological</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient mental health</td>
<td>69</td>
<td>79.7</td>
<td>36.2</td>
<td>20.3</td>
<td>8.7</td>
<td></td>
</tr>
<tr>
<td>Correctional/courts</td>
<td>14</td>
<td>78.6</td>
<td>7.1</td>
<td>28.6</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Inpatient health</td>
<td>66</td>
<td>69.7</td>
<td>13.6</td>
<td>9.1</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>38</td>
<td>57.9</td>
<td>42.1</td>
<td>13.2</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>228</td>
<td>67.1</td>
<td>14.0</td>
<td>9.6</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Outpatient social service agency</td>
<td>74</td>
<td>62.2</td>
<td>14.9</td>
<td>16.2</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>Private practice</td>
<td>242</td>
<td>57.9</td>
<td>8.7</td>
<td>7.4</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>Outpatient health</td>
<td>71</td>
<td>52.1</td>
<td>7.0</td>
<td>14.1</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>88</td>
<td>73.9</td>
<td>18.2</td>
<td>22.7</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Child welfare</td>
<td>57</td>
<td>52.6</td>
<td>10.5</td>
<td>5.3</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Overall (all settings)</td>
<td>1,014</td>
<td>62.3</td>
<td>14.7</td>
<td>11.9</td>
<td>4.0</td>
<td></td>
</tr>
</tbody>
</table>

\[ \chi^2 = 50.18^{**} \quad \chi^2 = 64.51^{**} \quad \chi^2 = 30.69^{**} \quad \chi^2 = 13.49 \]

\[ df = 11 \quad df = 11 \quad df = 11 \quad df = 11 \]

\[ p = .000 \quad p = .000 \quad p = .001 \quad p = .262 \]

**p ≤ .01.
Chi-square analysis revealed significant differences in both physical \( \chi^2(11, N = 1,014) = 64.51, p = .000 \) and psychological \( \chi^2(11, N = 1,014 = 50.18, p = .000 \) assaults on social workers and in psychological assaults \( \chi^2(11, N = 1,014) = 30.69, p = .001 \) by social workers based on practice setting. The highest rates of physical assaults both on and by social workers were reported in inpatient mental health and residential settings. The highest rates of psychological aggression both on and by social workers were reported for inpatient mental health, correctional, and school settings. Although not consistent, lower rates of assault were generally found in outpatient and private practice settings. Lower rates were also generally found in child welfare practice, but incomplete data did not allow determination regarding whether this referred to primarily office, home-based, or another setting.

### Relationship of Demographic Variables to Assault

Demographic variables were examined only in relation to incidents that had occurred in the past year. Only age, gender, and job position were found to have statistically significant relationships with any type of violence examined. Ethnicity, level of education, years of social work experience, and years in current practice field did not affect reports of violent interactions.

Although social workers’ age was statistically related to their experience with being physically assaulted by a client \( t = 2.24, p = .025 \), the relationship does not appear to be of substantive significance. Social workers who reported being the victim of physical assault by a client had a mean age of 53.4 years \( SD = 8.49 \). Those who had not been victims had a mean age of 55 years \( SD = 8.08 \).

Gender, on the other hand, was found to be more consistently associated with experiences with assaults. Men were more likely to report being both the victim and the perpetrator of assaults. Significant differences between men and women were found for all groups with the exception of perpetrating psychological aggression (see Table 3).

A final variable related to experiences with assaults was job position. Social workers in supervisory and direct service provider positions reported more experiences with psychological assault than did administrators. Supervisors and direct service workers were similar in their reports, with 63.1 percent \( (n = 41) \) of supervisors and 65.7 percent \( (n = 453) \) of direct service providers reporting they had experienced psychological aggression in the past year. In comparison, only 54.4 percent \( (n = 92) \) of administrators reported experiencing psychological aggression. These results were found to be significantly different \( \chi^2(3, N = 1,018) = 11.74, p = .008 \). There was no difference in regard to being the victim of physical assault \( \chi^2(3, N = 1,018) = 2.12, p = .548 \). Results were different in regard to social workers perpetrating assaults on clients. There, 3.1 percent \( (n = 2) \) of supervisors and 3.3 percent \( (n = 23) \) of direct service providers reported they had physically assaulted a client within the past year compared with 8.3 percent \( (n = 14) \) of administrators \( \chi^2(3, N = 1,018) = 11.34, p = .01 \). Perpetrating psychological assaults revealed no differences based on job position \( \chi^2(3, N = 1,018) = 3.18, p = .365 \).

### DISCUSSION

This study’s findings are important in that violence in social worker–client interactions appears to affect many of those working in the field. The high rate of social worker victimization found for psychological assault is consistent with earlier research, as is the finding that such assault occurs in virtually all practice settings. The previously reported risk of
physical assault of social workers is also supported by the findings.

In addition, the present study reports on the findings regarding social worker assaults on clients. Although it is important to point out that most social workers had never committed any of the physical or psychological acts of violence against a client, and of those who did it might be a single incident in a 20-plus year time span, nearly a quarter of the social workers responding in this study reported they had committed some act of psychological or physical assault toward a client at some point in their career. More important, 14 percent reported they had done so within the past 12 months.

It is important to note that little, if anything, is known about the circumstances under which these assaults occurred. It is not known, for example, whether social worker assaults on clients occurred in the context of client assaults on social workers. The instrumentation for this study specifically is "not intended to measure attitudes about conflict or violence nor the causes or consequences of using different tactics" (Straus et al., 1996, p. 284). Although not specifically asked, several respondents added comments on questionnaires stating that the assaultive behaviors they were reporting were in "self-defense." Although the idea of self-defense may appear a logical assumption in regard to acts such as grabbing a client, it does not when one considers acts such as insulting or swearing at clients. The study found that workers in practice fields and settings who reported higher rates of victimization by clients also disclosed higher rates of perpetration of violence. Whether this is best explained by the nature of the clients served in such settings, the nature of the setting itself, or the nature of the social worker who chooses to practice there is unknown.

Consistent with earlier studies (Beaver, 1999; Jayaratne et al., 1996; Schultz, 1987), the highest rates of assault were found in closed institutional settings such as psychiatric hospitals, jails, and residential facilities. Assaults in other more open outpatient or community-based settings were also documented, however. As was first reported by Jayaratne and colleagues, school settings revealed particularly high rates of aggression and assault, leading one to wonder whether school settings have more commonalities with closed institutional settings than with outpatient or community settings. Institutional factors such as organizational power structures, authority structures, decision-making mechanisms, and staffing ratios may contribute to an environment in which resorting to violence as a stress relief or problem-solving mechanism may become more likely. Likewise, frequency and nature of contact, the often involuntary nature of clients' presence, or society's collective view of the "rights" of inmates, children, or mental patients may all play a role in understanding the frequency of aggressive interactions in these settings.

Differences in experience with assault based on job position are interesting. Differences in being victimized, with supervisors and direct service providers being more likely than administrators to be victims of client assault are easily accounted for by the likelihood of client contact. Differences in rates of perpetrating, however, specifically the significant increase in physical assault rates by administrators, are not explained by the current study. Data were analyzed to determine whether a relationship between gender and job position might account for the differences. Although, overall, a relationship between gender and job position was found, with men being overrepresented in administrative positions, no significant relationship was found when only those respondents who had committed physical assault were included. An alternative explanation might be administrators "stepping in" when dangerous or volatile situations arise in social work settings or clients demanding to see an administrator when they are upset with the way they have been treated. This may be especially likely since higher rates of social worker assault were found in criminal justice, school, and inpatient mental health settings. Each of these settings would have a high likelihood of administrative or management staff being on-site as volatile situations developed.

Implications and generalizations from this study are seriously hindered by a number of limitations. Specifically, the lack of representativeness of the sample does not allow results to be generalized to either all NASW members or social workers in general. The limitations inherent in using self-report methods for collecting sensitive data, and the problem of low response rate also prevent generalizing the findings. Replication of the present study with additional samples of social workers is recommended.

In light of the results of this study and earlier research, a concern in the social work profession regarding the risk of client violence is warranted.
In addition, the risk of social worker assault on clients should be addressed. The lack of literature in this area may be an indication of the profession’s failure to acknowledge that social worker assaults on clients occur. The frequency with which clients report such occurrences is unknown, as is the response they receive when they do. In a survey of the types of ethical complaints received by state counselor licensing boards, neither physical nor psychological assaults were mentioned by any of the boards reporting (Neukrug, Healy, & Herlihy, 1992). Some state licensing boards now use categories of “unprofessional conduct” or “personal conduct” when reporting types of complaints (California Board of Behavioral Sciences, 2002). It is possible that physical or psychological assaults may be included in one of these categories. Thus far, efforts at preparing professionals to deal with client assault have focused on protecting the social worker. Recommendations have included education and training (Rey, 1996; Tully et al., 1993), agency violence prevention plans and response protocols (Jayaratne et al., 1996), debriefing and support of traumatized workers (Rey; Star, 1984), and clear policies on criminal prosecution of perpetrators (Skiba & Conser, 1990). Given the results of this study, recommendations must now include gathering information about social worker assaults on clients, ensuring mechanisms for client reporting, and teaching social workers how to avoid or refrain from assaulting clients.

Given the occurrence of social worker–client assault across practice fields, social work education programs become a focus for addressing the issue, and curricular efforts directed toward the understanding and prevention of violence are important. Sensitivity, self-awareness, and preparation of social workers for encounters with potentially dangerous situations should be a standard part of social work education both in schools of social work and in university and agency-based continuing education programs. The use and misuse of power, empowering clients in all practice settings, and the use of supervision and consultation should be central features of these educational efforts. There is a need for policy development and training focused on recognizing, reporting, and recordkeeping of incidences of client assault by social workers. Further examination of efforts to prevent and respond to workplace violence is indicated. As others have pointed out, it is important that social workers accept the reality of violence in social work practice. It is equally important that they reject the idea that it is inevitable. Further attention to assaultive interactions between social workers and clients is a step in this direction.

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Robin Ringstad, PhD, LCSW, is assistant professor, MSW Program, California State University, 801 West Monte Vista Avenue, Turlock, CA 95382; e-mail: rringstad@csustan.edu. An earlier version of this article was presented at the Council on Social Work Education Annual Program Meeting, February 29, 2004, Anaheim, CA.

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