



**Written Testimony of
Angelo McClain, PhD, LICSW, Chief Executive Officer
National Association of Social Workers**

**U.S. House of Representatives
Committee on Education and Labor
Subcommittee on Workforce Protections
"Caring for Our Caregivers: Protecting Health Care and
Social Service Workers from Workplace Violence"**

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Thank you, Chairwoman Adams and Ranking Member Byrne, and Members of the Subcommittee, for the opportunity to testify regarding the workplace violence challenges faced by social workers, health, and social service workers and the need for prevention and protection. I am also pleased to support and address the importance of the "Workplace Violence Prevention for Health Care and Social Service Workers Act" (H.R. 1309). I am Dr. Angelo McClain, Chief Executive Officer of the National Association of Social Workers (NASW). Our organization, which was founded in 1955, is the largest association of professional social workers in the nation with over 115,000 members and 55 chapters. Part of NASW's mission is to promote, develop, and protect the practice of social work and social workers. There are over 600,000 social workers in the United States, and they are the nation's largest provider of mental health services.

The National Association of Social Workers is proud to support the Workplace Violence Prevention for Health Care and Social Service Workers Act. This bill is a crucial step in reducing the staggering number of preventable physical and psychological assaults on social workers and other health and social services professionals. Developing a standard that anticipates the risks associated with the practice of social work is critical to preventing violence in those settings.

As the committee seeks to comprehensively address this important safety issue, NASW also urges you to consider the soon-to-be reintroduced "Social Worker Safety Act of 2019". This legislation would establish a Social Worker Safety Grant Program within the Department of Health and Human Services to aid state efforts to improve workplace safety measures for social workers. This bill provides states with critical resources designed to alleviate workplace violence threats by allowing grant money to be used to

purchase safety equipment, make facility improvements, facilitate safety training programs, provide support services for social workers who have been victims of violence, or track incident data to mitigate future offenses against social workers, among other important uses. This bill was first introduced in 2007 as the “Teri Zenner Social Work Safety Act” and was named after a social worker in Kansas who was tragically stabbed to death by a 17-year old client in 2004. NASW also urges you to consider another soon-to-be reintroduced bill, the “Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act”. This legislation would establish a Social Work Reinvestment Commission to provide independent counsel to Congress and the Secretary of Health and Human Services on policy issues related to recruitment, retention, research and reinvestment in the profession of social work, and for other purposes. A key focus of the Commission’s efforts would be to improve social worker safety, and the bill also authorizes grants to assist entities in carrying out a workplace improvement program.

I urge Congress to take up and pass the “Social Worker Safety Act”, the “Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act” and H.R. 1309, as these complementary measures will lead to safer workplaces for those performing important services that put them in high-risk and potentially dangerous situations. Trauma and violence must no longer be accepted as part of the workplace for health care and social service workers.

On a daily basis, social workers in a variety of settings are in harm's way. Our profession works in home care agencies, hospitals, child guidance centers, family services agencies, schools, mental health clinics and case management agencies, to name just a few settings. These are jobs that often require work beyond the agency walls where the risk of threats and violence are more prevalent. However, even within agencies we have had reports of incidents of violence against social workers. For this and other reasons, social work is among the top 10 most dangerous professions. Social workers and health professionals are twice as likely to face job-related violence as compared to other occupations. Between 2011-2013, there were 23,000 workplace assaults, and nearly 75% of these were in healthcare and social service settings (OSHA, 2016). In 2013, 1,100 social workers were injured as a result of workplace violence, according to the Bureau of Labor Statistics (BLS). Unfortunately, these staggering statistics do not capture the substantial number of unreported assaults, which, according to one survey, are as high as 85% of all assaults (AFGE, 2016). In a 2003 survey of 1,600 social workers, 58% of the 1,129 respondents said that they had experienced at least one violent incident in their career (Newhill, 2003). In 2004, NASW partnered with the Center for Health Workforce Studies, University of Albany, to conduct a national safety study of 10,000 licensed social workers. 44% of the respondents reported facing personal safety issues in their primary employment setting and 30% felt that their employers did not adequately address safety issues. Many social workers are employed by public agencies and are placed at increased risk due to the settings in which they work and the nature of the services they perform (NASW, 2004). Additionally, preventing workplace violence is a key success factor in reducing clinician and staff burnout and increasing retention.

I would like to highlight the unique and significant risk child welfare workers face. Violence against these workers is prevalent for several reasons. Child welfare clients are not receiving services voluntarily, and their families often have other volatile issues, such as domestic violence and substance abuse. Further, child welfare workers often make home visits in struggling neighborhoods. Child welfare workers spend a large percentage of their time in communities and, as a result, may experience a higher risk of harm. Additionally, these child welfare workers tend to prioritize physical and emotional safety of the child leaving child welfare workers more vulnerable to becoming targets of violence themselves. Finally, many state governments currently are suffering from budget cuts; therefore, adequate funds to properly train

and protect public workers are not prioritized. The Social Worker Safety Act aims to provide states with these much-needed resources.

Increased rates of violence in society, deinstitutionalization, and greater enforcement around child custody have heightened the inherent risk to social worker safety. These professionals enter dangerous situations regularly, and, unlike police or probation officers, they often enter these situations without any form of self-protection. In their day-to-day work, they encounter volatile situations that can quickly escalate to physical violence. Their clients include individuals who have violent histories, may be psychiatrically unstable, or experiencing extreme emotional stress. Because of the nature of social work, these professionals are also often involved in high-conflict situations, such as child custody disputes, removal of children from parents, and work with probationers and court-involved individuals. Social workers serve vulnerable populations and those with serious, chronic physical and mental conditions. As a critical workforce serving underserved populations that have often been disconnected from health and mental health care, social workers are at times subject to unpredictable situations and environments.

I want to illustrate some of the tragedies social workers have experienced due to workplace violence. In Congressman Courtney's home district in Connecticut, a social worker was murdered by a client in 1998 as she was entering her agency. This social worker posthumously received the Connecticut NASW chapter Social Worker of the Year Award. In 2008, there were two fatalities. New York social worker Brenda Yeager was beaten and suffocated while visiting a client family home and Diruhi Mattian was killed in Massachusetts during a home visit with a client. In 2009, Retired Commander Charles Keith Springle, a Navy social worker, was shot and killed, along with four other troops, by another service member seeking counseling services at Camp Liberty in Baghdad. In 2011, Stephanie Moulton, a social worker in Massachusetts, was killed by a client with mental illness at a group home. In 2012, Stephanie Ross, a caseworker in Tampa, was stabbed to death by a client. In 2015, Lara Sobel, a social worker in Vermont, was killed in her workplace parking lot by a client who had recently lost custody of a child. In 2018, Pamela Knight died while working to protect children in her capacity as an investigator for the Illinois Department of Children and Family Services. In addition to these tragic fatalities, there are a staggering number of assaults that are often under reported. Every day social workers across the nation provide a wide range of services in increasingly complex environments. Workplace violence against social workers is an occupational risk hazard that is preventable and needs to be addressed systemically at all levels of society.

As a licensed and practicing social worker over the past 30 plus years, and as former Commissioner of the Massachusetts Department of Children and Families from 2007 to 2013, I have been directly and indirectly involved in numerous workplace violence situations, including numerous assaults, both physical and verbal, on social workers and other health professionals. I have never been physically assaulted, but I have been threatened with physical harm on a number of occasions with guns, knives and other weapons. I also have experienced verbal assaults. During the first hour of my first day on the job as a social worker, I went on a home visit to see a family regarding a potential abuse situation. Upon entering the home, the mother closed the front door and within a nanosecond got a butcher knife and held it up to my face. She threatened "If you get us in trouble, I will hunt you down in a dark alley and kill you". Due to a combination of my size, street smarts, social work training, and ability to defuse situations, I was able to move this confrontation to a constructive interaction and avoid any physical harm. Just a few years later, I went on a home visit with another family. The mother was sitting on the front stoop and we began discussing the possible removal of her children. Within minutes, I found myself surrounded by a crowd of neighbors, one of whom was carrying a gun. I told the group to

disperse, and they did, but this could have had a tragic ending. I share these experiences to put a human face on the urgent need for action, and to underscore how very many of us in the social work profession encounter actual or threatened violence in the workplace.

The Massachusetts health and human services community has been repeatedly stunned by the deaths of their own (Stephanie Moulton in 2011 and Diruhi Mattian in 2008), as well as other harms to social workers in the state. In 2005, a 10-year veteran of the Massachusetts Department of Social Services retired due to a traumatizing experience of being stalked by a teenage client. Describing her decision to leave her job, she said "I doubt myself now. I always went into every home with an open mind. I don't know if I trust myself to be fair after this. My babies have to come first. I can't put them at risk." She was tormented at the thought of leaving the profession she once loved. "Most of these kids have been abandoned by adults," she says. "I never thought I would end my career walking away from them, too."

In 2009, Massachusetts Governor Patrick issued Executive Order 511 to address health and safety protections for commonwealth employees because public workers are not covered by federal Occupational Health and Safety Administration (OSHA) standards and rules. That order established the Massachusetts Employee Safety and Health Advisory Committee, which was tasked with examining the safety of state workers and making recommendations to reduce workplace injuries and illnesses. In 2014, the Committee issued a report based on a 2010-2012 study showing that violent assaults, among others, caused the most injuries to state workers in Massachusetts. Approximately 3,000 Massachusetts state workers experienced job-related injuries serious enough to require time off from work, and four workers lost their lives during that time period. Notably, the most at-risk state employees were health and human services workers, corrections officers, and transportation workers.

While I was Commissioner in 2013, Governor Patrick signed the Social Work Safety in the Workforce bill, which requires all direct services providers receiving funding from the state's Executive Office of Health and Human Services to provide workplace violence prevention and crisis response plans. This legislation, and the resulting regulations, which took effect in 2015, have been critically important in improving the safety of social workers and reducing staff burnout and improving employee retention in Massachusetts.

Recognizing the urgent need to address safety and risk factors associated with social work practice, NASW has long supported the development of policies and procedures designed to eliminate violence in the various workplace settings in which social workers practice. NASW also supports the conduct of research to document the extent of the problem and develop effective systemic solutions. In addition to NASW's dedicated advocacy in support of the Social Worker Safety Act, the organization in 2012 developed "Guidelines for Social Worker Safety in the Workplace" which are a crucial resource to communities, private and public agencies, and local, state, and federal policymakers committed to creating a safer work environment for social workers and related professionals. A copy of these guidelines is attached. These standards are based on the safety policy that was developed in Massachusetts during my tenure as Commissioner and address both primary trauma (e.g. physical and/or verbal assault) and secondary trauma (e.g., post-traumatic stress disorder, etc.). NASW safety guidelines include many of the tactics outlined in H.R. 1309, such as the use of safety technology (e.g. mobile panic buttons, security cameras), "buddy" systems for off-site client visits, comprehensive risk assessments of both clients and work settings, incident reporting and logging practices, and annual training.

NASW has a variety of other resources available to employers and others aimed at recognizing the risks social workers face, identifying high-hazard work environments, and protecting social workers from these risks. This includes a publication, *Security Risk*, which outlines strategies and tactics around safety. Notably, Integra Health, which was involved in the case regarding the murder of Stephanie Ross in Florida, relied upon NASW's guidelines and resources in designing training for its service coordinators as part of its post-incident corrective actions.

Although policies such as those in Massachusetts and NASW's guidelines around safety have been mission-critical in protecting social workers, a strong OSHA standard is essential. It is essential that Congress, through H.R. 1309, impose a workplace violence prevention standard that is mandatory for covered workplaces and affects many public employees, a significant number of whom are social workers. NASW strongly supports all the recommendations for the OSHA guidelines. They are feasible and effective for protecting social service workers. NASW strongly supported OSHA's use of the General Duty Clause as a way to enforce safe working conditions absent a standard. But the General Duty Clause is burdensome, under attack (in Integra) and OSHA therefore needs a standard. The work practice and environmental controls required in each workplace violence prevention plan will save lives and help decrease the disproportionate number of incidents social workers experience. Congress should also enact the Social Worker Safety Act of 2019, which will provide needed resources so state employers can similarly work to provide safer workplaces for these vital providers. Finally, NASW urges Congress to take further action to address workplace violence by passing the Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act to provide additional resources and continued focus on this issue.

National Social Work Month is just a few days away. During March, NASW will, through our "Elevate Social Work" campaign, raise awareness about the incredibly important role of social workers in this nation. Congress must act now to pass H.R. 1309, the "Social Worker Safety Act", and the "Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act" to provide critically needed protection for the 600,000+ professionals who have committed their lives and careers to helping others, despite low pay, little recognition and, increasingly, dangerous working conditions.

Thank you again for the opportunity to testify, and I look forward to answering any questions you may have now or in the future.