

Issues of 'race' and ethnicity and the experience of violence in social care

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January 2001

Introduction

The report into the murder of Stephen Lawrence and the consequent debate has brought on to the national agenda Britain's black and minority ethnic communities' experience of racism, including the experience of racially motivated violence. For many this was a long overdue recognition of the distinct experience of violence that had not received the attention that it deserved, nor the same amount of attention that was beginning to be given to other areas such as violence against women or older people.

What has emerged from some of the evidence that has been used to inform this debate is that black and minority people experience violence, just as Britain's majority communities do. However, there is sometimes (though not always) a racist element to this experience of personal violence (FitzGerald and Hale, 1996). Furthermore that the material discrimination (or disadvantage as some sociologists prefer to call it) experienced by black and minority ethnic communities, such as living in inner city areas, may open these communities to greater risk of experiencing violence (Percy, 1998; Modood et al, 1997). Therefore, in any discussion of violence and the social care workforce we need to pay attention to the experience of black and minority ethnic communities. Not only to understand if their experiences are different, but to also understand how the measures we develop to respond to the experiences of black and minority ethnic communities can be effective and appropriate.

In exploring these issues in this paper I will distinguish between the experiences of black and minority ethnic social care staff and black and minority ethnic service users. The evidence discussed below does suggest some parallels between black and minority ethnic services users and staff (in particular the experience of racism). Nevertheless, it is worth treating them separately because while working for social care agencies may put workers at risk of violence, for black and minority ethnic service users contact with social care agencies may be the reason they experience violence.

What evidence is there of the experience of violence for social care staff?

It appears that there is very little that directly records the experience of black and minority ethnic staff, although as other reviewers have pointed out there is only limited work on the experience of violence in general.

In one survey of the social services workforce (Balloch et al, 1996) when black and minority ethnic workers were asked about their experience of racism from service users they identified that this took a range of forms. The majority of complaints 'concerned racist swear words, insults or other comments'. Some workers referred to 'service users or relatives inappropriately questioning the authority of respondents [workers], not wanting to be touched by the respondent or asking to be

dealt with by a white person and not the respondent'. While some residential workers had been on the 'receiving end of physical attacks as well as racist abuse' (Butt and Davey, 1997).

In addition what little we know about where black and minority ethnic staff work shows that they are more likely to be in frontline posts and that they are more likely to work in residential care. We know from other work that low status and working in residential care are both associated with higher incidence of violence. It would be therefore unsurprising, though no less objectionable, that black and minority ethnic workers were experiencing violence.

Furthermore if we see physical violence as part of a continuum which begins with verbal abuse to physical violence then the evidence mounts further, with the NISW workforce survey saying a third of black staff had experienced 'threats of violence from service users and their relatives' in their current job, and three quarters of black staff had been 'shouted at or insulted by service users or their relatives'. Black staff did not significantly differ from white staff in the extent to which they had actually experienced these forms of abuse; however these staff were particularly affected by threats of violence, as many as two fifths of those who had experienced this form of abuse were affected 'very much' or 'quite a lot.' Importantly, most of those who experienced this violence were women.

It could be argued that there is little reason to assume that the experience of workers in this field is different to other black and minority ethnic workers (so for example the experience of workers in the Ford Motor Company may be similar to those for social care staff). However, in terms of the specific context of care staff we do have evidence from the NHS (Beishon et al 1995) which certainly shows a higher incidence of the experience of violence. This is part of the background to the current campaign in the NHS to deal with racial harassment.

Finally it is worth considering the wider picture too. FitzGerald and Hale explore the evidence from the the British Crime Survey between 1988 and 1992. This suggests ethnic minorities are more likely to be victims of 'household' and 'personal offences.' There are variations between communities: Afro-Caribbeans are especially at risk of assaults and 'acquisitive crime', such as burglaries car thefts and muggings; while Pakistanis' are most likely to say that the crimes and threats they experience were racially motivated; and Indians were most likely to say the personal assaults they experience were racially motivated (FitzGerald and Hale, 1996). There was also evidence that the fear of certain crime was greater amongst black and minority ethnic communities. An exploration of the 1995 British Crime Survey by Percy (1998) suggests a similar picture, noting that all 'ethnic minorities' showed a statistically higher risk of being a victim than 'white people', with this being particularly true for Pakistanis and Bangladeshis. To this

must be added the continuing evidence that black and minority ethnic communities are at greater risk of homicide (Home Office 1999).

From this evidence, it appears the risk of experiencing physical violence and the fear of violence is present in the wider experience of black and minority ethnic communities.

To summarise, the direct evidence on black and minority ethnic workers in the social care workforce suggest that they do experience violence. Furthermore there is no evidence that they are less likely to experience violence than their white counterparts. Moreover, some of the evidence suggests that they may actually be at greater risk as they are more likely to work in the front line, as well as being more likely to work in residential accommodation. Importantly, there is some evidence that this experience is likely to be associated with, if not motivated by, racism and racist abuse.

Service users

The deaths of Orville Blackwood, Michael Martin and Joseph Watt are perhaps exceptional experiences and the extreme response of those caring for Orville amongst others should not necessarily be seen as indicative of the relationship between care workers and Britain's black and minority ethnic communities. However, when Orville's experience is placed in the context of evidence, such as that on the greater risk of an Approved Social Worker assessment leading to being committed under the 1983 Mental Health Act (Barnes and Bowl, 1990), it suggests that others may be sharing Orville's experience. Once in hospital, there is some evidence of a greater use of psychotropic drugs (Francis, 1991) and a greater likelihood for Afro-Caribbean men to be sent to secure units, with some suggestion that this is due to the fear of them absconding than them being described as 'aggressive' (Cope, 1989; Butt and Mirza, 1996).

Looking at the relationship between care workers and black and minority ethnic communities in terms of the child protection process raises concerns too. Gibbons et al (1995) in their investigation of the child protection system showed the greater likelihood of black and minority ethnic communities being reported and investigated for physical punishment. Yet Gibbons and her colleagues suggest that on their measure the consequences were no more long lasting. This happens in the context of evidence that white workers in particular remain uncertain or profess inexperience of working with black and minority ethnic families (Jones and Butt, 1995; Thoburn et al 1995; Owen and Farmer, 1995). This is combined with Owen and Farmer (1995) showing that when workers are uncertain about the evidence they have gathered (even if the reason for uncertainty is language barriers) they are more likely to intervene.

Discussion

In presenting this very limited evidence it is worth reiterating that violence happens within a context. This is true of each individual situation as well as violence as a whole. An aspect of this context is our experiences outside the social care setting. So for example if we live in a society that legitimises the carrying and use of guns it may not be surprising that people deem it acceptable to carry and use guns in the social care setting. Equally in a society where women are regularly objectified, it is likely that we will find women complaining about being judged on their physical 'assets' rather than their intellectual capacity. Similarly, where racism is tolerated (even if many claim it is no longer being promoted), then it is not surprising when a service user uses an expletive such as 'bastard', he prefaces it with 'black' or 'paki' when addressing black and minority ethnic workers.

The importance of this wider context is, I would argue, that it interacts with the specific context of providing social care. Evidence, of this includes the elderly white service user who says that he is not having his personal care needs met by a black and minority ethnic worker. More importantly, however, is that this wider context also plays a part in the way workers respond to black and minority ethnic clients. So for example the continuing failure of a myriad of professionals involved with Sukina to challenge her father's treatment of her was associated with their fear of challenging an aggressive black man (Bridge Consultancy, 1991). While some of the workers may have taken Sukina's violent death as proof of the threat posed by her father, it should also be seen as proof that their inaction left Sukina at the mercy her father.

Another example is the assessment carried out by Approved Social Workers under the 1983 Mental Health Act, with some evidence that young men of Caribbean origin are more likely to be compulsorily detained than their counterparts (Bowl and Barnes, 1990; Butt, 1994). Clearly the social workers would argue that they are involved in the very complex activity assessing the risk these young men pose to themselves and others that they may come into contact with. But this is the same task they are performing with white young men, who appear to be less likely to have their liberty forcibly taken away.

The argument here is not that racism has some unique manifestation in the social care workforce. There is certainly no evidence to suggest that social care workers are more racist than others. But equally there is no evidence to suggest that they are less racist than others. If we then accept that racism operates in social care, we cannot help but argue that we are already seeing a potentially complex situation become more problematic. Furthermore, if we then accept a wider notion of violence, which not only looks at the actual acts, but highlights relationships, then interaction between social care staff and black and minority ethnic users appears to be at risk of violence. Whether, this situation is mitigated when black and minority

ethnic workers work with black and minority ethnic users is open to debate, although the regular plaudits given to these workers by these users would suggest that perhaps there is some truth in this.

Social care is often involved in managing risk. What this discussion is suggesting is that the operation of racism may mean that we are often involved in minimising risk to ourselves as workers. In so doing we are perhaps exacerbating violent situations, with potentially serious consequences for ourselves or the people we are meant to be supporting. Equally we may see threats, where with the right support there is likely to be little risk.

Developing better practice

In terms of action, if our arguments are correct, then the first step is to look at how racism can lead us to develop stereotypes of what is a threat. An exploration of stereotypes and how these impact on our assessment of risk has been detailed in a number of places (Gambe et al, 1992; Dutt and Ferns 1998) and we would benefit from greater attention to this in all training.

Second, we need to understand all individuals, including ourselves, arrive at particular junctures with existing histories. These are the result of our experience with a particular care agency, but also the result of wider experiences. As a result we may feel we are already the victims of violence and are at risk of experiencing further violence. Importantly, social care agencies have no intrinsic right to claim they are free of this risk of violence, in fact past experience may suggest that social care agencies are more likely to perpetrate it.

Third, we need to approach with care the adoption of policies. Butt et al 1991 showed that not only had virtually all social services departments adopted an equal opportunities policy for employment, these policies had been in place for some time. Yet evidence from the late 90's show workers complaining of much the same problems as those that joined social care agencies in the 1970s complained of (Butt and Davey, 1997). Policies in themselves do not make people feel safer, it is the actions of individuals that will make the difference.

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