

Addressing organizational toxicity that
leads to aggression, violence, and
maltreatment

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My learning

■ Research

- Fatal restraints
- Restraint & aggression reduction
- Toxicity of aggression

■ Training & Technical Assistance

- Institutional abuse
- Restraint reduction
- Critical review/examination of events

■ Expert witness

Placements

- Family Foster Care
- Residential Child Care
 - Congregate / group care – PINS
 - Congregate care / group - psychiatric treatment
- Juvenile Justice

Children in care

- Trauma history
- Developmental/relationship needs
- Impact of separation
- Contagious effect of aggression/violence/fear

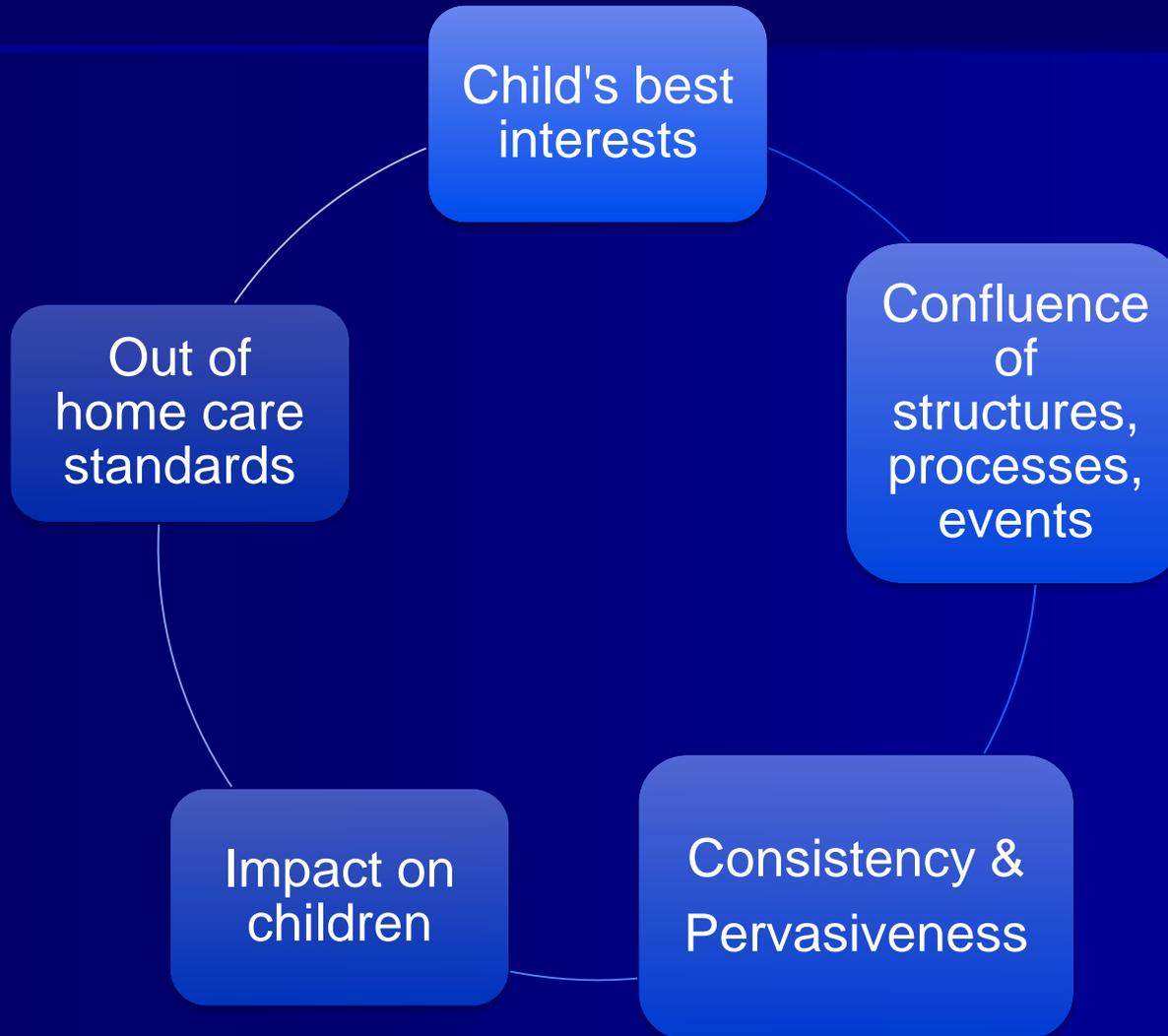
What is a healthy treatment vs. a toxic placement?

- Healthy placements are a combination of structures & practices that produce safety, positive developmental outcomes & well-being
- Toxic placements are a combination of structures or practices that produce risk, negative developmental outcomes & maltreatment

Assessing Toxic Environments



Measures of Care Structures & Practices



Assessing Toxic Environments



Program Leadership

- When asked what was the mission of the agency, the executive director answered
 - “To drive the devil out of these children”

Assessing Toxic Environments



Clinical participation

During the course of a restraint a 13 year old female child yelled “Get off me! I can’t breathe!”. The workers involved in the restraint were unaware that the child was an asthmatic. One child care worker said to the child “If you can yell like that, you can breathe.” Agency policy & the director supported this response over the objection of the clinical & medical personnel.

Assessing Toxic Environments



Critical incident review

A 34 yr. old female staff reported to work on the day shift in a juvenile corrections facility. Walking into the staff room she said if any “little children” get out of line today “They are going to eat the tile”. The supervisor and the worker’s colleagues smiled but ignored her and went about their business.

Later that day this staff member was involved in a restraint, saying that the youth needed to be restrained immediately to maintain floor control and discipline. The youth received a concussion.

The restraint was reviewed by the restraint committee, the care worker who performed the restraint, the worker’s supervisor and the colleague who overheard the comment. The restraint was seen as necessary.

Assessing Toxic Environments



Supervision

A 15-yr old was instructed by staff that as a behavioral consequence he would have to give up his ipod. The child handed it over but kept the ear buds. The child care worker demanded the ear buds be surrendered. The child became distressed and was restrained in a standing hold facing the wall.

The child's ICMP ruled out restraints of any kind with this child but the staff feared that the child's distress would escalate into violence so the ICMP was ignored. This was the 3rd time that the supervisor instructed this staff member to follow the ICMP on this child. Other staff told him to ignore the supervisor because if anything happened it was his ass that was on the line.

Assessing Toxic Environments



Fear

A prominent member of the community, Mr. Bob, took a 13 yr old male resident of a facility to the movies on an approved outing. During the movie, Mr. Bob began stroking the boy's groin. The boy became upset, ran out of the movies, and returned to the facility on his own.

He disclosed the incident to the social worker worried that Mr. Bob would come after him like his stepfather did. The boy was placed in the facility infirmary as a precaution and the social worker reported the boy's allegation to the police. Within two-days the police determined that the boy was "lying" and that Mr. Bob would not be charged.

The child continued to express fear of Mr. Bob. Despite the boy's fear, the director intervened and allowed Mr. Bob an unsupervised visit in the boy's infirmary room. During the visit the boy jumped out of the 2nd floor window and broke his leg. The police later informed the facility that Mr. Bob had had two prior allegations against him by other children in another community.

Interpersonal aggression

Steve a 17 yr old was placed by the juvenile court in a facility that promised alcohol, drug abuse and mental health treatment. Three weeks after placement, the young man was assaulted by three youths over a two-day period in the aftermath of a riot. The county sheriff was called to quell the disturbance. The assaults culminated in the rape of the young person with the wooden handle of a plunger while staff were “distracted”.

The three youths who assaulted the young man were later “taught a lesson” and beaten by the staff of the facility.

Confluence of elements

Anna 24 yrs. old supervised alone, 6 males aged 15 to 17 yrs. A few weeks earlier, the youths were transferred from a redundant juvenile detention facility and placed in this non-secure group home.

That day at the home there was a theft of \$160.00 from the unlocked staff office. After dinner Anna confronted the youths with the ultimatum – “unless the money was returned immediately she was going to terminate their home visits”. Her attention focused on Arthur a 17 yr. old who had a history of violent outbursts. Arthur became defensive and angry and retreated to the basement. Anna followed and accused Arthur of the theft. Arthur picked up a hammer and hit Anna on the head. The blow killed her.

Summary

- Leadership, supervision, clinical participation, training and critical incident monitoring are never stable but always changing and dynamic
 - Even subtle modifications in any of them can significantly change the dynamics of a placement
 - No one element is paramount but focusing on leadership and program can improve your understanding of a placement