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The experience of violence at the workplace. The perspective of harm reduction workers in France

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Research context

- Violence linked to drugs is mainly explained by drug-trafficking but **violence is a multidimensional phenomenon and can be structural and institutional.**
- People who use drugs who are attending harm reduction services are often **living in very precarious conditions, suffering psycho-trauma and various forms of stigmatization.** This **vulnerability** can sometimes give rise to **episodes of violence that can occur in the context of harm reduction services.**
- Indeed, the international literature showed that harm reduction work unfolds under violent conditions (Fairbairn et al., 2008; Kennedy et al., 2019), which are **amplified by the prohibitive regime of drug policies worldwide and the interplay of poverty, drug use, gendered relationships, and homelessness** (Bourgois et al., 2004; Fairbairn et al., 2008; Kennedy et al., 2019; McNeil et al., 2014, Jauffret-Roustide 2023).
- To explore the topic of violence at harm reduction workplace that has been under documented, we decided to set up a sociological research project in the French context to **understand the context in which such violence occurs in harm reduction facilities, the different forms of violence to which professionals may be exposed, their experiences and representations,** and the solutions to be implemented.

Conceptual framework

- We implemented a **qualitative sociological research** in Paris, based on **ethnographic observation** sessions in harm reduction facilities and we conducted **50 semi-structured interviews** with a diversity of harm reduction professionals.
- As a conceptual framework, we used the concept of **workplace violence**.
- Workplace violence refers to *“the unwanted and recurrent acts of physical, sexual or psychological harm that create a distressing workplace and affect workplace performance”* (Meiser & Wilson, 2023, p. 2).
- It recognises that violence in interpersonal relationships should not be limited to an examination of physical violence but must encompass **emotional, psychological, and social suffering** (Berlingieri, 2015).

The emphasis on the violence experienced by PWUDs

- In our research, harm reduction professionals emphasised **the violence that is experienced by their clients (people who use drugs) and the emotional distress they received from listening to these narratives at their workplace.**
- Very often, **they expressed concerns about young women** (especially those using crack cocaine) who suffer multiple forms of violence, in particular, **sexual** violence, exposure to sexually transmitted diseases and vulnerabilities.
- They described these situations as terrifying, occasionally leading to the **death** of very young people. For instance, a social worker with 15 years of experience, described to us in an **emotional** tone: « *There was a dramatic case of a woman we followed a lot because she was pregnant. A young woman who was like a child, in any case, she was very defensive, very violent at first. With this pregnancy, we were able to support her. Then, a second pregnancy, and we were even able to help her terminate the pregnancy, with very strong ties afterwards. We have losing this woman, she contracted HIV last year at Porte de la Chapelle (an open drug scene in the North-East of Paris). She was negative for years and then contracted HIV. It was a tragedy. It was violent.* »

The violence of « feeling powerless »

- All harm reduction professionals we interviewed described that listening to the testimonies of by people who use drugs is experienced as violent. They explained “**feeling powerless**” to take care of these vulnerabilities in a context where they described **helping clients as central to the meaningful dimension of their work**.
- They emphasised the **emotional burden** carried by listening and acknowledging that **violent events were at the heart of many clients’ biographies**.
- For example, a social worker new to harm reduction, described: *« I can see that there are some very, very young, very vulnerable women, from a psychological point of view, very fragile, who are exposed to violence. That’s not the same as for men [who are] in an already extremely violent context. For young women, it’s often people abandoned by their parents during childhood. Yes, and often under [the] influence [of drugs], often exploited, in prostitution networks. I speak for myself. But as a young professional, I tell myself: There is an identification; I’m not in my 50s, and that’s normal. I find the human violence that goes on every day really hard. Afterwards, honestly, you manage to do something, and you manage to move forward. Not with all of them; it’s complicated, but our objective is there. There is a sense of priority in our missions.»*

The normalisation of violence

- In some cases, a **sense of despair linked to the gender and young age of clients triggered the perception and experience of violence**, as it is mentioned a social worker: *« I've never seen so many women on "La Colline" (an open cocaine crack scene in the northeast of Paris) since this year. It's shocking. Before, we used to see women in their 40s arriving from the West Indies or sub-Saharan Africa. Now, we have girls who are either underage or close to and who have run away from the children's social services or their families.»*
- Finally, harm reduction workers who participated in our research **complained very little about the violence episodes (mainly verbal violence) they may experience themselves from clients in practice.**
- There seemed to be a form of euphemism in the discourse linked to a process of **normalisation of this type of violence**. In particular, we found a permanent discrepancy between what our respondents expressed during interviews (e.g., limited violence) and what we observed during ethnographic sessions (e.g., the pervasiveness of verbal violence).

The violence of seeing their work not being supported

- The second important aspect in harm reduction workers' descriptions of violence lies in their perception of having **limited institutional support to harm reduction work**, specifically **the political and legislative resistance to developing harm reduction as a public policy in France and the limited available resources**.
- These factors enforced a power imbalance, which harm reduction workers perceived as indicating the **low status of harm reduction work** for public institutions. For instance, a harm reduction facility manager with 25 years of experience, explained: *« We're not making any headway. I'm at the reception desk of my harm reduction facility five days a week, and I see what's happening every day. The regional health agency and the city [council] don't follow up on what we already brought up three years ago; it's getting tiresome.»*
- This manager also added that public institutions often turned down every request to launch a new project: *"It's too complicated to financially support it, they (public policy officers) always say."*

The violence of having their work not being considered

- In the same line of this first harm reduction manager, in their description of violence, harm reduction workers emphasized **their feeling of having limited consideration for harm reduction work by public authorities both at local and national levels**. They considered that **the French drug policy is more focused on criminalization of drugs and repression** and too little involved in harm reduction perspective.
- For example, another harm reduction facility manager, described that **he often received refusal to develop new harm reduction projects and considered this attitude as a form of violence**:
« Beyond the repetition (of refusals), it's the lack of feedback when we ask to implement new harm reduction projects. We're on a one- or two-year hiatus, and it's very exhausting. We submit projects, but they reject them, and we have no response. We also get incredibly unpleasant arguments (on the projects we propose). It's very violent to hear.»
- One recent example of this feeling of lack of consideration that is recurring in interviews are the difficulties they faced for disseminating drug consumption rooms, despite scientific evidence.

Conclusion

- In summary, in their description of violence at workplace, harm reduction workers primarily emphasised the **emotional impact of witnessing violence suffered by clients**, as well as the **limited institutional support** that is perceived as a **denial of their work**.
- Our research shows that workplace violence emanates from **multiple sources**. To date, most research has been primarily connecting violence to the **behaviours of clients**, which may be **explained by their situations of extreme precarity, mental health issues, intoxication and stigma**. Certainly, the violence harm reduction workers suffer from clients exists, in particular verbal violence. However, a sole focus on clients' violence inadequately reflects the entire continuum of violence at stake.
- In fact, our research showed that it is not as much the client's behaviour per se but rather the **emotional impact of their narratives** that harm reduction workers are exposed to at their workplace. Coupled with the feeling that **harm reduction policy is not really the top priority** of French authorities, all these aspects **reinforce existing inequalities of power and control** among workers (Foghammar et al., 2016; Meiser and Wilson, 2023; Nguyen et al., 2021) and increase **their experience of violence at workplace**.

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