

A Critique of the Contemporary Training of Human Service Workers on How to Prevent Violence by Clients, Defend Themselves

Against Clients, and Disarm Clients

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EDITORS' NOTE: The manuscript is undated but was likely originally composed in the mid 1990s with revisions in the early 2000s. It speaks to a core moral concern held by Wolfensberger around the extreme vulnerability of many devalued groups, as well as the stereotypical perception that certain devalued individuals and groups were all dangerous menaces. We can see this concern across multiple publications, talks and training workshops throughout his career. His analysis highlights key issues such as the larger context of training staff in various holds and control techniques, as well as multiple non-programmatic factors behind the longevity of such human service training approaches and mindsets based on power over and control of socially devalued people, and the outright dangers to devalued people when their servers are trained to restrain them. For further reading, see also Wolfensberger, W. (2022). Do societally devalued people enjoy being restrained or even abused? SRV News & Reviews, No. 1, 7-8.

The citation for this paper is: Wolf Wolfensberger & Susan Thomas (posted February 1st 2026). A Critique of the Contemporary Training of Human Service Workers on How to Prevent Violence by Clients, Defend Themselves Against Clients, and Disarm Clients. Wolf Wolfensberger, Posthumous Works – <https://www.wolfwolfensberger.com>. Harrisburg: International Social Role Valorization Association (ISRVA).

Abstract: In contemporary human services since about the late 1970s, there has been an explosion of training events and literature on how to deal with clients who are, or are likely to become, violent. The authors critique some of the major assumptions and practices of such training, and examine its harmful effects on clients and on service workers. They note that the issue of alleged client violence needs to be seen in light of society and human services as a whole, and addressed within context, rather than either separated out, or addressed technologically.

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Introduction

Human services nowadays virtually consist of an incoherent conglomerate of a large number of ever-changing crazes and fads, rather than an enactment of universally relevant principles of serving, and of social change (see Wolfensberger, 1994b). One of the more ominous particularistic crazes of our service system broke out in the late 1970s. Virtually overnight, there erupted an explosion (an *apropos* term) of training events and literature on how to deal with clients who are allegedly non-compliant, unruly, violent, dangerous to self or others, or otherwise out of control, and on staff self-defense and how to disarm aggressive clients. Supposedly, all these things teach workers how to prevent violence, defuse it when it arises, and handle it without getting hurt. A prominent element in this training culture is the teaching of various techniques of physically catching, disarming, subduing and/or constraining a client. Some of these techniques are called “holds” and “take-downs.” Many of them are the same techniques that are taught to police for handling violent people. One of our friends has even referred to one type of such training as “bouncer training.” While such training usually also teaches workers some strategies for preventing a conflict from escalating into violence, a major emphasis of many of these training programs has been on what to do once violence has broken out.

The rationales and assumptions—at least the deeper ones—for such programs are generally poorly explicated; and even where some explication takes place, we have **never** encountered an instance where such explication put this development, and/or the strategies being promoted, in a wide enough societal context. In fact, the major rationale one hears as to why there has been such an

explosion of such programs and materials is that clients are more dangerous than they used to be. Even this kind of explanation does not seem to be accompanied by a good elaboration (if any) as to what this means more broadly in and to society and human services, what other implications it might have, or why there was not a more gradual training response in human services rather than a virtually explosive one.

Major Problems With the Violence Training Culture in Human Services

From its beginning, we have believed that such training serves hidden—and therefore mostly destructive—purposes. Below, we will explain the many problems that we perceive as inherent in, or adherent to, such contemporary training.

The Training Itself, and This Whole Training Culture, is Deceptive

Such training is deceptive, in that it diverts attention away from more fundamental issues, and from the root causes of violence in human services. It does this in the following ways.

The Training Does Not Address the Increase, and the Increased Legitimization, of Violence in Society in General

Such training diverts attention from the fact that violence in human services is an expression of the dramatic growth of violence in society in general.

Problems within human services that have their roots in the larger society must be addressed at the level of the larger society, and discussion of violence in human service must be thoroughly referenced to the dynamics and increase of

societal violence. Thus, it makes little sense to try to address a particularistic expression of a larger societal problem primarily on the particularistic level, **and** as if the societal context were irrelevant. Yet the prevalence and tenor of human service violence training gives the impression that there is a dramatic increase in violence in human services that **can** be relevantly addressed by teaching human service workers specific—and relatively low-level—technologies. Instead, we believe that entirely different training is needed, namely, one that emphasizes that very overarching societal developments are contributing to a growth in violence in society as a whole, that this must be expected to express itself in human services (as in every other sphere), and that when developments in society which contribute to violence are successfully addressed, then violence in various spheres of society (such as in families, on the streets, and in its human service sector) will also decrease. This also means that, among other things in which human service workers really need training, they truly need to learn to recognize and oppose societal dynamics that give rise to violence, and to certainly not themselves participate in, or contribute to, these societal dynamics either within human services, or outside it in their own private lives.

The Training Does Not Address Those Features of Human Services Which Elicit Violence

Such training also fails to address much more fundamental issues, such as what types of policies, practices, personnel training and structures, etc., in human service environments and its culture contribute to violence, and how they contribute to violence not only by clients, but also by staff or even third parties, such as members of the public. So often, service workers are taught to address the symptom—e.g., a client’s “violence” (we will explain later why we have put

quotation marks to the attribution of violence to clients)—rather than more basic causes even within human services, which so often are things such as insane policies, callousness toward clients, virtually unbearable service environments (mostly in residential settings), incoherent service (client) groupings, failure to address the most important fundamental needs of the clients, bad things having been done and continuing to be done to clients, impossible demands from above being made on service workers, etc.

The Training Falsely Implies That Most Violence in Human Services is Committed by Clients

Such training carries a very strong message that it is the clients in human services who are apt to be violent. However, the reality is that almost all (certainly well over 90%) of the violence that takes place in human service is directed **towards** clients, and the vast majority of it is inflicted **by** human services via human service workers (e.g., Sobsey, 1994). For instance, service clients have been commonly beaten up and sexually assaulted in institutions. In nursing homes, clients may be sexually assaulted, left to lie in their own waste, tied to their beds or chairs, and verbally harassed. In all sorts of services, and especially in those of the field of “mental health,” clients are apt to be put on psychiatric drugs, with massive deadly effects (e.g., Lapon, 1985; Network Against Psychiatric Assault, 1984; O’Brien, 1994; Wolfensberger, 1994a, 1994b). While not all of these forms of ill treatment constitute violence, some of them do constitute abuse, and some are outright violence. Even ignoring other forms of violence by human service workers, secret serial killing of clients by their human service workers seems to be becoming more prevalent. Some such human service workers have secretly killed dozens—even hundreds—of their clients (e.g., Sobsey, 1994). Thus, if the training on preventing and defending against violence were to reflect reality, it truly should be offered **to clients**, and should teach them how to protect themselves from service workers and services, and how to disable **them**.

The Training Displaces More Important/More Urgent Training

Further, such training commonly displaces much more important and fundamental training which is required for adaptive service. For instance, in New York State, the staff of state institutions for the mentally handicapped have had to undergo a very substantial course in what is euphemistically and deceptively called “behavior management,” i.e., largely how to handle potential or actual violence and subdue clients. One state institution for the retarded that had claimed to base its program on the principle of normalization (Wolfensberger, 1972) required only 2.5 hours of normalization training for its new staff, but required 25 hours, plus 2 hours during orientation, of “behavior management” training (Wolfensberger, 1981). It is thus that such training can actually serve to perpetuate conditions that are apt to engender violence. If workers were instructed in positive values, normalization, its successor Social Role Valorization (SRV) (Wolfensberger, 1991, 1992a), and other positively ideologized service content, and were permitted to implement these, then many of the bad things that happen in human services, including violence by both clients and workers, would be much less likely to take place.

The Training Misleads Workers Away From More Adaptive Responses

It follows from the above that such training is an obstacle to orienting people to more adaptive strategies for dealing with violent people. Even though the trainers and the training materials vigorously deny it, the training *de facto* conveys a message that the best, and certainly sometimes the only, way to deal with violent people is to do violence towards them. To exemplify what we mean, we are unaware of any such training having taught the core strategies of the non-violent tradition, including the absorption of violence when all else fails.

In regard to the absorption of violence (an issue which we cover in more detail in some of the workshops that our Training Institute teaches), many people (especially clients in human services) have been so wounded by their earlier experiences in life and/or human services that it is virtually natural for them to strike out at the world. Whenever they do so, their experience has usually been that they will be struck back. It can thus be tremendously liberating and healing for a deeply wounded person to receive back forgiveness and love rather than retaliatory violence. Absorption of violence is not something which many people can or will undertake, or which can be commanded from paid staff, but the contemporary violence training prevents those who conceivably **could** do it and might be willing to do it from being instructed in it, and may in fact divert them into considerably less adaptive strategies. However, it can not be taught as a technology, only shared as an ideology, worldview and way of life by those who believe in it and try to practice it themselves.

Interestingly, some of the widely distributed commercial training materials and advertisements on dealing with client violence actually do use the phrase “non-violence” or “non-violent,” though not in the sense of an ideological value position but in reference to techniques. In other words, the phrase refers to things such as spotting the signs that a client might be building up to violence, and taking preventive steps, and what one might do if a client actually gets excited and “physical,” short of attacking someone. Commendable and teachable as such preventive or defusing measures may be, they do not constitute an ideological position of non-violence that is prepared to absorb

violence if it does erupt. Thus, the language of non-violence is actually used deceptively.

In our opinion, there are good reasons why contemporary services ignore this non-violent tradition and its strategies. One major reason is that extremely few people really believe in total non-violence. Another major reason has to do with the fact that our contemporary human service system plays a very important, but almost totally unrecognized, function in the societal economy, namely, to create and perpetuate large numbers of dependent people in order to create a “need” for organized human services which then employ an amazingly large proportion of the labor force (McKnight, 1980, 1985; Wolfensberger, 1994a). If clients were truly habilitated and healed, they would no longer need human services (or at least not as much, or as many), but if human services shrank in size, an awful lot of people would be kept or put out of work. Because there are only a minuscule number of non-service jobs left in our post-primary production economy, and a large portion of these are war-related, jobs have to be created and maintained in other sectors, and human services are “needed” to do their share of providing jobs.

The Training May be Deceptively Named

While some violence training programs are up front as to what they are, others hide behind deceptively euphemistic titles, such as “behavior management.” Among other things, this serves to detoxify what is being taught and done, and makes it more palatable to those servers who will be expected to learn and employ these holds.

*The Training Actually Increases the Likelihood
That Violence Will Occur in Human Services*

In addition, rather than decreasing the likelihood of violence—as this training culture claims—such training actually **increases** it in several ways, in our opinion.

The Training Corrupts Workers' Perception of Clients, and Sets Expectancies for Violence to Occur

Via the great power of role expectancies, such training disposes service workers to be prepared to view their clients as menacing and dangerous. After all, the training is given in a context of language such as “how to restrain the violent client,” and is often advertised by depictions of clients in various states of agitation and aggression. An example was the announcement of a September 1981 workshop entitled “Approaches to the Violent Patient.” The cover of the flyer for this workshop depicted a Bowie-type knife, with red drops of blood dripping off its tip. Hard as it may be to believe, the workshop featured five professors of psychiatry of the Harvard Medical School, plus one trooper of the Massachusetts State Police. The workshop offered a leisurely 5 and 3/4 hours of instruction at a very high tuition rate, and could be taken for six hours of credit for the Physicians' Recognition Award of the American Medical Association, and for continuing education credit for nurses and social workers. Flyers advertising workshops and training materials (e.g., videotapes) on how to handle client violence (such as sent out for years by the National Crisis Prevention Institute in Brookfield, WI) certainly also tend to evoke images of a violent clientele. For instance, in its conference flyers between 1988 and 1990, the National Crisis Prevention Institute used the term “explosive behavior,” and

showed a hand grenade with the pin pulled, obviously meant to be a symbol of the client. One flyer showed a hand clipping off the burning fuse from a dynamite stick—the latter obviously signifying the client. Yet another showed a client in a belligerent pose, and juxtaposed to a dynamite stick with a burning fuse. This image unequivocally symbolizes the client, and capitalizes on the expression that certain people have short fuses. At the top, the handsome head of what appeared to be a youngish male was juxtaposed to the words, “you are a caring professional,” thus implying that staff are not only caring and professional in contrast to the “disruptive and potentially violent client,” but also rational, as symbolized by the head. And a January 1995 mailing from the National Crisis Prevention Institute carried on its cover the question, “Are you prepared for a potentially violent client?”, and said that its training would enable one to “feel safe at work again.”

Especially because, as mentioned earlier, staff may receive hours and hours of such training, practices such as the above put the idea in service workers’ minds that they **will** encounter violence from the people that they serve. This is apt to make workers wary of their clients, suspicious of them, distanced from them, etc.—none of which will contribute to adaptive service. Thus, this is yet another way in which the path is prepared toward (a) an increase in the prison population, (b) the transfer that has been taking place of formerly institutionalized people into the prison system, and (c) the rising consensus in support of “euthanasia” and other forms of deathmaking of severely devalued people (Wolfensberger, 1981, 1987, 1992b, 1994d).

The Training Conveys Expectations to Clients That They Themselves Will be Violent

In various ways, such training conveys negative and actually destructive role expectancies not only to personnel, but to clients themselves. Because people are apt to respond in accord with what is expected of them, one should only expect an **increase** in the likelihood that clients will be violent. In fact, such training may even plant the idea that they should be violent into the minds of clients who otherwise never would have thought of it or been violent.

Aside from the fact that workers may emit cues to clients that they expect them to be violent, the message is also apt to be conveyed by the very fact that staff are taking time off to receive violence training. Even severely retarded clients have shown that they became aware that their staff were getting such training, and felt very wounded by this, as noted further below.

The Training Desensitizes at Least Some Workers, Thus Disposing Them to Respond More Rather Than Less Violently to Clients

Through the well-known process of desensitization, we believe that such training actually prepares at least some service workers to inflict active harm on the people that they serve. For instance, prior to receiving this training, most human service workers are afraid of violence and will shy away from it. But after having received such training, they are apt to be much more confident of themselves in potentially violent situations, and may even let situations escalate into outright violence because they are no longer afraid of what might happen to them, whereas previously, they had a stronger incentive to defuse a potentially violent situation early on.

Also, people must be fully expected to seek opportunities to demonstrate any new competency they have acquired. Thus, once personnel have learned these various techniques, many will (at least unconsciously) want opportunities to test their skill, much as military people may “spoil for a fight” once they have been instructed in how to fight, and especially if they think they will win. Because the training interprets the people being served as violent or as potentially violent, and teaches workers to do things to the people they serve which are painful and harmful (although these things are also interpreted as beneficial, as covered below), the training breaks down inhibitions that workers might have had against doing harm to the people they serve. Once the first such inhibition is breached, it becomes easier for workers to do yet other bad things to their clients.

The Training “Detoxifies” Violence by Workers as Being Something Other Than Violence, and Usually as Something Good

Such training also gives the impression that controlled forms of violence by personnel are not violence at all. It thus constitutes a form of “detoxification” (i.e., disguising bad things as good), and when violence is detoxified, it is much easier for people to commit it.

While many violence training programs claim to teach prevention of violence, then even where this is not more rhetoric than reality, that which is usually also taught about the handling of violence often simply overrides that which is taught about its prevention.

The Training Sets Up Non-Violent Clients as Likely Victims of Violence

It is outright perverse to give such training to workers who serve people who are actually gentle, peaceful, and perhaps even feeble and physically hardly capable of an effective physical assault, especially as such training is apt to actually elicit violence by workers towards such people. In fact, in one New York State institution for the mentally retarded where workers were given such training, a group of elderly and rather feeble residents there wrote a letter to the superintendent to the effect that they are not violent people, but that instead, it is **they** who have been violated, usually by workers. Below is the edited letter.

We have been studying the 'Behavior Management Course' for the staff of the developmental centers in the State of New York. We are very upset that the course is telling people who are about to work here the wrong things to do to people who live here such as restraining a person when they are upset. Perhaps in time to come, we may hear of people put in camisoles.

We come from many different institutions and we have seen a great deal of violence. We have seen restraints used when they are not necessary. One of us heard a girl who was very upset because something had happened in her family and they decided to restrain her because she was upset and she never hurt anyone. We have seen some of those 'prevention techniques' used before. In the old state school, there was an employee who was a wrestler. He worked at Colony A—the punishment colony. We've seen these holds used by an attendant while another attendant beat up the resident.

This is not a violent place. We are not a violent group. We represent clients who, for the most part, are not violent people. There is more violence on the streets than there is here. Just

because we are developmentally disabled is no sign that we are violent. We think this course encourages people to think we are violent and this is very wrong.

Sure, we get upset, but we are just as human as everybody else. How would you feel if you were living here and in a place like this? We are segregated from the community through no choice of our own. We have to share every part of our daily life with 19 other people. We don't get to do things that you take for granted. We do not have very many choices in life. We have no choice in our friends, or in where to go and when to come back. It's even very hard to be alone here. Most of us who have relatives do not see them much; and that really, really hurts a lot.

What we need is more sensitivity and understanding from the community and from the staff. We need more places to live in the community. People should look at us and not be afraid. People who work here should try to understand us. We feel that you should be teaching people how to understand our frustration and look for the reasons for a person's upsetness. Our major concern is to improve the life of those of us who live here. We hope this curriculum will not be taught to staff who work here as we feel strongly that it will not improve the quality of life for those of us who live here (Wolfensberger, 1981).

The Training is Destructive of Both Clients and Workers

In the above and various other ways, such training can be destructive of both clients and workers.

The Training Alienates Good Clinicians From Their Positive Training and "Instincts"

Historically, master clinicians who are extremely skilled in their craft know what to do in any number of clinical situations. They are rarely taken by surprise, they

anticipate things, they understand the dynamics at work in a situation, and the way they react to a person is usually just what is needed. Now, however, even master clinicians who undergo such training may become subject to negative role expectancies, and may lose confidence in their clinical skills. They may place greater faith in the specific technology being conveyed by such training, and this again increases the likelihood that they will respond maladaptively to the people they serve, and that the people they serve may actually become violent towards them or others.

The Training Commonly Results in Deathmaking of Clients, and in Any Event, Increases Violence Towards Clients

It is commonly assumed that the various “manhandling” techniques which human service personnel are taught in order to restrain clients are harmless, but this is by no means the case. As mentioned, many of the techniques that are taught in such training are the same as the ones that police personnel learn in order to disable or disarm suspects. When these techniques have been applied, both in police work as well as in human services, they have often proven damaging and even deadly. For instance, when police apply physical holds in order to disarm suspects, some suspects have been suffocated or had their limbs, necks, and backs broken. Members of racial minorities are particularly apt to die after being held in a chokehold by police. The humorist Art Buchwald wrote a column (Buchwald, 1983, pp. 192-194) which satirically claimed that obviously, Caucasians had greater tolerance for chokeholds because of their superior genetic make-up, based on the statement by a Los Angeles police chief who hypothesized that, “In some blacks when the chokehold is applied, the

veins or arteries do not open up as fast as they do in normal people.” This police chief has had a long history of disparaging comments about members of ethnic minorities (Starr & Huck, 1982). This vignette also shows how closely violence in human services is related to violence in society.

Especially when such techniques are applied to clients of human services, who are very often already weak and vulnerable, even more harm is likely to occur to them. One of the techniques that has been taught to the personnel of state institutions for the mentally handicapped in New York was found to **increase** the likelihood that the client would suffer a fracture (Wolfensberger, 1981). We are convinced that more people are now dying than before as a result of this violence training. The people who are dying are clients to whom these holds are applied. We believe that the number of such deaths is larger than the number of deaths of staff, clients, and other victims of client “violence” combined would be **in the absence** of such training.

Over and over (e.g., in the periodic reports of the New York State Commission on Quality of Care), one runs across stories of an altercation between a client and staff in which, when it is all over, the client ends up dead, often at the bottom of a heap of human service workers who have piled on and applied the “holds” they have learned in this training. Often, the dead client has been on psychiatric drugs, which greatly contributes to death because these drugs tend to depress cardiac functioning, breathing capacity, and perspiration, among other things. Lack of perspiration—a common adverse effect of psychiatric drugs—has been shown to be a significant factor in the deaths of service clients after an altercation.

The periodical published by our Training Institute, called TIPS, contains material in almost every single issue on the contemporary deathmaking of societally devalued people, how this deathmaking is being legitimized and disguised as a good thing, and how many people are being duped into committing it. Much of the deathmaking takes place in human services, where devalued people are so often found. In addition, about one issue a year is devoted entirely to this topic.

*Given Contemporary Realities in Society and Human Services, the Training is Suspect
Because of Its Immense Popularity*

It is a remarkably safe rule of thumb that in human services to devalued people—apparently even more than elsewhere—hardly anything which is truly good becomes popular, and especially not quickly, or virtually overnight. The obverse of this rule is that things which do become popular, and especially so overnight, must be treated with the gravest suspicion (e.g., see the analysis of service crazes by Wolfensberger, 1994c). Thus, the fact that such training has become immensely popular and widespread virtually overnight must lead one to think that there must be something terribly wrong about it, even if it had not already manifested itself, and even if one did not yet know what it was.

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The citation for this paper is

Wolfensberger, W. and Thomas, S. (June 2025). A critique of the contemporary training of human service workers on how to prevent violence by clients, defend themselves against clients, and disarm clients. *Previously unpublished papers authored by Dr. Wolf Wolfensberger (1934-2011)*. WolfWolfensberger.com.