

Breakaway Training - Risk Control Measure or Risk itself?

In an effort to provide staff with training many organisations incorporate 'breakaway training' as a means of instructing their staff in a physical skills training package designed to give them the ability to 'break away' from an assailant should they become the victim of a violent assault. This type of training is generally meant to teach people techniques as a means of defending oneself against an attacker but without causing injury to the person assaulting them.

It is also further suggested in many breakaway training packages that a person defending themselves from a violent assault could even get in trouble if they actually hurt the assailant who was trying to do them harm.

One widely used breakaway video actively illustrates this point in its introduction where the presenter states:

"Legally if you are the victim of an assault you have every right to try and escape. However, there are potential problems if this entails inflicting injury on the aggressor, so in this programme we are going to explore a range of simple techniques that will enable you to break away should someone lay hands on you. These techniques are designed to be the minimum amount of force required to escape. They are not strikes, kicks or punches. There is no aggressiveness about them. A correctly used breakaway technique will only damage the aggressors pride."

This doctrine and dogma is even further promoted as is evident in one 'Passport Scheme' that is currently very likely to be implemented which states that when a member of staff is being strangled the aim of the technique they can use is do the following the following:

"To safely disengage and withdraw from a strangle hold without causing harm to those involved"

This statement alone forms part of training guidance for a Government supported Violence and Aggression Passport Training Scheme which trainers are expected to deliver and staff are expected to comply with. However, it is misleading, is legally incorrect breaching an individuals common law, statute, civil and basic human rights.

The contradictory dichotomy of this particular scheme is that the "aim of the training is to provide employees with the varying degrees of information/skills that they require to protect themselves and others from the risk of violence and aggression".

Furthermore, all of the organisations that are participating in the Passport Scheme "must ensure, as a minimum, that their training courses meet the aims and objectives specified within each training module".

However, by adopting a standard 'Passport' for breakaway training (and also restraint) all of the 'organisations' (Local Authorities and NHS Trusts) who will be expected to adopt it are not only going to be acting in contravention of the common, civil, and human rights of their staff by providing (and possibly even enforcing) such guidance, they are very, very likely to increase the risk to their staff should their staff try to follow it. This will undoubtedly increase the Local Authorities and NHS Trust's liability overall when they are eventually sued for injuries and their only defence is they delivered training in line with the requirements of an agreed 'Passport Scheme'.

Will the training produce staff competent in the skill?

A major concern in relation to this type of training is that it is too complicated in its construction. It teaches too many techniques within a relatively very short period of time, which could not allow the average practitioner time to become competent in their usage.

An evaluation in one NHS hospital actually highlighted this point by stating in its review of breakaway training the following:

"The training was "breakaway" type where a series of manoeuvres to escape from up to 14 different attacks were taught in 1/2 – 1 day. Staff generally felt confused by the array of techniques and manoeuvres covered."

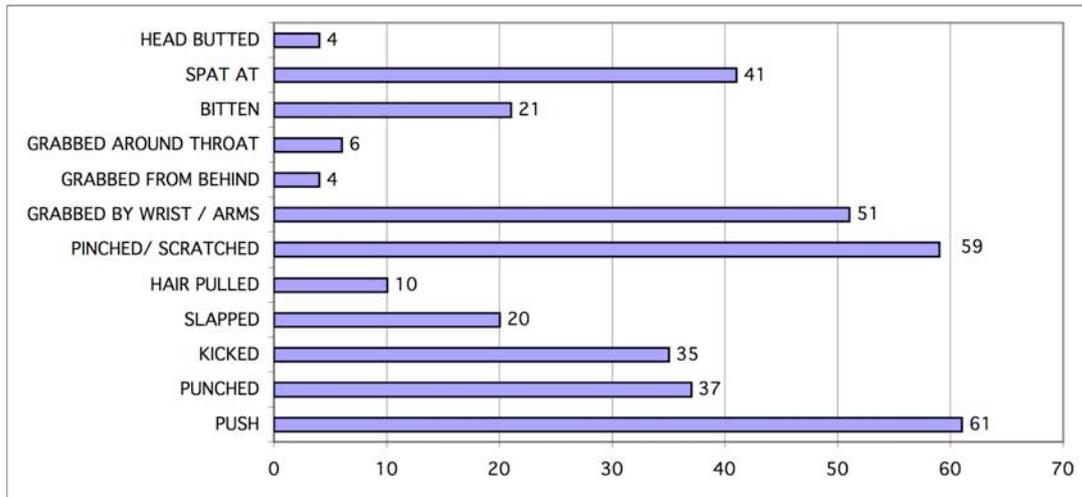
However, the proposed current 'Passport Scheme' referred to earlier actually states that: *"The suggested time for this module [Breakaway Training] is 3 hours"*. This flies in the face of the research in relation to motor skill learning and will not produce staff competent in the skills, especially if the skills are difficult to learn and recall. It also makes a mockery out of health and safety, which requires staff to be 'competent' in what they do. Bizarrely however, the Passport Scheme referred to is actually supported by the Health and Safety Executive. I wonder if they actually know what they have signed themselves up for??

Do the Techniques taught meet the risk posed?

Yet even if a practitioner did become competent in the training room would the application of these techniques work effectively enough for them in situations of extreme pressure and fear, which is the type of situation one would presume that they are being taught for? Purely in relation to the time spent on the training and the range of techniques and theory expected to be learned I would argue no.

To support that argument what we (and indeed other organisations) have also found is that the type of defensive skills being generically taught have no bearing on the actual type of physical assault risk posed to staff and as such have never been fully risk assessed as a control option. In short the delivery of this training is potentially dangerous and as opposed to reducing risk may actually be increasing risk and it's associated liability for the organisation.

The following graph shows information collated from 356 nurses who have attended personal safety training. It shows a breakdown of assaults that staff at one NHS Trust have been exposed to.



Graph (n = 356)¹

The findings show that the main type of assault suffered was being pushed, followed by being pinched and scratched followed by being grabbed by the wrist and arms. Next comes spitting, closely followed by staff being punched, kicked, bitten and slapped. All of the throat grabs were when staff had been grabbed from the front. None had been strangled from behind. None of the nurses had also ever been grabbed in a bear-hug from either the front or rear and the majority of hair-pulls resulted when staff were either bending down or over a desk. None were from a standing position. In the vast majority of cases nursing staff were facing impact type assaults from a front-on position.

Further evidence to uncover the reality of the risk of assault can be seen from the following extract of a risk assessment and training needs analysis we carried out for a major social services directorate to identify the types of assaults suffered by staff. This involved: visits to nine of the directorates units, access to incident report forms, discussions with unit managers (or assistant managers), and issues raised by staff in their feedback reports constructed by previous trainers.

The research highlighted the following forms of physical attack experienced by staff included:

"Kicking, punching, head-butting, biting, spitting, grabs, and chokes (at least four reported incidents involving staff being grabbed around the throat). Whilst not common, there were also "one-off" incidents in which staff had received serious physical injuries: these included broken ribs, a fractured pelvis, and an incident in which a member of staff had a ligature tightened around their neck. At least three of the incidents involving choking related to smaller female members of staff being grabbed by relatively powerful young people. Weapons most commonly used are pool cues, chairs and there is a high incidence of knife carrying across the units (More prevalent in some units than others)."

¹ NFPS Training Research.

The point to consider here is why, on the vast majority of breakaway programmes delivered, techniques are taught to staff to defend from assaults that may never occur?

To illustrate my point I have included the following, which is a direct copy of a "Breakaway / Escape Techniques Menu" taught to NHS Nursing staff as part of their induction training.

1. Wrist holds and Wrist releases (thumbs up and down position)
 - a) Single-handed.
 - b) Double arm grab to one wrist.
 - c) Double arm grab to both wrists.
2. Unfriendly handshake.
3. Ear grabs:
 - a) Same side
 - b) Across face
4. Hair grabs.
 - a) Front hair pull.
 - b) Side hair pull.
 - c) Top (Rear) hair pull.
 - d) Ponytail.
5. Clothing grabs:

Front
 - a) One handed.
 - b) Two handed.
Rear
 - a) One handed.
 - b) Two handed.
6. Strangles.

Standing
 - a) Front.
 - b) Rear against the wall.
Floor
 - a) Aside
 - b) Astride
 - c) Others, what if
7. Bear Holds
 - a) Fronts
 - b) Rear

None of the 356 nurses surveyed over a three year period, or the social services staff formally interviewed, reported being assaulted by having their 'ears grabbed', being 'bear-hugged', pinned to the floor, having an 'unfriendly handshake' or having their 'clothing grabbed'. What they did report is that they are commonly assaulted by being pushed, pinched and scratched, spat at, grabbed by the wrists, punched, kicked and slapped. If we take out the identified risk of spitting and pinching / scratching all of the other assaults (pushing, grabbing, punching, kicking and slapping) account for 59% of the assaults suffered.

Therefore, by taking the example agenda and cross-referencing it to our research we can see that it only actually addresses a very small proportion of the actual assaults encountered by staff. Furthermore, if such a system is being taught as a general approach to staff safety it would highlight to me that the organisation or department has done little to suitably and sufficiently identify the specific nature of the actual assaults that it's staff are exposed to. However, this 'clinical' approach to the construction and delivery of this type of training is endemic.

However I am not alone in my conclusions here. Independent research from a University described the experiences of NHS Trust staff that had received training in breakaway and restraint. An extract from the report is as follows:

"A large part of this training was concerned with escape from wrist and clothing grabs. In practice, it was found that staff were usually assaulted by punches and kicks, no one experienced a wrist grab in practice and only one clothing grab was reported."

"Punches and kicks were the most common forms of assault reported. This finding supports a similar finding made by Parkes (1996). Whereas no wrist grabs and only one clothing grab was reported. As a large part of breakaway training is concerned with dealing with wrist and clothing grabs, the amount of time spent on teaching these, to staff working in this type of nursing might need to be reconsidered."

Too many techniques

The above training agenda shows 21 different techniques that are likely to be taught, as well as the theory aspects of de-escalation, health and safety and the law in relation to the use of force – in 3 hours!!

There is also a mass of evidential research to underpin this fact. One research study into personal safety has proved that the more different options we have to consider when being attacked the slower we become. When number of techniques that we have to choose from are increased from one to four, our reaction time increases by 263%, making the individual 263% slower in their ability to defend for example, against a single punch.

Therefore, by teaching staff a wide range of different techniques within a relatively short period of time we are very possibly actually increasing the risk of them not being able to actually defend themselves when assaulted.

BTEC Level 2 Intermediate Award in Breakaway & Self-Defence

NFPS Ltd is just about to launch a new 1 Day BTEC Level 2 Intermediate Award in Breakaway and Self-Defence which we will be intending to run towards the end of June.

The course is based on full legal and coaching research into this skill area and has been developed as part of our continual professional commitment to providing specialist quality courses in the field of occupational physical skills training.

The course will provide information on:

1. The law in relation to the defence of self and others,
2. Health and Safety,
3. Human Rights Legislation,
4. A continuum range of hierarchical defensive options,

Techniques taught will be taught in line with current research in this field and will be:

1. Minimal in number,
2. Easy to learn, execute and recall,
3. Consistent with an individuals rights contained in common and statute law,
4. Tailored to the physiological and psychological differences of men and women,
5. Taught as part of a hierarchical risk control system

If you are interested in attending this event to gain a BTEC Level 2 Intermediate Award in Breakaway and Self-Defence, or if you would be interested in becoming an NFPS Approved Centre with approval to run this course please contact us at your earliest opportunity.

If you are considering offering Breakaway Training to your staff please speak to us before you do. We can save you a lot of time, expense (including legal expenses), and reduce your liability whilst increasing staff ability and competence. This will result in reduced levels of stress and possibly even improved attendance. We even provide legally audited draft policy and procedures for our clients that will help protect you in Court.

Alternatively just do what everyone else does because it has always been done that way!

To book on the course on the 13th June contact us now.