

## Book review

**Holmes, D., Rudge, T. and Perron, A.** 2012: *(Re)Thinking violence in health care settings: a critical approach*. Farnham: Ashgate. 342 pp. + xxiv including index, ISBN 978 1409432661, hbk, £65. First published online 27 November 2012

This book provides a welcome addition to the literature. It takes a theoretically critical and evaluative approach, problematising the approaches often taken by much of the literature in this field, which can be based on rather reductionist and individualised, labelling approaches based on taken-for-granted assumptions. The editors clearly set their stall to challenge what they see as the silence of employers and institutions on these issues, for the sake of both staff and patients/clients.

The editors have assembled a wide range of contributors from Canada, United Kingdom, Australia and United States of America, with chapters organised into three different sections: Institutional and Managerial Violence, Horizontal Violence and Patients' Violence. The 18 chapters cover blaming cultures in nursing and health care; hospital policies; forensic hospital settings; elder abuse in long-term care; intra/interprofessional violence, bullying in the work place; CBT programmes; violence discourses in HIV/AIDS campaigns; and managing sexualised media in high security sex offender institutions, amongst others.

A variety of research methods underpinning findings are presented in different chapters, for example discourse analysis and conversation analysis.

Many of the theorists referred to are social theorists who challenge taken-for-granted assumptions. A high number of chapters utilise a mainly Foucauldian perspective on power, but the work of Žižek, and Bourdieu also feature, amongst others.

The settings covered are mainly institutional; for example, prisons and high-security institutions, hospitals; there is less of a focus on community settings. This reviewer would have welcomed more on this area, for example, from the work of Foucault, on how the nature of disciplinary and power/control methods of total institutions were replicated in community settings, and the effects on those subject to them.

The book is rather uneven in its application of its effective analysis of critical theories and processes to policy and practice. The chapter on bullying of students addresses this well, but others might have done this also to a greater extent.

Chapter 17 contains a sound critique of the limitations of current risk assessment models concerning dangerousness of patients/clients. Care and control for professional practice and agency approaches are key to a number of the chapters, exploring further issues of risk and its assessment and management in agencies/institutions.

The book builds upon current literature in a significant way, focusing on how both staff and patients may be perpetrators and victims of violence, within a critique of institutional power, and the ways that agencies and institutions control the discourses and operations in its work in these areas for their own benefits, and how the blaming of professionals has led to a worsening of the possibility of building responses to such problems in satisfactory ways.

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