

Practitioners' Risk Exposure to Client Violence: A Test of Gender-Sensitive Case Assignment Among Supervisors

TONY B. LOWE

University of Georgia, Athens, Georgia, USA

Gender has emerged as a risk factor for male social workers exposed to client-related assaults in the workplace. This explanatory study examines the main hypothesis that male social workers are more likely to be assigned adult mental health clients with histories of violence than are female colleagues. This experimental case vignette study solicited a national random sample of National Association of Social Workers (NASW) members (N = 181) who identified mental health as their primary service setting and supervision as their primary practice function. This investigation used gender role theory as a conceptual framework. A mixed-model repeated measure analysis of variance was employed to test the hypotheses. The findings suggest that management practices can contribute to disparate assignment of male exposure of gender disparities of client-related violence among social workers. Implications for practice, management, and policy are discussed.

KEYWORDS *case assignment and male social workers, client-related violence, gender*

INTRODUCTION

Client-related violence exposure is a major problem in social work (Beaver, 1999; Spencer & Munch, 2003). Risk is generally associated with practice settings, client populations, and workers' age (Rey, 1996). Of late, studies suggest workers' gender may also be a significant risk factor (Jayaratne, Croxton,

This project was funded by a CDC/National Institute of Occupational Health and Safety Research Grant, No. R03 OHO 7374-01 A1.

Address correspondence to Tony B. Lowe, School of Social Work, University of Georgia, 310 East Campus Rd., Athens, GA 30602. E-mail: tblowe@uga.edu

& Mattison, 2004; Jayaratne, Vinokur-Kaplan, Nagada, & Chess, 1996; Newhill, 1996; Toscano, Windau, & Knestaut, 1998). Male social workers seem to be at greater risk of client-related violence than their female counterparts. Only scant attention has been given to factors contributing to this form of occupational health gender disparity in the workplace. With exception of the differences found in the practice settings of male and female social workers (Newhill, 1996), no other empirical explanation has been documented. The process by which supervisors assign high-risk cases, including violent-prone behavior, may help us understand some practitioners' exposure to client-related violence.

Supervisory decisions usually determine the assignment of cases to practitioners (Kadushin, 1992; Poertner & Rapp, 1983). Since a client's history of violent behavior is known to be the most predictive risk factor of worker assault (Bernstein, 1981) and violence (Mulvey, 1994), assignment decisions are likely to involve the appraisal of client histories. Although the risk of client violence involves a combination of contextual factors, such as the client's past behavior, diagnosis, and workplace setting (Mulvey, 1994; Torrey, 1994), no research has explored decision making relative to such factors as a contributor to gender disparity in the incidence of client violence toward social workers. Case assignment, for this study, is defined as a managerial process of sanctioning a professional helping relationship between a client and practitioner. Despite risk of client-related violence, social work supervisors are expected to assign cases and attend to issues pertaining to practitioners' safety. This study examines social work supervisors' case assignment decisions regarding clients' behavioral history, and practitioners' gender.

CLIENT VIOLENCE TOWARD SOCIAL WORKERS

Violence initiated by clients is a common experience for many social workers in the workplace (Dillon, 1992; Lowe & Korr, 2007). Recognition of these concerns has led to increased research on the subject of violence against social workers and other human service providers (Beaver, 1999; Barab, 1996; Horejsi, Garthwait, & Rolando, 1994; Jayaratne, Vinokur-Kaplan, Nagada, & Chess, 1996; Newhill, 1996; Newhill & Wexler, 1997; Rey, 1996; Seeck, 1998). To help address and combat this occupational health hazard, the National Institute for Occupational Safety and Health (NIOSH) in 1998 proposed guidelines for preventing workplace violence among health care and social service employees (Lowe & Korr, 2007).

A number of client populations and service settings pose particularly high risks for violence (NIOSH, 1996). For instance, clients experiencing such conditions and/or diagnoses such as chronic thought disorders, substance abuse, non-medication compliance, and a history of violent behavior are recognized as at risk for violent behavior (e.g., see Swanson, Holzer, Ganzu,

& Jono, 1990; Swartz, Swanson, Hiday, Borum, & Burn, 1998; Torrey, 1994). Settings that present particular risk for violent assaults include mental health, child welfare, emergency rooms, and disability services (Newhill & Wexler, 1997; Rey, 1996; Schultz, 1987). Social service workers in public, as opposed to private, workplace settings experience more violence from clients (Barab, 1996; Beaver, 1999). Many social work supervisors and practitioners are concerned for their own personal safety and express the need for knowledge regarding predictors of workplace assault as a means of protecting other clients, themselves, and/or supervisees (Mace, 1989; Newhill, 1996).

Practitioners' Gender as a Risk Factor

Gender has emerged as a risk factor for social workers' risk exposure to client violence. Although earlier research found no significant differences in the targets of violence by gender (Bernstein, 1981; Whitman, Armao, & Dent, 1976), more recent studies suggest that gender disparities do exist among social workers victimized by client-related violence, and that males are likely to experience more property damage (i.e., office furniture, cars) and nonfatal and fatal assaults (Gutman, Jayaratne, & Bargal, 1996; Newhill, 1996; Toscano et al., 1998; Seeck, 1998). Homicide was also reported as the leading cause of workplace-related fatality for male social workers from 1992 to 1996 (Toscano et al., 1998). In fact, male social workers, in comparison to their female counterparts, are twice as likely to be victims of homicide in the workplace. This disparity in client violence can be explained, in part, by the practice settings in which male social workers tend to be employed (Newhill, 1996). However, this variable (i.e., practice setting) does not account for all the variance.

Safety as a Challenge for Supervisors

As the profession is challenged to improve workers' environmental safety, supervisors are confronted with risk-management concerns (Griffin, 1995; Lowe & Korr, 2007). Risk management refers to identification and minimization of risks in order to reduce the probability that workers may be injured. Case assignment decisions that expose some practitioners, while at the same time shield others, is an appropriate field for investigation. Why? Since potentially violent clients must be served, social work practitioners, as well as supervisors, must remain cognizant of the risk factors in human services (Mace, 1989; Newhill, 1995; Werner, Rose, Murbach, & Yesavage, 1989). Thus, a confluence of cognitive processes (e.g., beliefs of supervisors), the context of care (e.g., level and type of services), and demographic factors (e.g., age, gender) may interact to influence specific management practices, such as case assignment decision, and thereby contribute to heightening the risk exposure of some within the profession.

Risk exposure to violence is important for social work practitioners. It is associated with occupational health hazards, service outcomes, and practitioners' willingness to work with certain clients and/or remain employed in certain practice areas (Beaver, 1999; Jayaratne et al., 1996). Since the role of case assignment in a practitioner's risk exposure to client-related violence has received only limited attention in the literature, an investigation in an effort to generate empirical material on this phenomenon seems warranted.

Limited research exists not only on case assignment approaches, but also on the results or outcomes related to case assignment decisions. Only two empirically based studies were located that examined this aspect (i.e., assignment decisions) of the human service delivery process. One, Haring (1974), found that the three most frequently used factors in making client case assignments were "knowledge of case characteristics, worker ability, and experience" (as cited by Kadushin, 1992, p. 5). The second, Abramowitz (1981), in a study of closed client charts, found that the gender of clients and providers was significantly correlated. Theoretically, Kadushin (1992) suggests that supervisors consider workers' experiences and skills, case distribution, and demographic attributes of both clients and workers (e.g., age, gender, race) in their case assignment decisions. However, due to the limited attention devoted to scholarly inquiry, case assignment decisions in human service remains a poorly understood point in the service delivery process.

GENDER ROLE THEORY

Explanations for this problem fall into two domains: environmental and sociocultural. First, research suggests that different practice contexts have varying degrees of volatility. Male practitioners are concentrated in practice settings such as corrections, drugs and alcohol, children and youth services, and mental health, and these are often considerably more volatile than other social work settings (Newhill, 1996; Rey, 1996). Second, different sociocultural values may influence professionals' attitudes about who should be exposed to high-risk situations. Evidence currently suggests that the potential for violence toward males is perceived to be more acceptable than toward females (Harris, 1994; Harris & Knight-Bohnhoff, 1996) and that more supervisors are willing to assign potentially dangerous clients to male providers. On the other hand, others suggest that by virtue of gender, males are often assigned the particular tasks of addressing, containing, or managing volatile clients and/or situations (Davis, 1991). In many cases, male practitioners may be *expected* to carry out high-risk task assignments, and accept (officially or unofficially) these roles in the workplace.

Gender role theory as a framework for understanding such behavior is an effective tool for analyzing decision-making processes regarding gender (Compton & Galaway, 1989; Sherman, Ezell, & Odewahn, 1987; Winter &

Green, 1987). Widely held social beliefs relative to gender role expectations and attitudes about safety risks in the workplace underpinned this investigation. Since gender is a powerful factor and social construct in American society (Giele, 1978), a logical assumption is that it may influence the assignment of potentially violent client cases. Currently, no known study examines the influence of case assignment decisions on workers' exposure to client-related violence.

PURPOSE OF THE STUDY

The purpose of this study is to investigate case assignment practices as a process that may contribute to increased exposure of male social workers to potentially violent clients. This project tested three research hypotheses:

1. There will be no difference in the likelihood of case assignment scores of male social work practitioners between mental health clients with a history of violent and nonviolent behavior.
2. There will be no difference in the likelihood of case assignment scores of male social work practitioners between male and female clients, and by diagnostic presentation (e.g., major depressive, schizophrenia, alcohol abuse, co-occurring disorders).
3. There will be no difference in the likelihood of case assignment scores toward male social work practitioners between male and female social work supervisors.

RESEARCH METHODOLOGY

This study followed an experimental vignette approach that utilized a Solomon four-group design (Allen & Babbie, 2009; Campbell & Stanley, 1963; Rossi & Anderson, 1982; Sniderman & Grob, 1996). A national sample of 600 current and past social work supervisors from the NASW membership roster was solicited for participation. This design and sampling method was selected to strengthen the project's internal validity and external validity, and generalizability (Braver & Braver, 1988; Campbell & Stanley, 1963).

Sampling and Data Gathering

Out of more than 150,000 professional social workers with membership to NASW, a national population of 1,246 that identified supervision as their primary function and mental health as their practice settings met this research project criterion. A random sample of 600 were selected to receive the survey, and randomly assigned to either experimental or control groups. Specifically, 150 participants were originally randomly assigned to receive 1 of 4

hypothetical vignette conditions. The *original criteria* included: An active NASW membership, identification of mental health as their primary field, supervision-management as their primary practice function, and currently supervising social workers. Since 8 questionnaires were returned by the postal service as undeliverable, 592 were delivered via mail. Table 1 presents a summary of total returns, unusable returns, and usable return surveys with selected comparative profile variables.

Some respondents did not meet the initial inclusion criteria of “currently supervising” social workers, but had supervised social workers in the past. Most only completed the first section of the survey booklet as instructed and returned the questionnaire, which resulted in 97 respondents being declared “unusable.” Fifty-seven respondents were not currently supervising; however, they had “supervised in past” and met all other criteria, so they were included in the final sample because of their added value (i.e., knowledge, experience).

TABLE 1 Comparison Profile of the Total Returns, Unusable Returns, and Usable Returns on Select Variables

Variables	Total returns (<i>N</i> = 295)		Unusable returns (<i>N</i> = 114)		Usable returns (<i>N</i> = 181)	
	<i>N</i>	Percentages	<i>N</i>	Percentage	<i>N</i>	Percentage
Four Case Booklets and Clients' Gender Order of Vignettes						
<i>Control Groups</i>						
Nonviolent cases (MMFF)	74	25.0%	32	28.1%	42	23.2%
Nonviolent cases (FFMM)	72	24.4%	25	21.9%	47	26.0%
<i>Experimental Groups</i>						
Violent cases (MMFF)	85	28.8%	32	28.1%	53	29.3%
Violent cases (FFMM)	64	21.6%	25	21.9%	39	21.5%
Subtotal	295	100.0%	114	100.0%	181	100.0%
Employment Settings						
Outpatient/Counseling Center	112	38.0%	25	22.5%	87	48.9%
Acute/Residential care	46	15.6%	6	5.4%	40	22.5%
Private Practice	31	10.5%	19	17.1%	12	6.7%
Others (i.e., VA, Child Welfare)	56	19.0%	40	36.0%	16	9.0%
None (i.e., retired/unemployed)	28	9.5%	21	18.9%	7	3.9%
Subtotal	273	100.0%	111	100.0%	162	100.0%
Professional Social Work Supervision						
No, never supervised	13	4.4%	13	11.8%	0	0.0%
Yes, supervised in past	152	52.5%	97	88.2%	57	31.5%
Yes, currently supervising	124	42.9%	0	0.0%	124	68.5%
Subtotal	295	100.0%	110	100.0%	181	100.0%

Note: The case vignette booklets include a total of four cases each. The clients' gender in the vignettes were manipulated by changing gender order in the cases. M= male case, F= female case. Because of missing data, the subtotal for each variable may not reflect the total number of returns.

MAILING RETURNS

This mail survey included a cover letter, a survey booklet, and a postcard to return separately to prevent the need for a follow-up mailing (Dillman, 2000). The cover letter explained the study's purpose, invited voluntary participation, and assured the confidentiality of all participants. Two follow-up mailings were sent to all participants that did not return the initial postcard in an effort to achieve a 50% return rate (Dillman, 1978, 2000). In fact, a total of 295 (49.83%) of surveys were returned, but *all were not usable*. After collapsing together the two experimental group returns (85 and 64) and the two control group returns (74 and 72), an almost equal number of respondents emanated from each assigned group conditions in the *total return*, experimental ($N=149$, 50.5%) and control ($N=146$, 49.5%).

Three waves of mailings were used to achieve the final numbers. The majority of the returns were obtained during the initial mailing ($N=129$, 71.3%), while others were from the second wave ($N=52$, 28.7%) prompt. A third, and final, mailing rendered no additional returns. Therefore, the study achieved a final *usable return* sample of $N=181$ current and past social work supervisors from the active NASW membership roster. When comparing the unusable and usable returns, similar proportions were achieved. Therefore, after combining those respondents "currently supervising" ($N=124$) and those who had "supervised in the past" ($N=57$), a total number of 181 usable participants were established. This study obtained a final usable return rate of 30% from the population sample, which represented 1 out of every 6 NASW members in supervision.

These returns were descriptively analyzed. Table 2 presents a comparative profile of the usable returns. Similar to the total returns, almost an equal portion of the combined usable returns were from the experimental groups—violent clients ($N=89$, 49.2%)—and control groups—nonviolent

TABLE 2 Profile of the Usable Returns on Select Characteristics by Experimental and Control Subgroups

Variables	Violent-B ($N=39$) <i>N Mean (SD)</i>	Nonviolent-A ($N=39$) <i>N Mean (SD)</i>	Violent-A ($N=53$) <i>N Mean (SD)</i>	Nonviolent-B ($N=47$) <i>N Mean (SD)</i>
<i>Age</i>	52.82 (7.66)	53.31 (7.11)	52.63 (7.85)	52.64 (7.07)
<i>Gender</i>				
Male	9	22	12	10
Female	30	31	35	29
<i>Years of Supervision</i>	15.80 (7.12)	14.48 (7.12)	15.51 (6.18)	14.36 (6.10)
<i>Years Employed in Current Agency</i>	12.38 (8.40)	12.01 (8.16)	12.83 (9.41)	11.68 (8.70)

Note: Because of missing data, the subtotal for each variable may not reflect the total number of returns.

clients ($N=92$, 50.8%). A subgroup analysis of usable returns, as expected, demonstrates remarkably similar characteristics, such as age, years of supervision, and tenure at current agency of the groups. This fact helps establish a basis of comparison.

Although the survey booklet contained eight sections, only three sections (i.e., the introduction, demographic profile, and case vignettes) were relevant to the current treatment. The introductory section was designed to tease out whether respondents met the criteria for inclusion and gather background information for comparison. The demographic section was designed to develop a profile of the participants and gather reporting data. More central to this current investigation is the case vignette section. The investigator developed case vignettes of four hypothetical composite mental health clients (Rossi & Anderson, 1982). The cases were based on the investigator's ten-plus years of experience in acute and outpatient mental health service settings. Specifically, four exploratory mental health client profiles were created that included adults suffering with a depressive, alcohol abuse, dual-diagnosis, or schizophrenia disorder. Versions of these vignettes were tested in a smaller pilot study to evaluate their quality and strength in development of this national project. The final vignettes were reviewed by a group of experienced social workers with mental health service background for face validity and diagnostic accuracy, as well as descriptive details. The feedback confirmed that all vignettes were high-caliber, quality illustrations.

Variable Descriptions

CLIENT'S HISTORY OF VIOLENT BEHAVIOR

The inclusion and exclusion of violent content into the experimental and control case vignettes, respectively, represents the manipulation of the independent variable. Direct and indirect evidence of violence was portrayed in the vignettes. For instance, this was evidenced by the mentioning of violent behaviors, such as "threatening" or "assaultive" toward others. Indirect evidence of violence implied high-risk behaviors, such as "trouble with the law," and/or "domestic violence." The control vignettes constituted identical information with exception of the type of violence. In one experimental vignette, for example, a client is described as becoming "threatening after drinking." In contrast, the same client in the control vignette is described as becoming "withdrawn after drinking." For the purpose of analysis, this method enables the construction of both experimental and control conditions.

MALE PRACTITIONER CASE ASSIGNMENT SCORE

The dependent variable *male practitioner case assignment score* was measured by adding the likelihood of assignment scores for the two male social

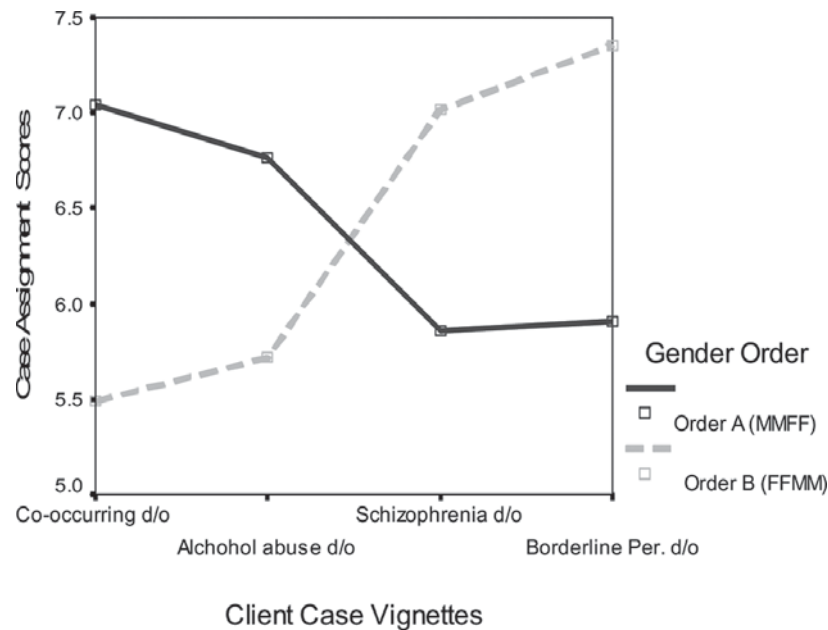


FIGURE 1 Significant main effects of client's gender order on case assignment scores of male social workers across case vignettes. *Note:* Gender order denotes the order of clients' gender in the hypothetical vignette section of the survey booklet (M = male, F = female). Higher case assignment scores represent a greater likelihood of assigning this case to a male social worker.

work practitioners (see examples, Figure 1). Among the five hypothetical practitioners, two had traditional female names and two had traditional male names. Each respondent assigned a likelihood of assignment rank score of 1 to 5 (1 = most likely, 2 = second most likely, and so forth, while 5 = least). In the event a respondent assigned scores of 1 and 2 to the male practitioners, the male case assignment score would be 3. Consequently, these scores would be inverted ($3 = 9$, $4 = 8 \dots 9 = 3$), so the higher score reflects greater likelihood in assignment. This process created mean scores for comparison between the experimental and control conditions.

GENDER OF SOCIAL WORK SUPERVISOR

Respondents' self-report on a closed-item question established their gender. Based on their self-designation, male or female, the variable was dichotomized for analysis.

GENDER ORDER OF CLIENT

This variable is measured by the use of gender-specific names in the four hypothetical case vignettes. For example, males were identified as "John" and "Mark," while females were identified as "Joan" and "Mary." Gender-neutral names such

as “Pat” and “Morgan” were used as dummied data. Also, each survey booklet contained a specific gender order of clients; either two male cases were listed first followed by two female cases (i.e., MMFF) or two female cases were listed first followed by two male cases (i.e., FFMM), with at least one gender-neutral case vignette. This method allowed for the evaluation of the effect of gender. By establishing vignettes with a history of violence versus nonviolence across gender, the gender order variable was dichotomized for analysis.

Statistical Analysis

The experiment used $2 \times 2 \times 2 \times 4$ (violent history clients vignettes versus nonviolent clients; male clients versus female clients; male supervisor versus female supervisors; four-client diagnostic conditions—depression, alcohol abuse, dually diagnosed, schizophrenia) factorial design with four between-subject factors. Dependent variables of male case assignment score were analyzed with a repeated measure ANOVA and performed with the Statistical Package for Social Science (SPSS) 14.0 software program. The variables were entered simultaneously and statistical significance was set at a 0.05 level.

FINDINGS

The demographic profiles of the usable sample are as follows (see Table 3). Their ages ranged from 26 to 61 years with a mean age of 46.8 years ($SD=9.11$), and the median age was 49 years. A majority of the participants were female ($N=125$, 70.2%). Also, the vast majority of the respondents identified themselves as “European-American/white” ($N=167$, 92.8%). The majority of the participants ($N=155$, 87.1%) reported having a master’s degree in social work as their highest level of professional education. Most ($N=81$, 47.4%) had been employed at their current agency between 1 and 10 years. All social work participants had supervised in the past or were currently doing so.

The respondents’ roles, settings and service populations varied. Three-quarters ($N=136$, 75.5%) of the sample reported their current role as Agency Director/Director/Officer, Director/Program Manager, Manager/Frontline Supervisor. Relative to practice settings, most ($N=87$, 48.9%) reported being in outpatient/counseling centers, while more than one-fifth ($N=40$, 22.5%) were in acute/residential settings. Respondents’ demographic profiles were comparable to the state and nationwide sample (Pooler, Siebert, Faul, & Huber, 2008).

Hypothesis 1

A null hypothesis for this study stated that there would be no difference in the likelihood of case assignment score of male social work practitioners

TABLE 3 Demographic Profile of Study Sample

Variables	<i>N</i>	Percentages (%)
Gender		
Male	53	29.8
Female	125	70.2
Race/Ethnicity		
European Am /White	155	87.1
Racial/Ethnic Minority	23	12.9
Highest Professional Education		
MSW, MSSW	167	92.8
Ph.D./DSW (in SW)	5	2.8
Others (non-SW)	8	4.4
Type of Mental Health Settings		
Outpatient/counselor center	87	48.9
Acute/residential care	40	22.5
Private Practice	12	6.7
VA facility	5	2.8
Social Service/Child Welfare	5	2.8
Years of Experience in Current Agency		
1 to 10 years	81	47.4
11 to 20 years	54	31.6
21 to 30 years	32	18.7
31 to 35 years	4	2.3
Current Practice Role		
Frontline Supervisor /Manager	71	39.4
Program Manager/Director	43	23.9
Consultant/Direct Practice	32	13.8
Agency Director/Officer	22	12.2
Others	12	6.7
Supervision of Professional Social Workers		
Yes, currently	124	68.5
Yes, in the past	57	31.5
Practitioners currently under their supervision		
SWs	52	31.1
SWs & LPCs	22	12.2
SWs & HSSWs	21	12.6
SWs, LPC, & HSSWs	19	11.4
SWs, PhDs, & RNs	13	7.8
HSSWs	8	4.8
LPCs	4	2.4
All of these above	5	2.8
Other disciplines	2	1.2
Not currently supervising	21	12.6

Note: SWs = Professional Social workers, LPCs = Licensed Professional Counselors, HSSWs = Human / Social Service Workers, RNs = Registered Nurses, PhDs = Doctorate in Philosophy.

between mental health clients with a history of violent behavior and mental health clients with a history of nonviolent behavior. The analysis revealed that, for male social work practitioners, there was no statistically significant difference, $F(1, 164) = 1.64$, $p < 0.12$, in the likelihood of case assignment scores between clients with histories of violence and those with without.

Therefore, the null hypothesis was rejected. Despite the rejection, these findings did approach a significance level of 0.1.

Hypothesis 2

A null hypothesis for this study stated that there would be no difference in the likelihood of case assignment score of male social work practitioners between male and female clients, and by diagnostic presentation (e.g., major depressive, schizophrenia, alcohol abuse, co-occurring disorders). The analysis revealed that a number of demographic and contextual factors increased the likelihood of case assignment scores for male social workers. First, client case vignette conditions as a within-subject factor were found to have a significant main effect relative to clients' male gender, $F(3, 164) = 34.12$, $p < .01$ (partial $\eta^2 = 0.17$). Therefore, this investigation fails to reject this hypothesis (see Figure 1.1). In fact, clients' gender explained 17% of the variance in case assignment toward male social workers. This finding suggests that male clients were more likely to be assigned to male social workers across each client profile case. Second, a two-way interaction effect for clients' gender with clients' behavioral history of violence was not significant, $F(1, 164) = 1.40$, $p < 0.23$ to increase case assignment score toward male social work practitioners under any conditions. Thus, the null hypothesis was rejected.

Hypothesis 3

A null hypothesis for this study stated there would be no difference in the likelihood of case assignment score toward male social work practitioners between male and female social work supervisors. A two-way interaction effect between the gender of social work supervisors and clients' behavioral history of violence was not significant, $F(1, 164) = 1.14$, $p < .28$. Thus, the null hypothesis was rejected.

DISCUSSION

This study makes a contribution to the literature by increasing the progression of knowledge of practitioners' risk exposure to client violence and case assignment (or decision-making) practices. It underscores the potential link between case assignment practices and gender disparities in workers' risk exposure to client violence. Both issues have received limited attention in the social work research literature. In fact, no recent empirical evidence could be found on case assignment practices in social work. The findings here suggest that supervisors or a combination of supervisors and providers make almost three in four case assignment

decisions. It is logical to assume that when these types of service decisions are made in the context noted above, they are probably done so with a great deal of subjectivity. The results suggest that clients' male gender contributes to the likelihood of increased case assignments toward male social work practitioners.

Although a client's history of violence did not significantly influence case assignment toward male practitioners, the trend data seem to suggest that this phenomenon is ripe for future exploration. What are other potential explanations? Is it possible that testing across these four conditions may have impacted the findings? It is also likely that a client's behavioral history alone is not enough to impact the decision making of supervisors. In fact, clients' behavioral histories may have to be considered in the context of other service factors. Closer analysis, and other methodology approaches, will be necessary to tease out alternate explanations.

Clients' male gender significantly increased the likelihood of case assignment to male social work practitioners across diagnostic conditions. Why? Regarding risk exposure of client violence, some may believe that assigning male clients to male social workers reduces the risk of violent behavior. Males in general are most often perpetrators of interpersonal violence (Centers for Disease Control, 1992; Douglas, Collin, Warren, et al., 1997; Hong, 2000; U.S. Department of Justice, 2001; Valios, Vincent, McKeown, Garrison, & Kirby, 1993), such as homicide, physical assaults, domestic violence, and hate crimes. Moreover, some supervisors may believe that gender matching between client and practitioner (or therapist) improves service outcomes, despite the lack of empirical evidence. This notion is akin to the cultural compatibility beliefs regarding matching clients and practitioners by race/ethnicity (Paniagua, 1998). Compatibility beliefs suggest that matching client and practitioner based on demographic characteristics reduces service barriers and improves outcomes. Currently, we have no evidence that gender matching improves service outcomes. Still, the reduction of service barriers, such as gender, may be a worthwhile service consideration; however, it is one that should be carefully considered.

This area of the service delivery process has potential for misuse. Supervisors, for example, may project their feelings about (or preferences for) gender matching into the decision process, which may be related to countertransference issues (Fenton, 1986; Gornick, 1986; Kohlberg, 1966). In other words, if supervisors have beliefs about gender-matching benefits, they may assume that others share their beliefs. If supervisors have unresolved gender-related anger and/or bias, they may project these into their decision making (Kagan, 1964). Such beliefs could emanate from gender-role expectations, whereby supervisors may be reluctant to place clients (male or female) into cross-gender positions of power disequilibrium, such as client-practitioner (Abramowitz et al., 1980).

IMPLICATIONS FOR SOCIAL WORK SUPERVISION AND PRACTICE

Case assignment continues to be a process dictated by subjective judgment of supervisors and practitioners. Gender bias that supervisors bring to the process may serve as a conscious (or unconscious) basis of discrimination and expose some to occupational risk. Practices that expose males, while buffering female social service professionals, may have far greater implications than noted in this discussion. In fact, Carmel & Hunter (1989) suggest that exposure of potential violent clients (male or female) to male workers may lead to increased violent behavior on the part of the client. If this is true, do supervisors who engage in such gender assignment practices contribute to increased violent behavior among high-risk clients?

More important, if gender-sensitive practices that assign only violent clients to male practitioners become recognized by clients as a service pattern, it will likely lead to unintended results over time. First, the practice minimizes the professional education of both male and female practitioners, and relies on gender as a guiding means of case assignment determination. Second, as male practitioners are afforded more opportunities to manage and serve more violent clients, it may result in development of differential skill and responsibility expectations in the workplace. In time, the claims may be used to justify promotion opportunities and salary differentials. We must remain vigilant to guard against providing any form of justification for workplace disparities.

CONCLUSION

Because of widely held social customs about not positioning women in harm's way, sentiments concerning assigning potentially violent client cases to women may be emotionally charged. Despite the country's civil rights advancements and social developments, the United States remains a gender-sensitive society that all too often leads to prejudgment about workers' abilities. The current study suggests that residual effects of gender sensitivity may lead to some workers being exposed to greater risk of violence in the workplace. The greater challenge is to develop organizational policy and work practices that attend to safety of all workers equally.

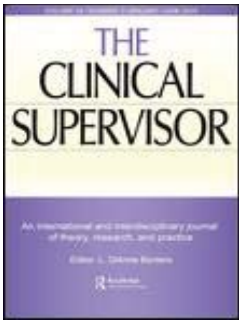
REFERENCES

- Abramowitz, S. I. (1981). Sex and case assignment: Further evidence of a phenomenon in search of an explanation. *Psychological Reports*, 48, 644.

- Archer, J., & Haigh, A. M. (1999). Sex differences and beliefs about aggression: Opponent sex and the form of aggression. *British Journal of Social Psychology*, 38, 71–84.
- Barab, J. (1996). Public employees as a group at risk for violence. *Occupational Medicine: State of the Art Reviews*, 11(2), 257–267.
- Beaver, H. W. (1999). *Client violence against professional social workers: Frequency, worker characteristics, and impact on worker job satisfaction, burnout, and health*. Unpublished dissertation, University of Arkansas.
- Bernstein, H. A. (1981). A survey of threats and assaults directed toward psychotherapists. *The American Journal of Psychotherapy*, 3(4), 542–549.
- Braver, M. C. W., & Braver, S. L. (1988). Statistical treatment of the Solomon four group design: A meta analytic approach. *Psychological Bulletin*, 104(1), 150–154.
- Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research*. Boston, MA: Houghton Mifflin.
- Carmel, H., & Hunter, M. (1989). Staff injuries from inpatient violence. *Hospital and Community Psychiatry*, 40(1), 41–46.
- Compton, B., & Galaway, B. (1989). *Social work processes*. Chicago, IL: Dorsey.
- Davis, S. (1991). Violence by psychiatric inpatients: A review. *Hospital and Community Psychiatry*, 42(6), 585–590.
- Dillion, S. (1992). Social workers: Targets in a violent society. *The New York Times*, (Nov. 18). A1; A18.
- Dillman, D. A. (2000). *The mail and Internet survey: The tailored design method* (2nd ed.). New York: John Wiley & Sons.
- Dillman, D. A. (1978). *Mail and telephone surveys: The total design method*. New York, NY: John Wiley & Sons.
- Douglas, K. A., Collins, J. L., Warren, C., Kann, L., & Gold, R. S., et al. (1997). Results from the 1995 National College Health Risk Behavior Survey. *Journal of American College Health*, 46(5), 55–66.
- Giele, J. Z. (1978). *Changing sex roles in modern America: Women and the future*. New York: The Free Press.
- Gornick, L. k. (1986). Developing a new narrative: The woman therapist and the male patient. *Psychoanalytic Psychology*, 3, 299–325.
- Griffin, W. W. (1995). Social workers and agency safety. In R. L. Edwards (Ed.), *Encyclopedia of social work* (19th ed.). Washington, DC: National Association of Social Workers Press.
- Guteman, N., Jayaratne, S., & Bargal, D. (1996). Workplace violence and victimization experienced by social workers: A cross-national study of Americans and Israeli. In G. VandenBlos & E. Bulatao (Eds.). *Violence in the workplace* (pp. 175–188). Washington, DC: American Psychological Association.
- Harris, M. B. (1994). Gender of subject and target as mediators of aggression. *Journal of Applied Social Psychology*, 24, 453–471.
- Harris, M. B., & Knight-Bohnhoff, K. (1996). Gender and aggression 1: Perceptions of aggression. *Sex Roles*, 35(1/2), 1–25.
- Horejsi, C., Garthwait, C., & Rolando, J. (1994). A survey of threats and violence directed against child protection workers in a rural state. *Child Welfare*, 73, 173–179.

- Kadushin, A. (1992). *Supervision in social work* (3rd ed.). New York: Columbia University Press.
- Kagan, J. (1964). Acquisition of significance of sex-typing and sex-role identification. In M. L. Hoffman & L. W. Hoffman (Eds.), *Review of child development research vol. 1* (pp. 137–167). New York: Russell Sage Foundation.
- Kohlberg, L. A. (1966). A cognitive-developmental analysis of children's sex-role concepts and attitudes. In E. E. Maccoby (Ed.), *The development of sex differences* (pp. 82–173). Stanford, CA: Stanford University Press.
- Jayarathne, S., Croxton, T. A., & Mattison, D. (2004). A national survey of violence in the practice of social work. *Families in Society*, 85(4), 445–454.
- Jayarathne, S., Vinokur-Kaplan, D., Nagada, B. A., & Chess, W. A. (1996). A national study of violence and harassment of social workers by clients. *The Journal of Applied Social Science*, 20(1), 1–14.
- Lowe, T. B., & Korr, W. S. (2007). Workplace safety policies in mental health settings: A report from social work supervisors. *Journal of Workplace Behavioral Health*, 22(4), 29–47.
- Mace, J. (1989). *The effect of attitude and belief: Social worker judgments concerning potentially dangerous clients*. Unpublished dissertation, University of California at Los Angeles, 25(3), No. 1312.
- Mulvey, E. P. (1994). Assessing the evidence of a link between mental illness and violence. *Hospital and Community Psychiatry*, 45(7), 663–668.
- National Institute for Occupational Safety and Health (NIOSH). (1996). *Violence in the workplace: Risk factors and prevention strategies*. Washington, DC: U.S. Department of Health and Human Services. Current Intelligence bulletin 57: Publication No. 96–100.
- National Institute for Occupational Safety and Health (NIOSH). (1998). *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*. Washington, DC: U.S. Department of Labor, Publication No. 3148.
- Newhill, C. (1995). Client violence toward social workers: A practice and policy concern for the 1990s. *Social Work*, 40, 631–636.
- Newhill, C. (1996). Prevalence and risk factors of clients' violence toward social workers. *Families in Society: The Journal of Contemporary Human Services*, 488–495.
- Newhill, C. E., & Wexler, S. (1997). Client violence toward children and youth service social workers. *Children and Youth Service Review*, 19(3), 195–212.
- Paniagua, F. A. (1988). *Assessing and treating culturally diverse clients: A practical guide*. Thousand Oaks, CA: Sage Publications.
- Poertner, J., & Rapp, C. (1983). What is social work supervision? *The Clinical Supervisor*, 1, 53–65.
- Pooler, D. K., Siebert, D. C., Faul, A. C., & Huber, R. (2008). Personal history and professional impairment: Implications for social workers and their employers. *Administration in Social Work*, 32(2), 69–85.
- Rey, L. (1996). What social workers need to know about client violence. *Families in Society*, 77(1), 33–39.
- Rossi, P. H., & Anderson, A. B. (1982). The factorial survey approach: An introduction. In P. H. Rossi & S. S. Nock (Eds.), *Measuring social judgments: The factorial survey approach* (pp. 15–67). Beverly Hills, CA: Sage.

- Rubin, A., & Babbie, E. R. (2009). *Essential research methods for social work*. Belmont, CA: Thomson Brooks/Cole.
- Schultz, L. G. (1987). The social worker as a victim of violence. *Social Casework: The Journal of Contemporary Social Work*, 68(3), 240–244.
- Seeck, S. L. (1998). *Violence in the workplace: A study of violence by clients directed toward psychologists and social workers in Los Angeles*. Unpublished dissertation, California State University at Long Beach.
- Sherman, J. D., Ezell, H. F., & Odewahn, C. A. (1987). Centralization of decision making and accountability based on gender. *Group and Organization Studies*, 12(4), 454–463.
- Sniderman, P. M., & Grob, D. (1996). Innovations in experimental design in general population attitude surveys. *Annual Review of Sociology*, 22, 377–399.
- Spencer, P. C., & Munch, S. (2003). Client violence toward social workers: The role of management in community mental health programs. *Social Work*, 48(4), 532–544.
- Swanson, J. W., Holzer, C. E., Ganza, V. K., & Jono, R. T. (1990). Violence and psychiatric disorder in the community: Evidence from the epidemiological catchment area surveys. *Hospital and Community Psychiatry*, 41(7), 761–770.
- Swartz, M., Swanson, J., Hiday, V., Borum, R., & Burn, B. (1998). Violence and mental illness: The effects of substance abuse and non-adherence to medication. *American Journal of Psychiatry*, 155(2), 226–231.
- Torrey, E. F. (1994). Violent behavior by individuals with serious mental illness. *Hospital and Community Psychiatry*, 45(7), 653–662.
- Toscano, G. A., Windau, J. A., & Knestaut, A. (1998). Work injuries and illnesses occurring to women. *Compensation and Working Conditions*, Summer, 16–22.
- Valois, R. F., McKeown, R. E., Garrison, C. Z., & Vincent, M. L. (1995). Correlates of aggression and violent behaviors among public high school students. *Journal of Adolescent Health*, 16, 24–34.
- Werner, P. D., Rose, T. L., Murbach, A. D., & Yesavage, J. A. (1989). Social workers' decision about the violent client. *Social Work Research Abstracts*, 25(3), 17–20.
- Whitman, R. M., Armao, B. B., & Dent, O. B. (1976). Assault on the therapist. *American Journal of Psychiatry*, 133, 426–429.
- Winter, D. A., & Green, S. B. (1987). Another look at gender-related differences in leadership behavior. *Sex Roles*, 16(1/2), 41–56.



Practitioners' Risk Exposure to Client Violence: A Test of Gender-Sensitive Case Assignment Among Supervisors

Tony B. Lowe

To cite this article: Tony B. Lowe (2011) Practitioners' Risk Exposure to Client Violence: A Test of Gender-Sensitive Case Assignment Among Supervisors, *The Clinical Supervisor*, 30:1, 19-35, DOI: [10.1080/07325223.2011.564952](https://doi.org/10.1080/07325223.2011.564952)

To link to this article: <https://doi.org/10.1080/07325223.2011.564952>



Published online: 09 May 2011.



Submit your article to this journal 



Article views: 228



Citing articles: 3 View citing articles 