



**MANAGEMENT PRACTICES
AS A FACTOR IN WORKPLACE VIOLENCE**

A FINAL PROJECT REPORT

Prepared by:

Tony B. Lowe, Ph.D.
Assistant Professor, School of Social Work
University of Georgia, Athens, Georgia 30602

and

Christina E. Newhill, Ph.D.
Associate Professor, School of Social Work
University of Pittsburgh, Pittsburgh, Pennsylvania 15260

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ABSTRACT

This study investigated the role of management practices as a contributor to male social workers' increased exposure to risk factors for client-related violence in mental health service settings. Specifically, it tested the effect of gender-sensitive decision-making as it relates to risk management, regarding the case assignment of clients to male social workers. This experimental case vignette study solicited for analysis a national random sample of National Association of Social Workers members (N=181) who identified mental health as their primary service setting, and identified supervision as their primary practice function. The study used gender role theory as a conceptual framework.

Mixed-model repeated-measure analysis of variance and analysis of variance analytical procedures were employed to test the central hypotheses. Contrary to the hypotheses, none of the original factors increased case assignment as predicted. However, major findings suggested that a client's male gender; an interaction effect between a client's history of violence and a supervisor's female gender; and a triple interaction effect of client's history of violence, supervisor's female gender, and the agency's safety policy practice levels do significantly increase the likelihood of case assignment to male social workers. Findings suggest that management practices do explain some of the reported gender disparities in client-related violence among social workers. Implications for practice, management, and policy are discussed.

MAJOR FINDINGS

Analyses of the quantitative data were completed to test a series of hypotheses and examine the experiences of client-related violence. The results of these analyses are as follows:

Client's behavioral history and supervisor's gender combined to increase the likelihood of case assignment toward male social workers. While previous research suggests that females are more sensitive to violence (or aggression), this finding suggest their service delivery decisions are more gender-sensitive (or bias) around potentially violent mental health clients. Since client's previous behavioral history is a major predictor of client violence toward practitioners (or future violence in general), this finding suggests that managerial decisions under these conditions may increased male social workers exposure to client-related violence in the workplace.

Client's behavioral history, supervisor's gender, and an agency's safety policy practices combined to increase the likelihood of case assignment toward male social workers. In acute care mental health settings clients generally pose more risk of violence where there may be more safety policies in place. Since women are also more sensitized to violence (or aggression), female social work supervisors in agencies with high levels of safety policy practices may be even more likely to resort to gender-sensitive case assignments. This finding underscores the intersection between the risk of violence, gender, and policy practices as factors in male social workers increased exposure to client-related violence.

Client's behavioral history and supervisor's gender combined to increase the importance of client's gender in case assignment decisions. While this finding is consistent with the previous results above, it distinguishes itself by representing a direct report from the respondents regarding the relative importance of client's gender under these conditions in the workplace. Given that male clients are generally more physically violent, this finding suggest that gender sensitized decisions of female supervisors about client's gender and violence may increase the exposure of male social workers to client-related violence.

Across diagnoses, client's gender significantly increases the likelihood of their case assignment toward male social workers. Client's male gender, a main effect, is the single most powerful predictor of the assignment of male social worker (e.g., gender matching) among social work supervisors'. Beliefs regarding gender matching were positively associated with beliefs that clients respond better when their gender matched their social worker, gender matching helps reduce workplace violence, and risk of targeted violence justifies gender sensitive case assignments. This finding suggests that gender-based case assignment (or managerial) decisions may be driven by improved service outcomes and safety concerns. Despite this, there is no substantial evidence that such practices improves service outcomes or reduces workplace violence.

Female social work supervisors are more significantly influenced by a practitioner's gender than males in their case assignment decisions. This finding suggests that female social work supervisors are more sensitized to worker's gender than male supervisors in their case assignment decision making, which result in them being more considerate of gender-related issues for practitioners or discriminatory around practitioner's gender. Given the previously mention finding, this confirms that female supervisors are more sensitized to practitioner's gender in their case assignment decision making. This reality raises concerns of equity and bias in managerial decisions among social work supervisors by gender.

Social work supervisors in agencies with low safety policy practices are more influenced in their case assignment decisions by a client's gender than are social work supervisors in agencies with high safety policy practices. This finding suggest high safety policy practices reduce supervisors' reliance on client's gender in service delivery decisions, which may help reduce gender disparities in social worker's risk exposure to client violence. In short, safety policy practices effect supervisor's consideration of client's gender in their case assignment.

USEFULNESS OF FINDINGS

The major findings have a number of specific and broad implications for occupational safety concerns in social services. Specifically, the findings can be used to:

Demonstrate that management decision-making in social services may contribute to workers' gender disparities in client-related violence exposure. While previous studies recognized gender disparities in client-related violence toward social workers, this project is the first to empirically test managerial decisions as a factor. These findings demonstrate how a client's behavioral history and a supervisor's gender causes increased assignment toward male worker. Thus, these findings provide an alternate explanation for gender disparities found among social worker's risk exposure to workplace-related violence.

Demonstrate training needs among social service supervisors. This project's findings suggest that some social service management decisions, only shifts the risk of exposure to client-related violence to other workers, and neglect the broader concern of safe workplace for all. By highlighting these findings and recognizing the potential results and liabilities, supervisors may need additional training around risk management to develop universal safety protocols and policies to reduce violence in the workplace.

Demonstrate that gender is powerful decision-making factor around potentially violent client situations. These findings reinforce the need to remain ever vigilant regarding the intersection of gender and potential danger in the workplace. For example, the risk of reverse discrimination toward male workers may be advanced as a justified choice, if program planners fail to develop universal safety strategies to protect all workers. Despite efforts to be fair, task assignment decisions around these factors may be gender sensitive and warrant close monitoring to prevent abuse.

INTRODUCTION

Workplace violence as an occupational health hazard in the United States (U.S.) has become a critical issue for many workers. Men disproportionately suffer more job-related fatalities and injuries than women do across all occupations (Toscano, Windau, & Knestant, 1998). In fact, their review of the U.S. Department of Labor data suggest that from 1992 to 1996, men were victims in 92 percent (over 32,000) of all job-related fatalities in the nation. Recognized principally as a function of occupational patterns whereby men are disproportionately over represented in high-risk professions (e.g., law enforcement, military), gender disparities in workplace victimization rarely receive scholarly attention. In the social work profession, where men are disproportionately under represented (Hopps & Collin, 1995), this explanation may not explain of this disparity.

The National Institute of Occupational Safety and Health and Safety's (NIOSH) recent attention to the prevention of workplace violence among social service workers represents federal recognition of this as a national problem (Department of Health and Human Services "DHHS" ,1998a). This heightened risk of workplace violence, mostly client-related, is explained by multiple factors (i.e., nature of work, clients, and settings). In mental health service settings alone, national estimates suggest that from 1992 to 1996 over 94,000 episodes of nonfatal workplace assaults occurred (Department of Justice "DOJ", 1998). As a group, mental health professionals (social workers and psychiatrists) experienced almost 80 nonfatal workplace assaults per 1,000 workers, compared to 15 nonfatal per 1,000 among workers overall (DOJ, 1998). As mental health professionals, social workers nationally have the highest level of contact with clients with mental disorders (DHHS, 1998b).

In client-related violence (or client violence), male social workers report more incidents than females. Although early research found few differences, recent studies recognize this emerging pattern. Specifically, males are at greater risk of experiencing client-related verbal threats and abuse, physical assaults, property damage, and homicide than their female counterparts (BLS, 1998; Guterman, Jayaratne & Bargal, 1996; Newhill, 1996; Seeck, 1998). In fact, homicide that is mostly client-related is the leading cause of fatal workplace

events for male social workers and the second leading cause of fatal events for female social workers (BLS, 1998).

Despite this growing recognition, little is known about the causes of gender disparities in client-related workplace toward social workers. Evidence suggests this may be explained by practice settings (Newhill, 1996). The manner, however, by which client cases are assigned to workers may be an additional factor in this phenomenon. Decisions -- judgments made by supervisors -- that assign clients with histories of violent behavior to male social workers increase their exposure to risk of client violence. A *client's history of violent behavior*, for this study, is defined as threatening (or assaultative) behavior that was directed toward others (or their property) prior to the client's admission to services and that is known by supervisory staff. Working with clients with a history of violent behavior is recognized as a major risk factor for client violence in human service professions (Bernstein, 1981; Mace, 1989). To date, no research has investigated gender sensitivity in supervisors' case assignment decisions, as a contributor to elevated risk, which may explain the observed gender disparity in workplace victimization. For this study, *gender sensitive (or based) case assignment* is defined as judgments by supervisors that use the client's, worker's, or supervisor's gender (e.g., biological) as a central element influencing how client cases are allocated to workers for service delivery.

Different factors may moderate this relationship between a client's history of violent behavior and gender sensitivity in case assignment decisions. These factors may originate at the client, supervisory, or agency level. At the client level, despite evidence that female clients may be equally violent in the community (Lidz, Mulvey, & Gardner, 1993; Newhill, Mulvey & Lidz, 1995), male clients are widely viewed as more violent (Mace, 1989). At the supervisory level, if supervisors have been traditionally socialized, their traditional gender role perception may influence decisions that disproportionately expose males to potentially volatile clients, while buffering females. Similarly, since males tend to be more rigid in their perception of gender role (Hong, 2000), it is likely that this rigidity leads male supervisors to be even more likely to assign more high-risk clients to male workers. At the agency level, if agencies have poorly developed workplace safety policies and/or practices, supervisors may resort to assigning male workers as a deliberate strategy to manage the risk of client violence.

PURPOSE OF THE STUDY

The purpose of this investigation is to study the influence of a client's history of violent behavior on gender sensitivity in case assignment decisions. Such data could advance our understanding of the decision-making of social work supervisors, inform the development of strategies to reduce (or prevent) client violence, and explain gender disparities in client violence toward social workers.

AN OVERVIEW OF THE STUDY

This study will utilize an anonymous mail survey of a random national sample of 600 social work supervisors employed in mental health service settings. The sampling frame is the National Association of Social Workers' (NASW) membership roster. It uses an experimental design with a hypothetical vignette approach to investigate the central hypotheses. The results are expected to demonstrate that the decision making process of supervisors contributes to the exposure of male social workers to client violence. This predicted relationship is expected to be particularly strong, especially if, the supervisor is male, the supervisor has a traditional gender role perception, the client is male, and/or the service agency has few workplace safety policies.

A CONCEPTUAL FRAMEWORK

As an explanatory basis of gender sensitivity in client case assignment under conditions of potential risk, gender role theory will be used as the study's theoretical framework. Originating from early work on social roles (Linton, 1936), gender role theory is a structural functional perspective about social roles, status, and expectations based on biological sex (or gender). As a social construct, gender is widely recognized as having influence on the role of individuals or groups in our society (Hartley, 1986). It is broadly utilized to define the limits of social functions in many cultures. Linton (1936) defined roles as a set of expectations, rights, and duties that attached to a particular position. These roles

may be afforded to individuals (or groups) based on ascribed or achieved status without reference to ability. Gender is an ascribed status, obtained without abilities (or efforts) and has broad implications for social expectations throughout the course of one's life. When roles are considered appropriate for males or females on the basis of their biological sex, then gender role expectations, perceptions, attitudes, or beliefs exist.

Specific to gender, role expectation, role set, and role-taking are central concepts of the theory. Role set is defined as recognition that "multiple roles are attached to almost every status" (Merton, 1968). Specifically, the application of gender role theory requires that we examine who is making what demands and in what social context (Thompson & Greene, 1994). While male social workers are expected to carry out all patterned expectations of social workers, they may be burdened with additional *expectations* from supervisors and peers to protect (or shield) female colleagues from volatile situations (Kadushin, 1976).

If males embrace the role of buffering female workers, their acceptance constitutes role taking. These customs may permeate the agency, and males in general may be expected to perform a similar function. Thus, these decisions may also be rationalized as legitimate judgments around managing the risk of client violence (Carmel & Hunter, 1989). These changes have not been translated into daily practices. In fact, many policy practices are based on traditional and stereotypical notions of gender (DiNitto & Dye, 1987; Rae & Nicholas-Wolosuk, 2003). Eventually, this increases the males' risk of exposure not only to client-related violence, but to also community-related violence in the field. Therefore, male workers may accept or tolerate client violence as a part of the job and report such episodes less frequently (Leadbetter, 1993). At the individual and organizational levels, such decisions or strategies may permeate the agency and become institutionalized practices.

Case Assignment Decisions among Social Work Supervisors

A central role of social work supervisors is assigning workers tasks to achieve the agency's mission. As supervisors of frontline services, they are principally responsible for determining who performs what service with which clients. Both Kadushin (1976) and Harring (1974) suggest that task assignments in social services involve a variety of client, worker, and situational factors that are driven by not only competing concerns, but also different influences. Despite the lack of research on the effectiveness of strategic or

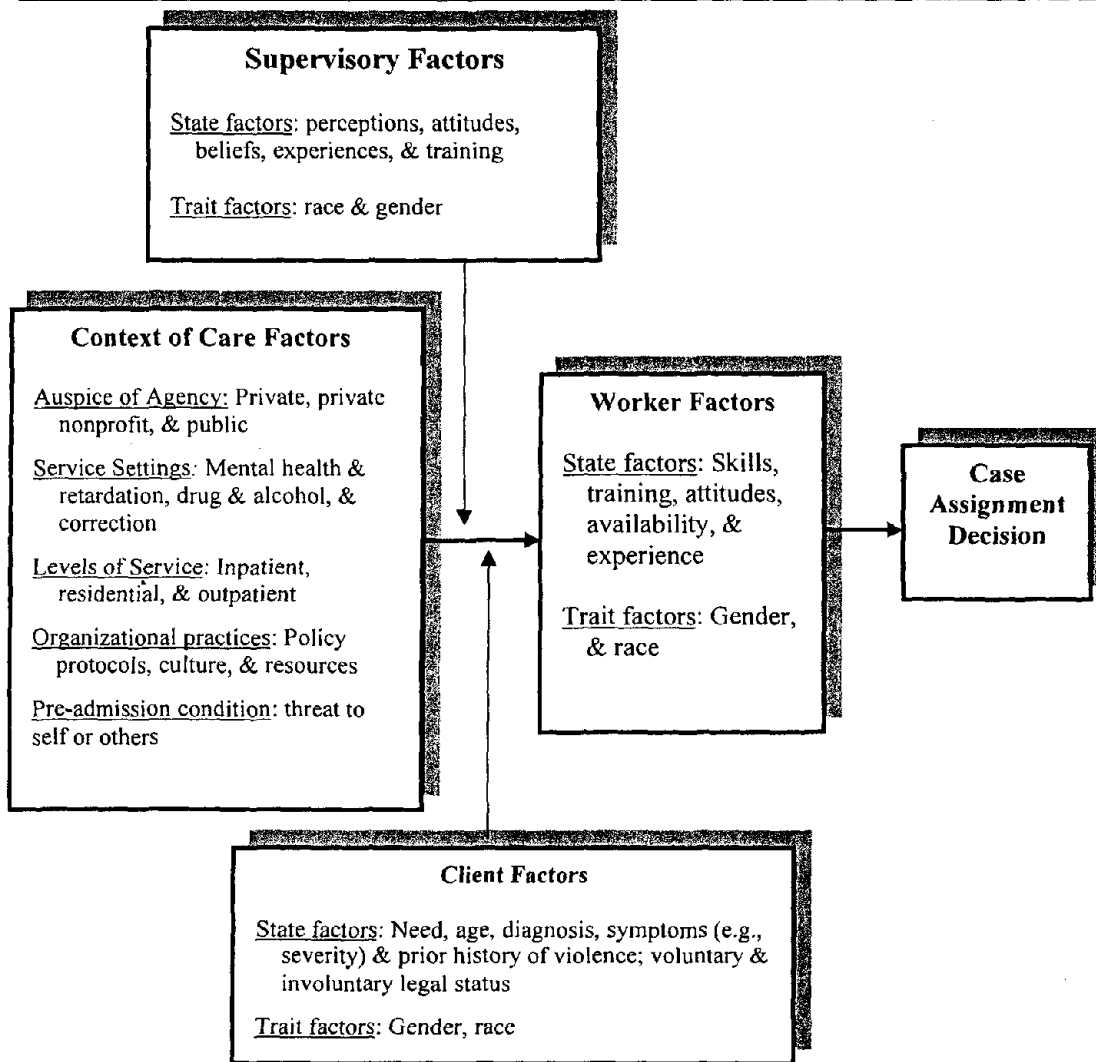
deliberate client assignment on services, social service supervisors engage in such decision-making practices everyday.

Various factors influence the assignment decisions of new clients to workers. However, the complexity of the relevant human experiences, the situational nature of the social context, and methodological choices prevent an exhaustive analysis of all contributing factors to the risk of client violence (Klassen & O'Connor, 1994). This investigation includes all previous domains, such as client, situational, and professional factors. However, the original decision model proposed by Mace (1989) was adapted in this investigation to separate out professional factors into two domains: supervisory and direct care worker factors. Therefore, the present model (see Figure 1.1) includes: (1) context of care factors, (2) supervisory factors, (3) client factors, and (4) worker factors.

Because decisions are not independent of their context, the context of care factors is an important domain. Certain service factors can increase one's risk of client-related violence. For example, social workers in corrections and drug and alcohol service settings are at greater risk. Since agencies provide different service functions to clients, the level of service delivery (e.g., inpatient, residential) also acts to moderate a worker's risk of client violence. Then again, some agencies provide services based on client age (e.g., adolescent, adult). Those working particularly with adolescent and young adult populations may experience more assaults. While physical plant is discussed as a risk condition, rarely discussed are the agency's policy related to risk factors. While the literature is replete with workplace safety policy recommendations about preventing client violence in social services, it is likely that agencies which implement such policies, if such measures are effective, may experience few episodes of staff assaults.

In short, a complex network of factors interacts to heighten, not only, workers relative risk of client-related violence, but also supervisors' decision-making around these factors. Case assignment decisions, as presented in the model (see Figure 4.1), are likely influenced by a combination of client, worker, supervisory, and contextual factors.

Figure 1.1: Factors Influencing Case Assignment Decisions of Social Work Supervisors in Mental Health Settings



A Model of Gender Sensitive (or Based) Case Assignment Decision

In the following section, select factors are discussed regarding how they may operate in influencing supervisors' case assignment practices under conditions of violence risk. In addition, the conceptual underpinning is used to present an integration of the select factors with the theory. Specifically, supervisors' traditional gender perception and gender, clients' history of violence and gender, workers gender, and agency's workplace safety policy practices will be discussed. Finally, a moderated model is presented with its predicted effect.

Supervisors' traditional gender role perception affects the behavior of males and females in similar ways. If, for example, a client has a known history of violent behavior or the job requires the worker to visit volatile (or high-risk) communities, a male supervisor may resist assigning a female staff member to that client. Although meant -at times -- as a chivalrous precaution, this practice places her gender over her skills. In addition, a female supervisor may avoid assigning female workers to volatile clients out of concerns for safety. Although meant as a safety precaution, this practice may buffer female workers from volatile clients. Either way, both efforts represent resistance to assigning female workers to volatile clients in the workplace, which may increase the assignments of such clients to male workers and over burden males with this workplace role. In a meta-analysis of fifty studies on gender and aggressive behavior, Eagly and Steffen (1986) suggest both men and women with traditional gender role perceptions hold different attitudes toward violent behavior. While women held less favorable attitudes toward aggression, men generally held more favorable attitudes. Hence, traditional gender role perception is predicted to interact with client's prior history of violence to increase assignment to male social workers.

Supervisors' gender may operate as a factor that influences assignment decisions. As an element in our culture, gender is widely recognized as a central mechanism of socialization (Benokraitis & Feagin, 1995). Since social work supervisors are reared in this culture, they are vulnerable to cultural influences. In fact, with regard to promotion, financial reward, and mobility, gender-sensitive discrimination is wide spread in the profession (Sutton, 1982). Given that males tend to have more rigid gender perceptions, it is likely that male supervisors may be more prone to diverting potentially volatile clients away from female workers because of their social expectations. Thus, widely held expectations central to the role of men may lead male supervisors to be at risk of making gender sensitive assignment decisions.

Clients' behavioral and historical attributes are cues in predicting the risk of future violence (Werner, et al., 1989). In fact, a client's prior history of violence is widely known as one of the most predominant risk factors for future violent behavior toward workers (NIOSH, 1996). Since social work practitioners and supervisors are both deeply concerned about worker safety (Rey, 1996; Mace, 1989; Newhill, 1995), efforts to minimize the risk of such

violence is a logical course of action. Since violence targeted toward women is perceived as more socially offensive, supervisors may make decisions that are gender sensitive. Given these facts, it is reasonable to assume that the client's history, if known, might impact case assignment decisions.

It is widely held that a client's gender may impinge on human service professionals' decision-making practices (Coontz, Lidz, & Mulvey, 1994; Loring & Powell, 1988; Rosenfield, 1982). In some cases, a client's gender may operate as a risk factor, whereby it is generally believed by social workers that male clients will pose a greater risk to the safety of workers (Mace, 1989). Then again, given our widely held beliefs from traditional gender socialization, some supervisors may match by gender in an effort to reduce cultural dissonance and barriers in the service delivery process (Abramowitz, 1981). Therefore, these practices may emanate from widely held beliefs and expectations that matching worker and client gender improves service outcomes. These practices are likely to intensify, if the client presents with a history of violence.

Worker's gender may operate as a factor influencing assignment of workplace tasks (Davis, 1991). Evidence suggests there is a positive relationship between the matching of gender between practitioners and clients in human services (Abramowitz, 1981; Abramowitz & Herrera, 1981). Thus, both male and female practitioners in general are assigned a lower frequency of the opposite gender. Abramowitz, Davidson, Greene, and Edwards (1980) found a worker's gender is a predictor of caseload composition, whereby female practitioners are less likely to be assigned male clients. When the risk of worker victimization is heightened, male and female supervisors may assign such clients to male workers. If males accept such decisions, role taking of this expectation is complete. In the end, by creating a buffer for female workers from violent clients, this may increase male workers exposure to client violence.

Finally, low safety policy practices may be a risk factor for gender sensitive case assignments to occur. Client-related violence is a major concern in health care and social service settings (DHHS, 1998a). In response, agencies may develop and implement policies or protocols to prevent or reduce incidents of such violence. If agencies neglect to develop the necessary safety protocols, it is likely that they may rely on gender to make decisions around serving potentially violent clients. That is, they may expect their male workers to

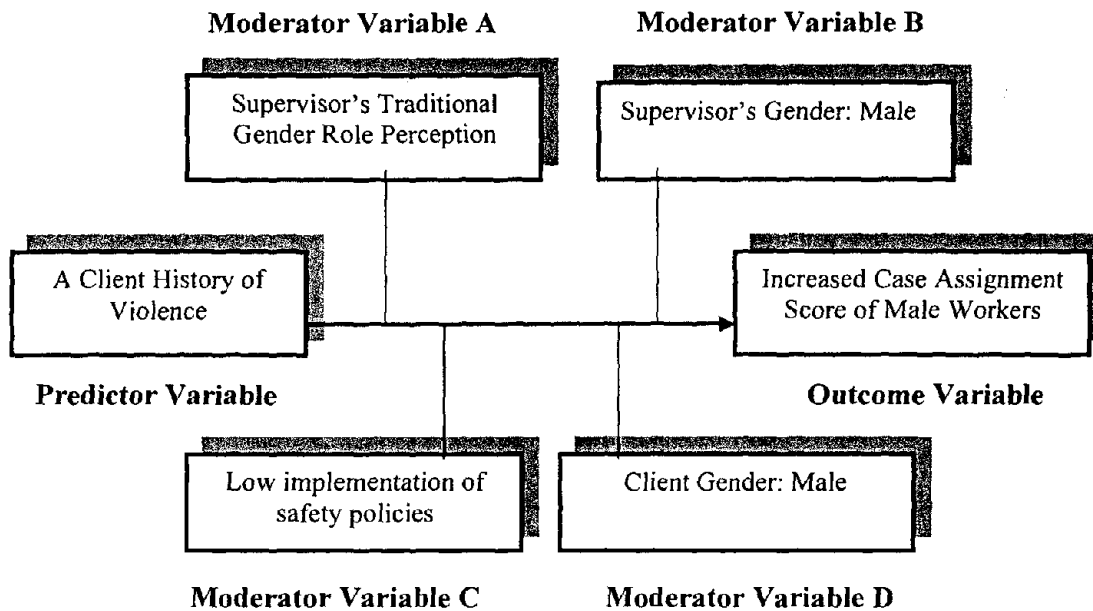
contain or manage client situations (Davis, 1991). Hence, those agencies that do not may be vulnerable to using gender out of traditional beliefs about the role of men and women as they relate to violence.

THE RESEARCH MODEL AND HYPOTHESES

A hypothetical model that depicts how a client with a mental disorder and history of violence may increase the client's assignment to a male social worker is displayed in Figure 1.2. This model predicts that the increased assignment of clients with a history of violent behavior to male social workers is predicted or moderated by four factors: the history of violent behavior of clients (predictor variable), supervisor's traditional gender role perception (moderator variable A), supervisor's gender (moderator variable B), low implementation of administrative work practice and control (i.e., safety) policies (moderator variable C), client's gender (moderator variable D), and gender of the worker (criterion variable). The solid line denotes a theory-based prediction of change in one variable due to the effect of the other.

Based on the literature about client violence among social workers, theoretical framework, and preliminary findings, this study will test the following hypotheses. Hypothesis one through five will be tested by client and supervisor gender; and under each client diagnostic case profile (e.g. schizophrenia, borderline personality, alcohol dependence, & co-occurring-schizophrenia/ poly-substance disorders). On the other hand, hypotheses sixth through nine will be tested only by the supervisor's gender and generalized across the client's diagnostic profiles. It uses an experimental design with a hypothetical vignette approach to investigate these hypotheses.

Figure 1.2. A proposed model of factors contributing to gender sensitive (or based) case assignment decisions in mental health service settings



Hypotheses

1. Male social workers will have a significantly higher case assignment score when a client has a history of violence, regardless of the client's gender or type of disorder.
2. Male social workers will have a significantly higher case assignment score when a client has a history of violence, especially (but not only) if the supervisor has a traditional gender role perception, regardless of the client's gender or type of disorder.
3. Male social workers will have a significantly higher case assignment score when a client has a history of violence, especially if the client is male, regardless of the client's type of disorder.
4. Male social workers will have a significantly higher case assignment score when a client has a history of violence, especially (but not only) if the supervisor's gender is male, regardless of the client's gender or type of disorder.
5. Male social workers will have a significantly higher case assignment score when a client has a history of violence, especially (but not only) if the supervisor's work

setting has a low levels of safety policy practices, regardless of the client's gender or type of disorder.

6. A client's history of violence will significantly increase the influence of the client's gender and behavioral history and the influence of the practitioner's gender in the case assignment decisions of social work supervisors.
7. A client's history of violence will significantly increase the influence of the client's gender and behavioral history, and the practitioner's gender in case assignment decisions of social work supervisors, especially if the supervisor is male.
8. A client's history of violence will significantly increase the influence of the client's gender and behavioral history; and the practitioner's gender in case assignment decisions of social work supervisors, especially if the supervisor has a traditional gender role perception.
9. A client's history of violence will significantly increases the influence of the client's gender and behavioral history and the practitioner's gender in their case assignment decisions of social work supervisors, especially if their workplace has low safety policy practices.

The following chapter presents the methodology used to test these hypotheses.

METHODOLOGY

Through a hypothetical vignette approach, this survey study employed a post-test control group design to help demonstrate causation (Campbell & Stanley, 1966). Other measures were used to enhance inference and describe the sample. Data for this dissertation was collected from a national random sample of professional social work supervisors who returned completed surveys. The survey instrument (see Appendix B), which was designed for this study, includes a series of vignettes, a gender (or sex) role inventory measure, a survey of agency safety policy practices, a review of past experience with client violence, and demographic profile data. Six hundred individuals who were social work supervisors (or in some type of management capacity) in mental health settings were solicited via mail for voluntary participation in the survey. Univariate, bivariate, and multivariate statistical procedures were used to examine the data.

Data Collection Plan

Sampling Procedures. Prior to implementation, this study received Institutional Review Board (IRB) approval (see Appendix F). This study solicited information from 600 supervisory and/or management-level social workers in mental health practice settings. This sampling frame includes inpatient, outpatient, and private practice settings working with adult and child populations. The sample consisted of adult male and female respondents above the age of 21. The racial, gender and ethnic characteristics of the proposed sample is consistent with their level of practice and membership patterns in the National Association of Social Workers (NASW). Respondents were exposed to minimal risk.

The current NASW roster has about 153,500 members (Goldstein & Beebe, 1995) compared to the Bureau of Labor Statistics count of over 600,000 social workers (1998). While this raises some concerns about the composition of the professional organization's database in terms of how representative it is, it remains the best available sampling frame of professional social workers in the U.S. Almost one-third of NASW members identify "mental health" as their primary practice domain, and one-fifth identify supervision or management as their primary practice function (Gibelman & Schervish, 1993). Of these, over a tenth identified "supervision" as their primary practice function. NASW membership

services data currently reports that the size of this population is 1,246 (personal communication, Thomas Kehil of NASW, National Office, April 7, 2002).

A pre-investigation power analysis to test each hypothesis at an alpha level of 0.05 and a power of 0.8 suggests a minimum sample size of 123 cases (Cohen, 1988). A moderate effect size (.25 to .30) is expected.

Half of the sample was randomly chosen to receive the experimental vignette condition (clients with behavioral histories of violence), while the others received the control vignette condition (clients with no history of violence). A cover letter (see Appendix A) and questionnaire were mailed to the respondents asking that they complete and return the survey as soon as possible. Also, they were provided with a post card to return separately in order to avoid receiving a follow-up mailing (see Appendix C). To achieve a 50% return, at least two follow-up mailings to all respondents who did not return the initial post card were used to improve the return rate (see Appendices D and E). Since these procedures are consistent with Dillman's (1978) total design method of survey data collection, a return rate above 50 percent (or 300 + completed returns) was expected. In the returns, an even distribution of experimental and control surveys was expected.

Study Sample. The following information was collected: the supervisors' demographic characteristics, past experiences with client violence, case assignment decisions for four hypothetical client vignettes, reported influence of client and practitioner attributes on case assignment, gender role perception, and the agency's current workplace safety policy practices. Data collected were entered into the Statistical Package for Social Science (SPSS) 11.0 software program.

The original study sample consisted of 600 professional social workers who were randomly selected from a national sample of over 1,200 current members of the National Association of Social Workers (NASW) in 2002 and who indicated "mental health" and "supervision" as their primary practice area and function, respectively. Eight of the initial 600 surveys were returned by the postal service as undeliverable. One was returned with the word "deceased" written on the outside of the unopened envelope. Of the 592 deliverable questionnaires, 294 (50%) were returned.

From the total sample, respondents were randomly assigned to one of four vignette conditions. Thus, 150 respondents were equally assigned each of the four vignette conditions.

Table 1.1 presents a complete profile summary of the total returns. In fact, almost an equal percent of returns came from the experimental group (n=148, 50.2%) and control group (n=146, 49.5%). Over half of the total respondents (n=169, 57.4%), identified frontline supervisor, program director, or agency director as their primary practice role.

Since many respondents did not meet the initial inclusion criteria, 114 of the total returns were deemed unusable, and these were descriptively analyzed. As instructed, such respondents only completed section A of the instrument and returned the questionnaire. However, 97 (88.2%) had supervised social workers in the past and the other 13 (11.8%) had never supervised social workers. Similar to the total returns, the unusable returns originated almost equally from the experimental and control sub-groups. Also, the most (42.3%) of this set of respondents were in some form of direct practice role (i.e., direct service, private practice) and worked in mental health center service settings (21.6%). Table 6.1 presents a complete profile summary of the unusable returns.

Differences emerged, as expected, between the unusable and usable groups regarding their current practice role and supervision of social workers. Specifically, while over two-thirds (N=124, 68.5%) of respondents in the usable group were currently supervising social workers, none of the respondents in the unusable group were currently supervising social workers. Regarding their practice roles, the two largest groups of respondents in the usable sample were either “frontline supervisors” or “program directors,” representing 63.3% (n=114) of the sub-sample. In the unusable sample, the two largest groups of respondents were either “direct practice” or “retired/unemployed,” representing 63% (n=70) of the sub-sample.

One hundred and eighty-one usable returns were received and analyzed. As a result, the study obtained a usable return rate of 30% from the total sample. Of those completed surveys received, 129 (71.3%) were from the initial mailing and 52 (28.7%) were from the second mailing of the questionnaire. Similar to the total returns, almost an equal portion of the usable returns were from the experimental (n = 89, 49.2%) and control (n = 92, 50.8%) groups. Gender composition of the returning sample reflects this same pattern. As expected, the sub-groups of usable returns were remarkably similar in various demographic characteristics. Table 1.2 presents a comparative profile of the usable returns.

Table 1.1 A Profile of the Sample of Total, Unusable, and Usable Returns on Select Variables

Variables	Total Returns (N=295)		Unusable Returns (N=114)		Usable Returns (N= 181)	
	n	Percentages	n	Percentages	n	Percentages
Questionnaire Type:						
Non-Violent Vignette (A)	74	25.0%	32	28.1%	42	23.2%
Violent Vignette (A)	85	28.8%	32	28.1%	53	29.3%
Non-Violent Vignette (B)	72	24.4%	25	21.9%	47	26.0%
Violent Vignette (B)	64	21.6%	25	21.9%	39	21.5%
Current Practice Role						
Frontline Supervisor	76	25.8%	5	4.5%	71	39.4%
Program Director	55	18.7%	12	10.8%	43	23.9%
Agency Director	38	12.9%	16	14.4%	22	12.2%
Direct Practitioner	81	27.5%	49	44.1%	32	17.8%
None (i.e., Retired/Unemployed)	26	8.8%	21	18.9%	5	2.8%
Others	15	5.1%	8	7.2%	7	3.9%
Supervision of Social Workers						
No, never supervised	13	4.4%	13	11.8%	0	0%
Yes, supervised in past	152	52.5%	97	88.2%	57	31.5%
Yes, currently supervising	124	42.9%	0	0%	124	68.5%
Current Place of Employment						
Acute care/Residential care facility	46	15.6%	6	5.4%	40	22.5%
Mental health/Counseling center/ Partial hospitalization	112	38%	25	22.5%	87	48.9%
Private Practice	31	10.5%	19	17.1%	12	6.7%
None (i.e., Retired/Unemployed)	28	9.5%	21	18.9%	7	3.9%
Others	56	19%	40	36.0%	16	9.0%

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

Table 1.2 A Profile of the Usable Returns on Select Characteristics by Experimental and Control Sub-Groups .

Variables	Non-Violent Grp.-A (N=42)		Violent Grp.-A (N=53)		Non-Violent Grp.-B (N=47)		Violent Grp.-B (N=39)	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
<u>Age</u>		52.82 (7.66)		53.31 (7.11)		52.63 (7.85)		52.64 (7.07)
<u>Gender</u>								
Male	9		22		12		10	
Female	30		31		35		29	
<u>Years of Supervision</u>		15.80 (7.56)		14.48 (7.12)		15.51 (6.18)		14.36 (6.10)
<u>Years in Current Agency</u>		12.38 (8.40)		12.01 (8.16)		12.83 (9.41)		11.68 (8.70)

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

Study Instrument. Developed for collecting data for this study, the 12-page structured questionnaire is divided into eight sections (see Appendix B): general information, client case assignment vignettes, practitioner and client attributes, gender role perceptions, safety policy practices of the agency, past experiences with client violence, and demographic information about the respondents. A combination of contingency, matrix, and closed- and open-ended formatted questions are used.

Section 1 includes a statement about the primary focus of the study, general instructions to respondents, and five question items regarding respondents' supervisees and occupational status. Those who had never or were not currently supervising social workers (or social service workers) were directed to complete section 1 and return the questionnaire.

Section 2 includes five items: one closed-ended question and four hypothetical case vignettes with distinct diagnostic presentations (i.e., schizophrenia, alcohol dependence, personality disorder, and a co-occurring presentation of schizophrenia and alcohol abuse) and pre-admission scenarios. Adjacent to each vignette is a list of five workers with gender-specific names. The respondents ranked practitioners in order of likelihood of assignment to each case. Since the gender of the client is a major variable in this study's hypotheses, two experimental instruments and two control instruments were used to manipulate the gender specification of the client's name. Supplementary details about the vignettes are provided below.

Section 3 includes six items with closed-ended questions. These items permit a direct (and self-report) measure of the influence of client and practitioner attributes on their case assignment decisions for the vignettes in section 2. Offered for respondents' appraisal are client attributes of age, gender, and behavioral history and practitioner attributes of age, gender, and experience. Respondents were provided a matrix answer format that ranks the level of importance of the attribute from "1 = not at all" to "5 = extremely."

Section 4 includes the Bem Sex Role Inventory (BSRI) short form, which is a 30-item measure of sex (gender) role perception (Bem, 1978). Respondents were asked to distinguish how true each characteristic was for them. The responses were in a matrix format ranging from "1 = never or almost never true" to "7 = always or almost always true."

Section 5 includes 27 closed- and open-ended questions concerning the organization's workplace safety policy practices, the respondent's beliefs about adequate safety and risk of client violence to social service staff, and the agency's client service populations.

Section 6 includes an 18-item measure that consists of attitudinal statements about case assignment practices. Specifically, the measure includes two six-item scales measuring gender and violence sensitivity in case assignment practices. For example, "gender-based decisions help reduce workplace violence" and "a client's past aggressive behavior should not be a factor in decision-making". The other six items are items focusing on socially desirable aspects of case assignment.

Section 7 contains 12 closed-ended questions to ascertain each respondent's personal and managerial experience specific to past clients in the previous year and over his/her career. For example, "Has a client ever physically assaulted you?" and "Has a practitioner under your supervision in the last year been seriously physically injured?" The respondents indicate by checking the appropriate frequency, ranging from "never happened" to "happened multiple times."

Section 8 is a 10-item demographic series about the respondent's gender, age, race, level of education, type of agency, years of post-master's experience, etc. In addition, there are three open-ended questions regarding any service provision challenges in relation to safety concerns for workers.

Steps to refine the wording and validity of the instrument included reviewing the relevant literature, pre-testing among present and/or past social work supervisors from mental health service settings, and soliciting feedback from those supervisors for modification.

Case Vignettes. The vignettes describe four separate adult clients with different mental disorders either seeking or referred to treatment, with a brief contextual backdrop of their recent behaviors and a list of five prospective social workers available for assignment. Respondents were able to determine each client's gender, age, diagnosis, history (or non-history) of violence, and interpersonal problems. Also, each client's behavior is consistent with the Diagnostic and Statistical Manual-IV criteria for the appropriate disorder (i.e., co-occurring schizophrenia & poly-substance abuse, alcohol use/abuse, schizophrenia, and borderline personality disorder). Also, select attributes of the prospective social workers'

traits and experiences are provided. The workers' ages, years of experience, and types of professional experience are disclosed. All other attributes of the workers' traits with the exception of gender were similar so that the effect of gender could be evaluated. In an effort to investigate any associated gender bias, the gender of four of the five social workers was made easily recognizable by the use of gender-specific names. The use of gender bias in the naming of stimulus persons has a long tradition in social science (see Goldberg, 1968; Horner, 1968; Kasof, 1993). For example, male names used were "John" and "James," while female names used were "Stephanie" and "Glenda". In contrast, gender-neutral or unisex names used were "Pat" and "Taylor" to conceal the central study variable of gender. Because some may perceive specific gender-neutral names as male or female, their assigned rank value was dropped from the analysis. Thus, constants were established between the vignettes and between practitioners, with the noted distinctions.

The Study's Central Measures

Primary Study Variables. The following section contains the operational definition of the primary study variables with references to the sections of the instrument where they can be located (see Appendix). In addition, secondary study measures are utilized to provide more descriptive and correlational information to enhance the inference of the central study variables.

Independent Variables

Client's Behavioral History of Violence. The independent variable, client's behavioral history of violence, is measured by the manipulation of the vignette's content (see Section 2). While the control vignettes had no reference to a history of violent behavior, the experimental vignettes contained specific references to a pre-admission history of violent or aggressive behaviors. For example, direct evidence of recent violent behaviors, such as "threatening," "assaultive," and "aggressive" behaviors, is embedded in the vignettes. In one experimental vignette, a client is described as becoming threatening after drinking, while the same client in the control vignette is described as becoming withdrawn after drinking. This

process enables the construction of a dichotomized independent variable for the purposes of analysis.

Dependent Variables

Case Assignment Score. The dependent variable, likelihood of case assignment score to male social workers, is measured by adding the assigned scores for male social workers as ranked by the respondent (see Section 2). For each case vignette, respondents were provided with five hypothetical social workers to assign to each case. Among the five workers, two were given traditional female names, two were given traditional male names, and one was given a gender-neutral name. Because this investigation focused only on assignment patterns to males, this variable was used only to capture the assignment scores for males. Respondents were asked to rank the likelihood (1 = most likely, 2 = second most likely, and so forth; 5 = least likely) that each social worker would be assigned to the case. If a respondent assigned scores of 1 and 2 to the male practitioners, for example, then the male case assignment score for that respondent would be 3. These scores were then inverted ($3 = 9$, $4 = 8$... $9 = 3$) so that higher scores reflect a greater likelihood of assignment, and lower scores reflect a lesser likelihood of assignment. This process provided a method of creating mean scores for comparison.

Influence of Client and Practitioner Characteristics Measures. This section measures the importance of specific client and practitioner characteristics in the vignettes to case assignment decisions. For example, respondents were asked about characteristics such as the client's gender, practitioner's experience level, client's behavioral history, and others. It is a six-item question measured with a five-point Likert scale ("1= not at all, 2 = slightly, ... 5 = extremely"). Higher scores indicate that the characteristic had more influence on the respondent's case assignment decision, while lower scores suggest less influence. If a respondent attributes more importance to gender when case vignette clients have a history of violence, this would be consistent with the prediction.

Moderating Variables

Supervisor's Gender. 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.

Client's Gender. This variable is measured by the use of gender-specific names in the four case vignettes. For example, males were identified as "John" and "Mark," while females were identified as "Joan" and "Mary". In addition, each instrument booklet contained either two male hypothetical cases listed first and two female cases listed last (i.e., MMFF) or two female hypothetical cases listed first and two male cases listed last (i.e., FFMM). This method allowed for the evaluation of the effect of gender. By establishing vignettes with a history of violence versus non-violence across gender, the gender order variable was dichotomized for analysis.

Supervisor's Gender Role Perception. The moderating variable, gender role perception, is measured by the BSRI (Bem, 1974). This instrument is widely used in the social science literature as a measure of psychological androgyny. The shortened 30-item version has ten stereotypical male characteristics, ten stereotypical female characteristics, and ten socially desirable traits as fillers. Previous factor analyses of the femininity and masculinity sub-scales demonstrate sufficient reliability with coefficient alphas of .84 and .85, respectively (Bem, 1974; Bem, 1978; Holt & Ellis, 1998). For this study's sample, Cronbach's alpha coefficients were calculated to assess the internal reliability of the BSRI. Overall, the scale had a coefficient alpha of .77. For the male and female respondents, the masculinity and femininity sub-scales had coefficient alphas of .79 and .86, respectively.

Respondents indicated, on a scale of 1 to 7, how truly each characteristic represents them. The ratings are "1 = never or almost never true," "2 = usually not true," and so forth, up to "7 = always or almost always true". This process permitted a range score of 10 to 70 on each sub-scale. A median split procedure was employed to determine cut-off scores for traditional femininity vs. masculinity sub-scales. Respondents scoring in the upper range of the sub-scale consistent with their biological gender, while scoring in the lower range of the other sub-scale inconsistent with their biological gender, were designated as having a traditional gender role perception. In contrast, respondents scoring in the upper range on both scales, the lower range for both scales (called "undifferentiated" in the literature), and

the lower range of the sub-scale consistent with their biological gender, while scoring on the higher range of the sub-scale inconsistent with their biological gender, were designated as having a non-traditional gender role perception. Re-coding respondents based on the above criteria established a dichotomized variable. This constitutes the construction of the moderating variable into gender role perceptions (traditional vs. non-traditional) for analysis.

Level of Safety Policy Practices. Developed for this study, the Administrative and Work Practice Control (AWPC) measure, a 24-item questionnaire, is a measure of the agency's level of compliance with NIOSHA's (1998) recommendations for preventing workplace violence among health care and social service workers. Respondents were asked to indicate whether their current agency had safety policies and/or procedures in place. Select items are as follows: "Our agency currently has policies and/or procedures that establish a system of identifying potentially volatile clients"; "Our social service employees are required to report all assaults or threats to a supervisor or manager"; and "Supervisors (or designees) in our agency generally do not keep books and/or reports of such incidents of violence." The response options are "yes = 1," "no = 0," and "not applicable = 0." Select items were re-coded to indicate compliance with select policy recommendations. A summative score range of 0-24 was created. Using a split median method, the agencies were dichotomized into agencies with high and low implementation levels of safety policies.

The Study's Exploratory Measure

This section contains the operational definition of the study's secondary exploratory measure. This measure was utilized to enrich the interpretation of the experimental results by helping to explain expected and unexpected results.

Case Assignment Practice Beliefs. This is an 18-item belief statement measure developed for this study to examine sensitivity of case assignment to gender and violence issues (see Section 6). Six-item sub-scales measure gender-sensitive and violence assignment practices; sample items include "A client's history of violence should not be a concern in case assignment decisions" and "Male practitioners should be assigned clients that more violent". The other six items are filler items focusing on socially desirable case assignment practices. The items were measured with a five-point Likert scale ("1 = strongly agree" through "5 = strongly disagree"). Item scores were inverted (1 = 5, 2 = 4 . . . 5 = 1) so

that higher scores reflect more attitudes that are sensitive and lower scores reflect attitudes that are less sensitive. A correlation procedure was used to identify associated beliefs and attitudes regarding case assignment.

Plan of Analysis

The project used a quantitative method of analysis to describe the sample and evaluate the study's central hypotheses. This study used three forms of statistics: univariate, bivariate, and multivariate. To conduct this analysis, data was entered into the SPSS statistical software program. Descriptive statistics were utilized for two purposes: aggregating the responses and examining statistical profiles of the data. This includes the means, standard deviation, frequencies, normality profiles, and others. These profiles were used to evaluate the sub-groups on select variables to ensure comparability of the experimental and control groups. The primary analytic procedures are discussed below.

Data Analysis. A 2 (client's behavioral history) x 2 (client's gender order) x 2 (supervisor's gender role perception) x 2 (supervisor's gender) x 2 (agency's level of safety policies) x 4 (type of client diagnosis) mixed-model repeated-measures analysis of variance (ANOVA) factorial design was conducted to test the study's central hypotheses with the primary dependent variables. In the end, a main effect of client history of violence was predicted across the gender order of clients and types of disorder. In addition, a series of two-way interactions were predicted, especially (but not only) if the client was male and supervisor was male; the supervisor had a traditional gender role perception; and the agency (or employer) had low levels of safety policies. The violence by gender effect was tested by the gender order and history of violence interaction. The results were equally true for clients regardless of their types of disorder.

In addition, a 2 (client's behavioral history) x 2 (supervisor's gender) x 2 (supervisor's gender role perception) x 2 (level of safety policy practices) univariate ANOVA factorial design was conducted to test the study's central hypotheses with the secondary dependent variables. A main effect of client history of violence was predicted across characteristics of clients and practitioners. Also, a series of two-way interactions was predicted, especially (but not only) if the supervisor was male, the supervisor had a traditional gender role perception, and the agency of employment had a low level of safety

policies. These predictions were maintained across client and practitioner attributes. Also, a Pearson's correlation analysis was used evaluate the association among the secondary exploratory case assignment belief measures.

RESULTS

The primary purpose of this research study was to test a series of hypotheses regarding risk factors increasing male social workers' exposure to client violence in mental health service settings. Specifically, the project tests the influence of the client's behavioral history, diagnoses and gender; the supervisor's gender role perception and gender; and the organization's safety policy practices on the probability of supervisors assigning male social workers to a client at risk for violent behavior. This chapter presents the findings of the data analyses in three sections. In section one, a description of the result of univariate statistical and bivariate analyses exploring the sample characteristics is presented. In section two, results of multivariate statistical analyses and findings of the study's hypotheses are presented.

Data Management Concerns

Prior to analysis, data were cleaned and checked for problems that needed to be addressed and managed. Two major problems emerged. First, the "currently supervising social workers" inclusion criterion would have dramatically reduced the number of usable returns to 124 (42%) from the 295. For instance, 52 percent (n=154) of the total returns would have been excluded by this criterion alone. Ninety-seven of these respondents as instructed completed section one, and returned the questionnaire. However, almost a third (n=57, 37%) of these respondents completed the full questionnaire, despite "not currently" supervising social workers. In fact, 97 (88.1%) of the 110 respondents with unusable returns had supervised social workers in the past, but did not complete the rest of the instrument, as instructed. Since they had supervised social workers in the past, they could provide fundamental insights to case assignment practices. Therefore, respondents who were not currently supervising social workers, but had supervised social workers in the past, and had sufficiently completed the questionnaire, were included in the pool of the usable returns. Data from this sub-group of respondents would to be quite useful and it increased the total number of usable returns to 181 (See Table 1.1).

Second, regarding the organizational (safety) policy practice section, respondents were asked to respond in a discrete method (Yes=1, No=0, or NA "not applicable")

concerning their agency's current safety policy or practice efforts. Since there is a total of 24 items, it was originally conceived that this would generate a score variable (range 0-24), whereby a split-mean would be used to create a dichotomized variable of high or low policy practices. However, because various agencies (e.g., outpatient, inpatient) have different levels of safety needs, it was deemed to be unrealistic to use this method. A decision, therefore, was made to create a statistic that reflected the percentage of compliance with items only applicable to their agency. Then, a split-mean of this percentage was taken.

Univariate and Bivariate Statistical Analyses

Demographic Statistics of the Sample. Demographic data from the sample of social workers in the study were collected and analyzed. For the purpose of presentation, these demographic features are organized into three groups: general, supervision, and service settings characteristics. A detailed table of the characteristics' frequencies and distributions follows the description of each group.

General Characteristics

This section has demographic characteristics of the respondents (e.g., age, gender, racial/ethnicity, education, region of residence). Table 1.3, at the end of this section, presents a summary of the each of the characteristics.

Age. The 181 respondents' ages ranged from 36 to 75 years. The mean age of the respondents was 52.88 years ($SD= 7.37$) and the median age was 53 years. In order to develop a categorical descriptive measure, the respondents were placed into age groupings. The respondents' ages were grouped in ten-year increments (e.g., 36 to 45, 46 to 55 ... 66-75). Almost half were between the ages of 46 to 55 ($n=86$, 48.9%). Five respondents (2.4%) did not respond to this questionnaire item.

Gender. The majority of the participants ($n=125$, 70.2%) were female and the remaining 53 (29.8%) were male.

Race and Ethnicity. The majority of the respondents ($n=157$, 87.2%) identified themselves as "European American /white". Respondents ($n=11$, 6.1%) identifying themselves as African American / black were the second largest group. The rest includes respondents who identified themselves as either "Hispanic American/Latino", "Asian American / Pacific Islander", or "Other".

Education. Ninety-three percent (n=167) of the respondents indicated having a master's degree in Social Work (e.g., MSW, MSSW, MSSA) as their highest level of professional education. Almost another three percent (n=5) reported holding a doctorate (e.g., DSW, Ph.D.) degree in Social Work. Another three percent of the sample held graduate and postgraduate degrees (e.g., MA, Ed.D., Ph.D.) in other disciplines.

Geographic Region of Resident. The sample came from all across the U.S. As requested, respondents provided their state of employment. For descriptive purposes, regional categories (e.g., Northeast, South) were established. The largest segments of the respondents came from the Northeast (n=65, 35.9%) and Midwest (n=56, 31.5%) regions.

Supervision Characteristics

This section addresses the nature of the supervision characteristics of the respondents (e.g., practice role, current supervisees, method of assignment new clients, & years of experience). At the end of this sub-section, Table 1.4 provides a summary of these findings.

Current Practice Role. Practice roles of the respondents varied. Seventy (39.3%) of the respondents, the largest segment, reported "frontline supervisor / manager" as their primary practice role. The second largest segment of respondents reported "program manager / director" (n=43, 24.2%), as their role.

Supervision of Social Workers. Most of the respondents were supervising professional social workers (e.g., BSW, MSW). One hundred and twenty-four of the respondents (68.5%) were currently supervising social workers. The other fifty-seven (31.5%) had supervised social workers in the past.

Current Supervisees. Respondents supervised a combination of professionals and para-professionals. The largest (n=52, 28.7%) segment reported that they only supervised professional social workers. However, twenty-two (12.2%) reported supervising professional social workers and counselors, twenty-one (11.6%) reported supervising professional social workers and human service para-professionals, and nineteen (10.5%) reported professional social workers and counselors, and human service para-professionals. Also, twenty-one indicated that (12.6%) they were not currently supervising workers.

Method of Assigning New Client Cases. Over a third (n=67, 37%) of the respondents reported that supervisors alone made the assignment of new client cases to service providers.

In fact, any combination of supervisors, practitioners, and a combination of supervisors and practitioners together accounted for almost two thirds (n=132, 72.2%) who made case assignment decisions. Forty-seven (26%) of the respondents reported the practice of assigning a new client was determined by a random process, such as rotating admission or caseload size.

Years of Supervision. As expected, the total sample had many years of social service experience. Of the 176 respondents who responded, their length of supervision experience ranged from 2 to 40 years. The mean length of supervision experience was 15.23 years (SD=6.55) and the median number of years was 14.

Service Setting Characteristics

This section addresses characteristics related to the nature of the respondent's service settings (e.g., type of settings, population by age group, population by diagnostic type, method of assigning new clients, and years of experience in that setting). At the end of this sub-section, Table 1.5 provides a summary of these findings.

Type of Settings. Almost half (n=87, 48.9%) of the respondents indicated that they primarily worked in a "mental health / counseling center" setting. The second largest (n=40, 22.5%) segment of respondents were found in "acute psychiatric / residential care" settings.

Client Service Populations by Age Grouping. The questionnaire organized the client population serviced by their agency into two groups: adults or child-adolescents. Eighty-nine (52.4%) respondents reported primarily serving an "adults" population. While a third (n=57, 33.5%) reported that their agency primarily served "adults and child-adolescents".

Client Service Populations by Diagnostic Type. From the total sample, 171 respondents completed this item on the questionnaire. The diagnostic types were psychiatric disorders, developmental disorders, substance abuse disorders, and others. Psychiatric and developmental disability disorders were collapsed into one variable: Psychiatric-developmental disorder. A majority of the respondents, Eighty-two (48%) reported that their agency primarily served clients with both psychiatric-developmental and substance abuse disorders. Over a third (n=67, 39.2%) indicated that their agency primarily served clients with a psychiatric-developmental disorder.

Experience in their Agency. The sample reported a wide range of experience in their current agency (or setting). Of the 171 respondents who responded to this item, the length of experience with their current agency varied from one to thirty-five years. The mean number of years in their current agency was 12.3 years (SD= 8.64) and the median number was 11 years.

Table 1.3. General Demographic Characteristics of the Usable Sample (N=181)

<u>General Related Variables</u>	<u>n</u>	<u>Percentages</u>
<u>Age</u>		
36-45	28	15.9%
46-55	86	48.9%
56-65	56	31.8%
66-75	6	3.4%
<u>Gender</u>		
Male	53	29.8%
Female	125	70.2%
<u>Race/Ethnicity</u>		
European Am /White	155	87.1%
African Am /Black	11	6.1%
Hispanic Am/Latino	5	2.8%
Asian Am/Pacific islander	4	2.2%
Other	3	1.7%
<u>Highest Professional Education</u>		
MSW (e.g. MSSW, MSSA, MA in SW)	167	92.8%
Ph.D./DSW (in SW)	5	2.8%
Master (non-SW)	4	2.2%
Ph.D./Ed.D. (non-SW)	2	1.1%
Others	2	1.1%
<u>Geographic Region of Residence</u>		
Northeast	65	36.5%
South	38	21.3%
Midwest	56	31.5%
West	19	10.7%

Table 1.4. Supervisory Characteristics of the Usable Sample (N=181)

Supervision Related Variables	n	Percentages
<u>Current Practice Role</u>		
Frontline Supervisor/manager	71	39.4%
Program Manager/director	43	23.9%
Direct Practice	32	17.8%
Agency Director /Officer	22	12.2%
Retired/unemployed	5	2.8%
Others	7	3.9%
<u>Supervision of Social Workers</u>		
Yes, currently	124	68.5%
Yes, in the past	57	31.5%
<u>Current Supervisees</u>		
Professional Social Workers	52	31.1%
Prof. Social Workers & Counselors	22	13.2%
S.W.'s & HSSW	21	12.6%
S.W.'s, Counselors, & HSSW	19	11.4%
S.W.'s, Ph.D., & RN's	13	7.8%
Human/Social Service Workers	8	4.8%
Professional Counselors	4	2.4%
All of these above	5	3.0%
Other disciplines/occupations	2	1.2%
Not currently supervising	21	12.6%
<u>Method of Assigning New Client Cases</u>		
Supervisors (alone)	67	37%
Joint Supervisor / Practitioner	41	22%
A Supervisory Team	16	8.8%
Practitioners	8	4.4%
Random Process	47	26%
Others	2	1.1%
<u>Yrs. of Supervisory Experience</u>		
2 to 10 years	50	27.2%
11 to 20 years	95	52.8%
21 to 30 years	29	16.1%
31 to 40 years	2	1.1%

Note: Professional Social Workers included Bachelor and Master Level Social Workers; Professional Counselor included Marriage & Family Therapist, Licensed Professional Counselors, & others; and Human / Social Service Worker (HSSW) included social service workers & human service para-professionals.

Table 1.5. Service Setting Characteristics of the Usable Sample (N=181)

Service Settings Related Variables	<u>n</u>	Percentages
<u>Type of Mental Health Settings</u>		
Mental health /Counseling center	87	48.9%
Acute care/ residential facility	40	22.5%
Private practice	12	6.7%
Veteran's Affair facility	5	2.8%
Child welfare/Foster care	5	2.8%
Health care facility	3	1.7%
Retired/unemployed	7	3.9%
Others	16	9%
<u>Client Population by Age Groupings</u>		
Adults	89	52.4%
Both Adults/Child-Adolescents	57	33.5%
Child-Adolescents	16	9.4%
Others	8	4.7%
<u>Client Population by Diagnostic types</u>		
Both psych. /Substance abuse disorders	82	48%
Psychiatric/ Developmental disorders	67	39.2%
Sub. Use/ abuse disorders	2	1.2%
Others	20	11.7%
<u>Yrs. of Experience in Current Agency</u>		
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%

Experience with Client-Related Violence

Data related to the prevalence of respondents' reports of client-related violence was collected and analyzed. Such information included the prevalence of verbal threats and physical assaults by clients toward the respondents. Respondents were asked about known physical assaults, injury, deaths, and resignations by supervisees related to client violence. Notably, the respondents were asked whether supervisees had been "seriously psychologically or physically injured". For this study, "serious psychological injury" was defined as an injury that required "an intervention or days off work", while "serious physical

injury” was defined as an injury “requiring medical attention”. The prevalence of these incidents was reported over two time periods: the previous year and during their career, and then organized by gender. A detailed table of the frequency and distribution of the data follows each group.

Prevalence over the Previous Year. Respondents reported the prevalence of client violence toward themselves and the supervisees over the previous year. Tables 1.6 and 1.7 summarize the results over the previous year. Regarding the supervisors, the finding was consistent with previous studies (Jayarentne et al., 1996), whereby eighty-two respondents (47.7%) reported being verbally assaulted (or threatened) by a client. However, only nineteen (11.1%) reported being physically assaulted by a current or former client. Given that supervisors generally do not provide direct services, in comparison to other findings (Beaver, 1999), this lower prevalence of client violence experience was expected.

Regarding their supervisees, forty-two respondents (25%) reported a current or former client had physically assaulted a supervisee one or more times. In fact, this frequency is almost identical to that of other national studies (Beaver, 1999; Mace, 1989), which sampled primarily direct practice social workers. Twenty-three (15%) reported that supervisees were seriously psychologically injured and thirteen (7.6%) were seriously physically injured over this same period. Only ten (5.9%) reporting having had a supervisee resign out of concern for their personal safety. However, given that supervisees underreport the occurrence of such events to supervisors, it is likely that these reported rates are low.

Regarding supervisor’s gender, these data suggest there is only one significant difference in the experiences between male and female supervisors over this period, but other trends were recognized. Male supervisors report their supervisees are two times (71.4% vs. 28.6%) more likely to have once had a “serious physical injury” from an episode of client violence, than their female colleagues. In addition, male supervisors were twice as likely to report having been physically assaulted by clients multiple times, than their female colleagues. After collapsing the “once” and “multiple times” categories together, other interesting findings were of noted. Male and female supervisors experienced different rates of physical assaults (15.3% vs. 9.2%), respectively, from clients.

Career Prevalence. Respondents reported the career prevalence of client violence toward themselves and their supervisees. Tables 1.8 and 1.9 summarize these results. Almost

ninety percent (n=161) of the respondents reported having been the target of a client's verbal assault or threat at some point during the course of their career. Almost half of the respondents (n=82) reported having been physically assaulted by a client, at least once during their career. Regarding their supervisees, over half (n=92) reported having supervisees physically assaulted by their clients over their career, similar to what others have found (Beaver, 1999). In fact, over a quarter (n=47) of the sample reported having supervisees physically assaulted multiple times. When asked about the prevalence of injury, a third (n=60) reporting having supervisees who were "seriously psychologically injured" by a client. Over a quarter (n=46) of the respondents reported having supervisees who were "seriously physically injured" by a client. When asked whether they had employees resign out of concern for their personal safety, almost a fifth (17.9%) indicated that such an event had occurred once or multiple times. As mentioned previously, since workers underreport client-related violence to their supervisors, it is likely that these estimates are low. Regarding supervisor's gender, this data found no significant differences in the experiences. However, the statistical comparisons were hampered by insufficient cell sizes for five of the seven items. After collapsing the "once" and "multiple times" categories together, male social workers were more (55.7% vs. 41.9%) likely to report being physically assaulted by clients, than their female colleagues.

Table 1.6. Prevalence of Client-Related Violence toward Self and Workers in Mental Health Settings over the Previous Year

Questionnaire Items	n	Percentages
<u>Violence toward Supervisors</u>		
Verbally assaulted (or threatened) you		
Never	90	52.3%
Once	33	19.2%
Multiple Times	49	28.5%
Physically assaulted you		
Never	153	88.4%
Once	13	7.6%
Multiple Times	6	3.5%
<u>Reports of Violence toward Supervisees</u>		
Supervisees physically assaulted		
Never	128	75.3%
Once	26	15.3%
Multiple Times	16	9.4%
Supervisee(s) seriously psychologically injured		
Never	148	86.5%
Once	16	9.4%
Multiple Times	7	4.1%
Supervisee(s) seriously physically injured		
Never	157	92.4%
Once	7	4.1%
Multiple Times	6	3.5%
Supervisees killed by a former or current client		
Never	169	99.4%
Once	1	0.6%
Supervisees resigned out of concern for their personal safety		
Never	160	94.1%
Once	9	5.3%
Multiple Times	1	0.6%

Table 1.7. Prevalence of Client-Related Violence toward Self-and Workers in Mental Health Settings over the Previous Year by Gender

Questionnaire Items	Male (n=53)	%	Female (n=125)	%	Chi-square	p-levels
<u>Violence toward Supervisors</u>						
Verbally assaulted (or threatened) you					0.73	n.s.
Never	27		63			
%	51.9%		53.4%			
Once	8		23			
%	15.4%		19.5%			
Multiple Times	17		32			
%	32.7%		27.1%			
*Physically assaulted you						
Never	44		108			
%	84.6%		90.8%			
Once	4		9			
%	7.7%		7.6%			
Multiple Times	4		2			
%	7.7%		1.7%			
<u>Reported of Violence toward Supervisees</u>						
Supervisees physically assaulted					1.46	n.s.
Never	38		88			
%	73.1%		75.9%			
Once	7		19			
%	13.5%		16.4%			
Multiple Times	7		9			
%	13.5%		7.8%			
*Supervisee(s) seriously psychologically injured						
Never	44		102			
%	84.6%		81.2%			
Once	5		11			
%	9.6%		9.4%			
Multiple Times	3		4			
%	5.8%		3.4%			

(Table 1.7 cont.)

Questionnaire Items	Male (n=53)	%	Female (n=125)	%	Chi-square	p-levels
*Supervisee(s) seriously physically injured						
Never	45		111			
%	86.5%		94.9%			
Once	5		2			
%	9.6%		1.7%			
Multiple Times	2		4			
%	3.8%		3.4%			
*Supervisees killed by a former or current client						
Never	51		117			
%	98.1%		100%			
Once	1		0			
%	1.9%		-			
*Supervisees resigned out of concern for their personal safety						
Never	51	32.1%	108	67.9%		
Once	1	11.1%	18	88.9%		
Multiple Times	0	-	1	100%		

Note: Due to missing data, the n's may not equal the total of N's. The Chi-square could not be performed on a couple of items (*) because one or more cell numbers were less than 5.

Table 1.8. Prevalence of Client-Related Violence toward Self and Workers in Mental Health Settings over their Career

Questionnaire Items	n	Percentages
<u>Violence toward Supervisors</u>		
Verbally assaulted (or threaten) you		
Never	18	10.1%
Once	39	26.8%
Multiple Times	122	68.2%
Physically assaulted you		
Never	96	53.9%
Once	53	29.8%
Multiple Times	29	16.3%
<u>Reports of Violence toward Supervisees</u>		
Supervisees physically assaulted		
Never	86	48.3%
Once	45	25.3%
Multiple Times	47	26.4%
Supervisees seriously psychologically injured		
Never	118	66.3%
Once	34	19.1%
Multiple Times	26	14.6%
Supervisees seriously physically injured		
Never	130	73.4%
Once	27	15.3%
Multiple Times	19	10.7%
Supervisees killed by a former or current client		
Never	177	99.4%
Once	1	0.6%
Supervisees resigned out of concern for their personal safety		
Never	146	82.0%
Once	23	12.9%
Multiple Times	9	0.9%

Table 1.9. Prevalence of Client-Related Violence toward Self and Workers in Mental Health Settings over their Career by Supervisor's Gender

Questionnaire Items	Male (n=52)	Female (n=124)	Chi-square	p-levels
<u>Violence toward Supervisors</u>				
Verbally assaulted (or threaten) you			6.94	.05
Never	5	13		
%	9.4%	10.5%		
Once	5	33		
%	9.4%	26.6%		
Multiple Times	43	78		
%	81.1%	62.9%		
Physically assaulted you			4.59	n.s.
Never	23	72		
%	44.2%	58.1%		
Once	16	36		
%	30.8%	29%		
Multiple Times	13	16		
%	25%	12.9%		
<u>Reports of Violence toward Supervisees</u>				
Supervisees physically assaulted			6.76	.05
Never	20	65		
%	37.7%	52.4%		
Once	12	33		
%	22.6%	26.6%		
Multiple Times	21	25		
%	39.6%	21%		
Supervisees seriously psychologically injured			7.93	.01
Never	27	90		
%	50.9%	72.6%		
Once	14	20		
%	26.4%	16.1%		
Multiple Times	12	14		
%	22.6%	11.3%		
Supervisees seriously physically injured			3.45	n.s.
Never	34	95		
%	66%	77.2%		
Once	9	18		
%	17%	14.6%		
Multiple Times	9	10		
%	17%	8.1%		
*Supervisees killed by a former or current client				
Never	52	124		
%	98.1%	100%		
Once	1	0		
%	1.9%	0		

(Table 1.9 cont)

Questionnaire Items	Male (n=52)	Female (n=124)	Chi-square	p-levels
<u>*Supervisees resigned out of concern for their personal safety</u>				
Never	41	104		
%	77.4%	83.9%		
Once	7	16		
%	13.2%	12.9%		
Multiple Times	5	4		
%	9.4%	3.2%		

Note: Due to missing data, the n's may not equal the total of N's. The Chi-square could not be performed on a couple of items (*) because one or more cell numbers were less than 5.

Perceived Risk of Client Violence to Social Service Staff. Of the 172 respondents that responded to this questionnaire item, over half (57.5%) reported that social service staff were exposed to moderate to high risk levels of client violence in their agency. Table 1.10 summarizes the respondents' responses.

Safety Policy Practices. The respondents were asked about the general adequacy of their agency's current policy practices. Of the 169 respondents who responded to the item, 71.5% (n=121) reported agreeing with their agency's current policies practices. Thus, 1 of 4 supervisors disagrees with the current state of workplace safety policies specific to social service workers. With regard to gender, this data found that female social work supervisors were significantly more likely than male supervisors to disagree with the adequacy of their current agency's safety policy practices. Tables 1.10 and 1.11 summarize the respondents' responses.

Table 1.10. Perception of Risk and Adequacy of Agencies Safety Policy Practices

Questionnaire Items	n	Percentages
<u>Risk of client violence to social service staff</u>		
Low Risk	72	41.9%
Moderate Risk	77	44.8%
High Risk	23	12.7%
<u>Agreement with their agency safety policy practices</u>		
Agree	121	71.5%
Disagree	48	28.4%

Table 1.11 Adequacy of their Agency's Safety Policy Practices by Gender

Questionnaire Items	Male (n=50)	Female (n=118)	Chi-square	p-levels
<u>Agreement with their agency's safety policy practices</u>			3.89	.05
Agree	41	118		
Disagree	9	39		

Administrative and Work Practice Control Policy. Respondents were asked to identify whether their agency had in place safety policy and/or procedures. Given the varying types of mental health service agencies (i.e., inpatient, outpatient, residential), they were provided the options of yes, no, or not applicable. The compliance level for the individual items ranged from a low of 24% (N=148) report having a policy that “discouraged workers from carrying a sharp item” to a high of 95% (N=169) report have a policy “requiring all social service workers to report all assaults (or threats) to a supervisor”. Table 1.12 summarizes the respondents’ response for each item.

Table 1.12. Mental Health Service Agency's Compliance with NIOSH's Administrative & Work Practice Workplace Safety Policy Recommendations

Policy/Procedures Items	n	Level of Compliance
1. Policy clearly stating that violence is not permitted	170	92%
2. Policy/procedure establishing a liaison with local law enforcement.....	153	77%
3. Procedures assisting workers in filing formal criminal charges.....	157	86%
4. Policy/procedure of supervisors' conducting post-incident interviews on workers (or clients) subject to assaults	158	88%
5. Supervisors keep log book and/or reports of incidents of violence	158	82%
6. Provided adequate training for de-escalating and/or restraining clients.....	159	58%
7. Policy/procedures requiring a sign-in for all visitors.....	146	60%
8. Policy/procedures establishing a list of restricted visitors.....	96	72%
9. Restrict access to facilitates other than waiting room.....	146	67%
10. Procedures restricting access to pharmacy area	90	90%
11. Policy/procedures establishing a system of identifying potentially violent clients	156	66%
12. Procedures advising the establishment of daily work plans for those in the field (of community)	128	82%
13. Workers are not permitted to work alone in emergency clinic(s).....	115	60%
14. Policy/procedure requiring supervised client movement in facility.....	132	55%
15. Treat and/or interview aggressive clients in restricted areas.....	142	54%

(Table 1.12 cont.)

Policy/Procedures Items	n	% of Compliance
16. Procedures ascertaining behavioral history of new clients.....	164	92%
17. Policy/procedures monitoring violent clients at night	77	78%
18. Contingency procedures to treat acting out (or threatening) clients.....	163	88%
19. Policy/procedure to transfer aggressive clients to acute units (or facilities)	124	85%
20. Policy requiring all social service workers to report all assaults (or threats) to a supervisor..	169	95%
21. Provide staff escorts to parking areas (i.e., evening, late).....	146	41%
22. Policy discouraging workers from carrying sharp items.....	148	24%
23. Policy discouraging workers from wearing jewelry.....	147	41%
24. Policy/procedures advising worker to have a contact person, if working in field	117	81%

Descriptive Data of the Dependents Variables

The descriptive statistics and distribution of the primary study's dependent variables of case assignment to male social workers and secondary study's variable of client and practitioner's attributes factors variables are presented.

Dependent Variables

Male Social Workers Case Assignment Scores. One hundred and seventy-three of the respondents completed all (or a part) of the client case vignette section, which asked them to rank the likelihood that they would assign the client case to each of a list of five workers. Among the social workers, two were given male specific names, two were given female

specific names, and one was given a gender-neutral name. The reported results are only for the combined score of assigning this case to male social workers. Table 1.13 summarizes the overall distribution of the responses. With a score range of 3 to 9 (e.g., 3= least likely, ... 9=most likely), the mean for these four client conditions range from a low score of 6.19 to a client with an alcohol use/abuse disorder to high score of 6.64 of a client with a borderline personality disorder. While the histogram of the client with a personality disorder was slightly skewed to the right, it was deemed to acceptably normal. Therefore, the current data profiles are approximately normally distributed.

Table 1.13. Descriptive Statistics of the Case Assignment Scores

Case Variables	n	Mean (SD)	Skewness	Kurtosis
Clients with a Co-occurring d/o	177	6.33 (1.47)	-.130	-.060
Clients with an Alcohol abuse d/o	176	6.19 (1.65)	.182	-.698
Clients with a Schizophrenia d/o	174	6.47 (1.55)	-.015	-.628
Clients with a Border Pers. d/o	174	6.64 (1.38)	-.606	-.107

Note: This symbol d/o= disorder.

Influence of Client and Practitioner Characteristics. One hundred and seventy-six respondents completed one or all of the items in this section. Respondents completed a 6-item section of the survey regarding to what extent selected client (i.e., behavioral history, gender, age) and practitioner (i.e., gender, experience, age) characteristics influenced their decision in the four client case vignettes. Since the client's and/or practitioner's age and experience were not central to investigation, they are reported only for descriptive purposes. Respondents indicated, on a scale of 1 to 5, how important different attributes were to them. Table 1.14 summaries the overall distribution of the responses. The practitioner 's experience and client's behavioral history were rated as the most important factors of case assignment consideration.

Table 1.14. Descriptive Statistics of the Influence of Client and Practitioner's Attributes

Case Variables	n	Mean (SD)	Skewness	Kurtosis
Client's behavioral history	176	4.26 (0.70)	-1.06	1.31
Client's gender	178	2.97 (0.99)	0.10	-0.17
Client's age	174	2.87 (0.95)	-0.09	-0.26
Practitioner's gender	177	2.99 (1.01)	-0.01	-0.27
Practitioner's Experience	178	4.53 (0.61)	-1.10	0.93
Practitioner's Age	178	2.93 (0.99)	-0.02	-0.27

6.3 Multivariate Statistical Analyses of the Study's Central Hypothesis

A mixed model repeated measures analysis of variance (ANOVA) procedures was used, as explained in chapter 4. Sample size limitations and unequal distribution prevented execution of the full model. Because unequal distribution of the supervisor's gender and gender role perception variables occurred, some cells had fewer than five cases. Three separate four-way factorial designs were necessary to test the study's primary dependent variable for the central hypotheses. In addition, due to the alternating format of the vignette's gender in the instrument, whereas gender of the cases matched for either the first or second set of vignettes, this partially crossed design prevented testing gender (M=male, F=female) across each condition. Thus, gender order (i.e. MMFF or FFMM) was introduced as a between subjects variable to permit assessment of client gender effect. More specifically, gender order reflects the order of the clients' gender in the hypothetical vignettes of the questionnaire.

The following variables were included in the factorial designs. The first 2 x 2 x 2 x 4 factorial design included the client's behavioral history, gender order of vignette, supervisor's gender, and client's case vignette, respectively. The second 2 x 2 x 2 x 4 factorial design included client's behavioral history, gender order, supervisor's gender perception, and client's case vignette, respectively. The third and final 2 x 2 x 2 x 4 factorial design included client's behavioral history, gender order, the agency level of safety policies, and client's case vignette, respectively.

In order for the secondary dependent variables to be tested, similar concerns were evident. Given the likelihood of detecting a-theoretical associations, two separate 2 x 2 x 2

factorial designs were executed for each attribute. Thus, the first 2 x 2 x 2 factorial design included client's behavioral history, supervisor's gender, supervisor's gender roles perception, respectively. The second 2 x 2 x 2 factorial included client's behavioral history, supervisor's gender, and agency's level of safety policies. The results from these analyses will focus primarily on the reported influence of client's gender and behavioral history, and practitioner's gender.

Before executing these procedures, steps were taken to evaluate whether the data met the three necessary assumptions of normal distributions, equal population variances, and independence of scores. A national random sample of social work supervisors, who were members of NASW constituted the population sample. A series of pre-analysis procedures, including frequencies, histograms, box-plots, and stem and leafs, skewness, and kurtosis, were completed to assess the distribution of dependent variables. No major violations were recognized. Tables 6.11 and 6.12 provide a summary of the distribution of the primary and secondary dependent variables.

Findings for Case Assignment Score

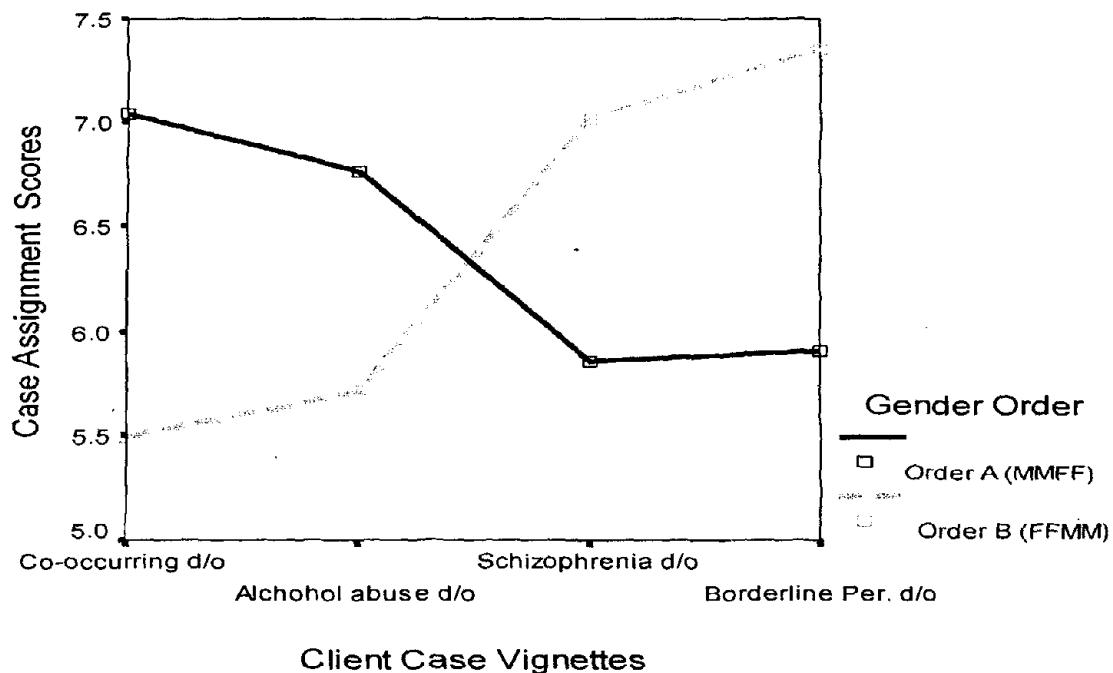
For the primary dependent variable, the primary research hypothesis was that a client's history of violence would significantly increase the male social worker case assignment score, but especially if the client was male, the supervisor was male, the supervisor had a traditional gender perception, and/or safety policy practices were low in their agency of employment. Thus, this investigation predicted a main effect of a client's history of violence, and an interaction with each of the other independent (or moderating) variables.

Case assignment score was tested for the mean differences between clients with a history of violence or non-violence, across four client presentations. In the first model, a 2 (client's behavioral history) x 2 (gender order) x 2 (supervisor's gender) x 4r (client's case vignettes) mixed model repeated measures ANOVA, the main effect for client's history of violence ($F(1, 164) = 1.64, p < .12$) was not significant. In addition, the two-way interaction effects for gender order ($F(1, 164) = 1.40, p < 0.23$) and supervisor's gender ($F(1, 164) = 1.14, p < 0.28$) with client's history of violence was not significant. Contrary to hypothesis #1, #3, and #4 that predicted clients with histories of violence would be significantly more likely

assigned to a male practitioner, especially if the gender of the client and supervisor was male, there was no increased likelihood of supervisors assigning such cases to a male practitioner under these conditions. This finding requires rejection of these hypotheses.

However, client case vignettes, as a within-subject variable, were found to have a significant interaction effects with gender order ($F(3, 164) = 34.12, p < .01, \text{partial } \eta^2 = 0.17$). Figure 1.1 presents a graphic presentation of this interaction. This finding suggests that social work supervisors in general were significantly more likely to assign male clients across the vignettes to male practitioners in mental health service settings. Hence, supervisors practice gender sensitive (or based) case assignment decisions that resulted in gender matching client and social worker for service delivery.

Figure 1.1: Significant main effects of gender order on case assignment scores of male social workers across case vignettes



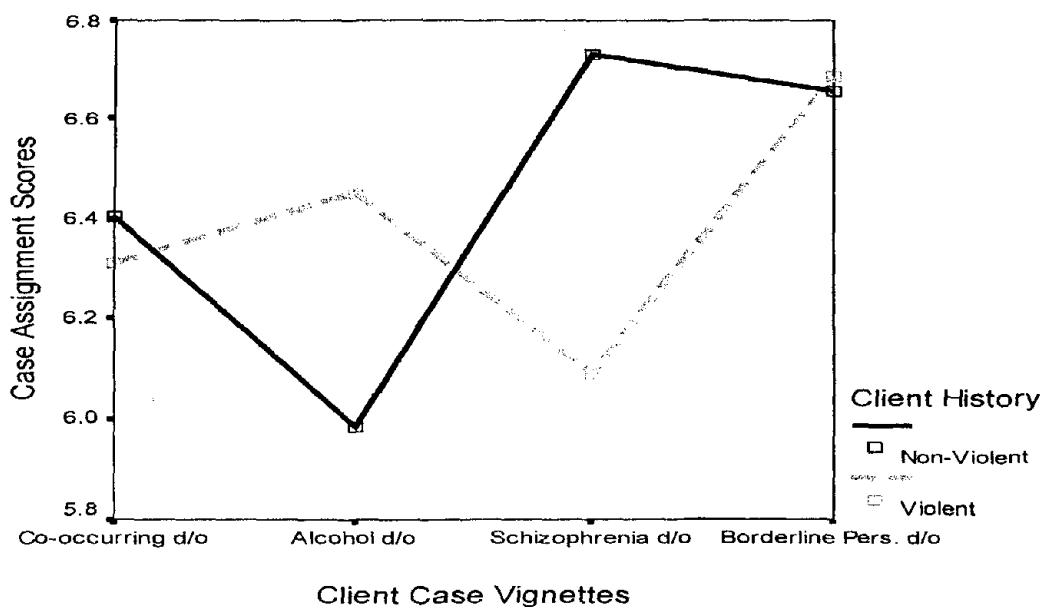
Note: Gender Order denotes the order of clients' gender in the vignettes (M=male, F=female). Higher case assignment scores represent a greater likelihood of assigning this case to a male social worker.

The following results will only report the effects, if any, of the new variables (i.e., supervisor's gender, safety policy level) in the model. In the second model, supervisor's gender role perception was introduced as a between subjects factor. The interaction effect

between client's history of violence and supervisor's gender role perception was not significant ($F(1,164) = 0.25, < .61$). Contrary to hypothesis #2 that predicted clients with histories of violence would be significantly more likely to be assigned to a male practitioner, if the supervisor had a traditional gender role perception, there was no increased likelihood of supervisors assigning such cases to male practitioners under this condition. Thus, these findings require rejection of this hypothesis.

Client case vignette, as a within subject factor, significantly interacted with client's behavioral history on case assignment scores ($F(3, 164) = 3.22, p < 0.02$, partial $\eta^2 = .01$). Figure 1.2 provides a graphic presentation of this interaction. This finding suggests that a client's history of violence has a differential effect on supervisor's case assignment to male social workers across client diagnostic profiles. While there were no significant differences for clients with co-occurring, borderline personality, and alcohol abuse disorders, a significant difference was found for client with schizophrenia disorders. Specifically, supervisors were significantly ($t(147) = -2.93, p < .01$) less likely to assign clients with schizophrenia and history of violence to male social workers. These findings require rejection of this hypothesis #1 that predicted a client's history of violence increases the likelihood of case assignment to a male social worker.

Figure 1.2: Significant interaction effects of a client's history of violence and client case vignettes on case assignment scores of male social workers



In the third model, the level of safety policy practices of the respondent was introduced as a between subject factor. A significant interaction effect between client's history of violence and level of safety policy practices was detected ($F(1, 157) = 5.77, p < .01$, partial $\eta^2 = .03$). Figure 1.3 provides a graphic presentation of this interaction. These findings suggest that social work supervisors in settings with high levels of safety policy practices are more likely to assign clients with a history of violence to male practitioners. The results are opposite to hypothesis #5, which predicted that supervisor's in settings with low levels of safety policies would be more likely to assign such clients to male practitioners. Given this result, this finding requires rejection of this hypothesis.

Figure 1.3: Significant interaction effects of a client's history of violence and safety policy level on case assignment scores of male social workers.



A significant higher order (or triple) interaction was found between client's case vignette, gender order and the level of safety policy practices ($F(3, 164) = 2.82, p < .03$, partial $\eta^2 = .018$). Since this result did not reveal any theoretically interpretable findings, the graphic presentation will not be presented here. Nevertheless, the results suggest that social work supervisors in service settings with high levels of safety policies are only likely to assign select clients (with alcohol abuse & borderline personality disorders) with a history of violence to male social work practitioners. On the other hand, social work supervisors in

service settings with low levels of safety policies are less likely to assign clients with schizophrenia disorders with a history of violence to male social work practitioners.

Findings for the Influence of Client and Practitioner Characteristics

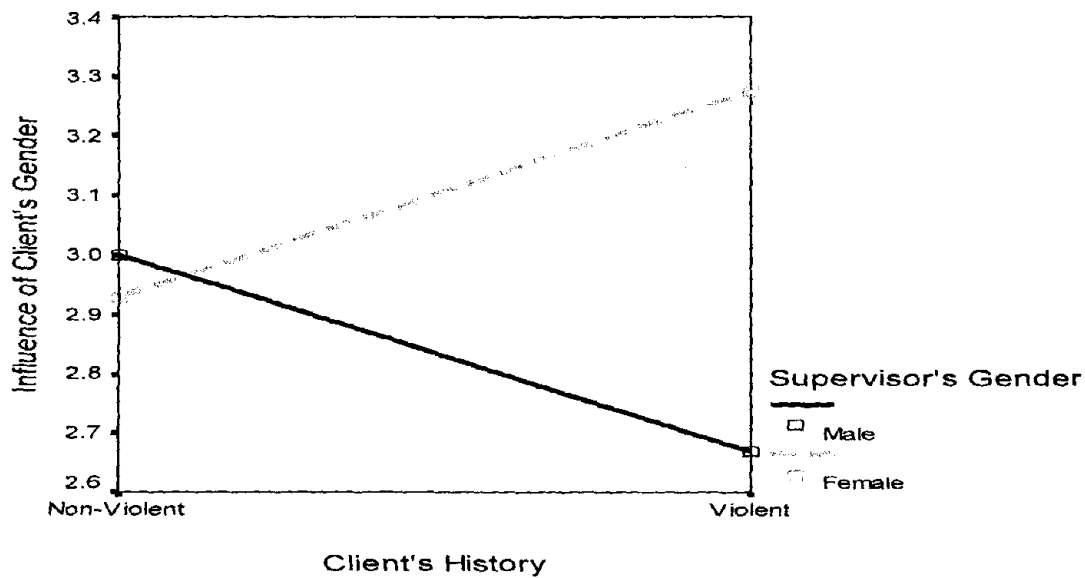
For the secondary dependent variables, this study predicts that a client's history of violence will significantly increase the reported influence of client's gender and behavioral history on supervisors case assignment decisions, if the supervisor is male; the supervisor has a traditional gender perception; and/or is employed in a setting with low safety policy practices. It predicts that a client's history of violence will significantly increase the influence of practitioner's gender on supervisors case assignment decisions, if the supervisor is male, the supervisor has a traditional gender perception, or is employed in a settings with low safety policy practices. Thus, this study predicts a main effect of a client's history of violence; and an interaction with each independent variable (e.g., supervisor's gender and gender role perception, and level of safety policies) was predicted.

To test the influence of a client's history violence on the influence of gender in case assignment, a 2 (client's behavioral history) x 2 (supervisor's gender) x 2 (supervisor's gender role perception) factorial design found a significant interaction between client's history of violence and supervisor's gender in their case assignment decisions ($F(1, 160) = 3.89, p < .05, \text{partial } \eta^2 = .024$). This finding suggests a client's history of violence increases the importance of client's gender in case assignment decisions among female supervisors, but not male supervisors. Figure 1.4 presents a graphic summary of the result.

These findings require rejection of hypothesis #3, which predicted that a client's history of violence and supervisor's male gender increases the influence of the client's gender. In the second model, the level of safety policy practices was introduced as a between subject factor. The results suggest that an agency's level of safety policy practices has a significant main effect on the influence of client's gender in case assignment decisions ($F(1, 158) = 5.21, p < .02, \text{partial } \eta^2 = .03$). This finding suggests that supervisors in agency with low level of safety policy settings ($M = 3.13$) report being more influenced by client's gender in their case assignment decisions, than supervisors in high safety policy practice settings ($M = 2.82$). Since the study predicted an interaction of client's history of violence and low level of safety policy practices in hypothesis #5, this finding requires rejection of this

hypothesis. However, this does provide some support that setting's policy practices may influence the consideration of client's gender in their case assignment decision.

Figure 1.4: Significant interaction effects of client's history of violence and supervisor's gender on the influence of client's gender in case assignment decisions.



To test influence of client's history of violence on the influence of client's behavioral history on case assignment, a 2 (client's behavioral history) x 2 (supervisor's gender) x 2 (supervisor's gender role perception) factorial, as effect between subject variables, was completed. The results showed no significant main or interaction effect between these variables on the reported influence of client's behavioral history in case assignment. In the second model, the agency's level of safety policy practices was introduced. Again, no significant interaction was found on the influence of client's behavioral history. These finding were consistent with the results from the analyses of the primary dependent variable.

To test the influence of a client's history of violence on the influence of practitioner's gender in case assignment, a 2 (client's behavioral history) x 2 (supervisor's gender) x 2 (supervisor's gender role perception) factorial design, as between subject variables, was completed. The resulted showed no significant interaction between these variables in case assignment decisions. However, a significant main effect for supervisor's gender was detected ($F(1, 168) = 4.35, p < 0.05, \text{partial } \eta^2 = .025$). Specifically, female supervisors

($M=3.14$) rated practitioner's gender significantly higher, than male supervisors ($M=2.72$), with regard to its influence on their case assignment decisions. Therefore, these findings suggest that female supervisors are more influenced by practitioner's gender, than male supervisors, in their case assignment decisions.

In the second model, the level of safety policy practices was introduced. No significant interaction was detected. These results support the findings that a client history of violence (or behavioral history) has no significant impact on case assignment decisions of social work supervisors.

In summary, the findings from the study's independent variables suggest that individually a client's history of violence or in concert with other investigated factors (i.e., male gender of clients and supervisors, low safety policy practices) did not have the predicted effects of increasing the case assignment of male social workers to potentially violent clients. In Table 1.15 a summary of the study's hypotheses, variables, analyses, and results are presented.

Despite these hypotheses, other client, supervisory, and safety policy-related factors in varying combinations were found to significantly increase the likelihood of case assignment to male social workers to potentially violent client conditions. For clients, most notably, male gender overwhelming increased the likelihood of assignment to male social work practitioners, across diagnosis and client's history of violence. For supervisors, respondents who identified themselves as female reported not only that they placed significantly more importance on client's gender in their assignment choices, but also that they report practitioner's gender as a significantly more important factor of consideration in their case assignment decisions, especially if the client presented with a history of violence. These findings suggest that the consideration of client and worker gender in case assignment decisions differs across the gender of supervisors, whereby female social work supervisors may be more sensitive to (or consider) gender issues, than male social work supervisors.

Table 1.15 Summary of the Findings to the Study's Hypotheses

No. Hypothesis	Variables	Analysis	Results
2. Male social workers will have a significantly higher case assignment score when a client has a history of violence across gender of client and types of disorder.	Client Hx of Violence(I) Case Assignment Score (D)	Mixed Model Repeated Measures ANOVA	Reject
2. Male social workers will have a significantly higher case assignment score when a client has a history of violence, if the supervisor has a traditional gender role perception, across gender of client and types of disorder.	Client Hx of Violence (I) Supervisor's Trad. Gender Role Perception (M) Case Assignment Score (D)	Mixed Model Repeated Measures ANOVA	Reject
3. Male social workers will have a significantly higher case assignment score when a client has a history of violence, if the client is male, across types of disorder.	Client Hx of Violence (I) Male Client (M) Case Assignment Score (D)	Mixed Model Repeated Measures ANOVA	Reject
4. Male social workers will have a significantly higher case assignment score when a client has a history of violence, if the supervisor's gender is male, across gender of client and types of disorder.	Client Hx of Violence (I) Male Supervisors (M) Case Assignment Score (D)	Mixed Model Repeated Measures ANOVA	Reject
5. Male social workers will have a significantly higher case assignment score when a client has a history of violence, if the agency has a low level of safety policies, across gender of client and types of disorders.	Client Hx of Violence (I) Low Safety Policies (M) Case Assignment Score (D)	Mixed Model Repeated Measures ANOVA	Reject

(Table Cont.)

(Table 6.13 cont.)

No.	Hypothesis	Variables	Analysis	Results
6.	A client's history of violence will significantly increase the influence of client's gender and behavioral history; and practitioner's gender in case assignment decisions of social work supervisors.	-Client hx of violence (I) -Importance of: Client's gender (D) Client's behavioral Hx (D) Practitioner's gender (D)	Factorial ANOVA	Reject
7.	A client's history of violence will significantly increase the importance of client's gender and behavioral history and and practitioner's gender of social work supervisor's, especially if the supervisor is male.	-Client hx of violence (I) -Male supervisor (M) -Importance of: Client's gender (D) Client's behavioral Hx (D) Practitioner's gender (D)	Factorial ANOVA	Reject
8.	A client's history of violence will significantly increase a supervisor's reported influence of client's gender and behavioral history; and practitioner's gender, if the supervisor has a traditional gender role perception.	-Client hx of violence (I) -Supervisor's trad. gender role perception (M) -Importance of: Client's gender (D) Client's behavioral hx (D) Practitioner's gender (D)	Factorial ANOVA	Reject
9.	A client's history of violence will significantly increase a supervisor's reported influence of client's gender and behavioral history; and practitioner's gender, if they work in a settings with low safety policy practices.	-Client hx of violence (I) -Low safety practices (M) -Importance of: Client's gender (D) Client's behavioral hx. (D) Practitioner's gender (D)	Factorial ANOVA	Reject

Note: hx=history, trad. =traditional,

Analysis of Case Assignment Practice Belief Measures

Of the 181 respondents, 174 to 178 completed each item in the case assignment practice belief section of the instrument. Table 1.16 presents the descriptive and Pearson's correlation coefficient statistics among the select case assignment practice belief items. With a score range of 1 to 5 (e.g., 1 = strongly disagree ... 5= strongly agree), the mean for these

twelve items range from a low score of 2.49 for the belief statement that clients respond better when their gender matches their practitioner to a high score of 4.70 for the belief statement that a client's history of violence is critical concern in case assignment practices. Some critical test statements were significantly inter-correlated ($p < .05$ or $.01$ levels). For the purpose of this investigation, I focused on beliefs associated with gender, violence, and risk management to enrich the study's understanding of processes linked to gender sensitive case assignment practices.

A number of beliefs were associated with gender-sensitive case assignment practices. Since the client's history of violence concern was consistently rated as the most agreed upon statement among respondents, this belief was not significantly correlated with any of the other statement (or beliefs). Despite this finding, the statement that "client's should be assigned with concern of their behavioral history" was positively related (and significantly) with beliefs that gender matching is important ($r = .36$), client's past aggressive behavior should be a concern ($r = .71$) and elevated risk of violence justifies gender sensitive case assignment decisions ($r = .07$). The obtained correlations of client's behavioral history, past aggressive behavior, gender matching, and justifications of gender based case assignment practices were expected, given the predicted hypotheses and theoretical framework of this investigation. These findings underscore a link between beliefs related to client's aggressive behavior and gender, and case assignment practices of supervisors.

Second, the belief statement that "gender matching" is important was related positively (and significantly) with beliefs that clients respond better when their gender matches their practitioner ($r = .18$), clients generally have gender related concerns ($r = .19$), client's past aggression should be a concern ($r = .38$), clients should be assigned with concern about their behavioral history ($r = .36$), gender based decisions help reduce workplace violence ($r = .15$) and elevated risk of targeted violence justifies gender sensitive case assignment decisions ($r = .20$). Once more, the obtained correlations of gender matching, concern about the behavioral history, workplace violence issues, and justification of gender-sensitive decisions related beliefs were expected, given the predicted hypotheses and theoretical framework of this investigation. These findings suggest that gender matching beliefs may be underpinned by intersecting concerns of service outcomes, gender related issues, and workplace safety.

Third, the belief statement that “male practitioners should be assigned more violent clients” was related positively (and significantly) with beliefs that gender matching should be used to address gender specific issues ($r = .17$), client respond better when their gender is matched with clients ($r = .21$), male clients are generally more violent ($r = .21$), gender based decisions help reduce workplace violence ($r = .23$), and elevated risk of targeted violence justifies gender-sensitive case assignment decisions ($r = .19$). Yet again, the obtained correlations of that male practitioners should be assigned to “more violent clients”, male clients are violent, gender-based decisions reduce violence, and the gender-sensitive justification decisions were expected, given the predicted hypotheses and theoretical framework of this investigation. These findings suggest that gender specific gender expectations may exist around clients (or situations) that pose risk to practitioners in the field.

Fourth, the belief statement that “gender-based decisions help reduce the risk of workplace violence” was positively related (and significantly) with beliefs that client’s generally have gender related concerns ($r = .20$), client’s gender respond better when their gender match their worker ($r = .45$), male worker should be assigned more violent clients ($r = .23$), gender matching is important ($r = .15$), gender matching should be used to address gender sensitive issues ($r = .17$), strategic assignment of volatile client help reduce workplace violence ($r = .34$), and elevated risk of targeted violence justifies gender sensitive case assignment decisions ($r = .23$). Again, the obtained correlations of that gender-based decisions reduce of workplace violence, male practitioners should be assigned more violent clients, strategic assignment of volatile client help reduce violence, and the risk of targeted violence justifies gender sensitive decisions were expected. These findings suggest the gender-based risk management practices are likely triggered by complex relationship between beliefs specific to gender, gendered expectations, and potential violence.

Overall, these findings suggest that a series of interlocking beliefs (and likely attitudes) underpins practices that may leads to (or result in) gender-sensitive case assignment among social work supervisors in mental health service settings. Gender-sensitive (or based) assignment practices are associated with service outcomes, gender expectations, and workplace safety concerns. As predicted, gender role expectations and beliefs appear to be a feature of this phenomenon that supports such practices

Table 1.16. Descriptive and Person's Correlation Statistics among Gender and Violence Case Assignment Belief Items

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender matching is important.....	2.73	1.15	—											
2. Male clients are more violent.....	3.02	1.21	.05	—										
3. Gender matching should be used to address related gender issues.....	3.12	.99	.09	.11	—									
4. Gender based decisions reduce violence.....	3.08	1.01	.15*	.06	.17*	—								
5. Client's generally have gender related concerns.....	3.05	.96	.19**	-.05	.17*	.20**	—							
6. Client respond better when their gender matches their practitioner	2.49	.96	.18*	.05	.33**	.45**	.26**	—						
7. Elevated risk of violence justifies gender sensitive decisions	3.83	.98	.20**	.20**	.14	.42**	.15*	.26*	—					
8. A client's history of violence is critical	4.70	.68	-.10	.02	.07	.05	-.06	.07	-.01	—				
9. Male practitioners should be assigned more violent clients.....	2.99	1.11	.04	.21**	.17*	.23**	.02	.21**	.19*	-.09	—			
10. Strategic assignment of volatile clients helps reduce violence.	4.32	.79	.11	.13	.03	.34**	.14	.10	.36**	.09	.00	—		
11. Client's past aggressive behavior should be a concern.....	3.75	1.62	.38*	.15*	-.09	-.12	-.04	-.05	.02	-.00	-.07	.36	—	
12. Client's should be assigned with concern of their behavioral history....	3.44	1.69	.36**	.06	-.02	-.03	.04	.00	.07	-.07	.01	.01	.71**	—

Note: Due to missing data, the N's varied from 174 to 178 for each item. *p<.05, **p<.01, two tail test

DISCUSSION AND RECOMMENDATIONS

This study primarily tested the hypothesis that a client's history of violence significantly increases the likelihood of case assignment to a male social worker, especially under select client, supervisor, and policy practice conditions. The study investigated factors contributing to gender-sensitive service decisions in an effort to explain the higher rates of violence by clients toward male social workers, as compared to females, reported in the literature. In this section, the findings will be discussed based on the empirical evidence and theoretical framework. First, the discussion will reflect upon this investigation's predicted versus actual findings. Second, the discussion will focus on factors contributing to gender-sensitive case assignment practices and their relationship to other relevant research. This will be followed by a discussion of the implications for social work management and practice. Finally, the limitations of the study and recommendations for future research will be discussed.

REFLECTIONS ON THE ORIGINAL HYPOTHESES

The original hypotheses were all rejected. This raised a number of methodological and conceptual concerns. In fact, one methodological concern limited the extent to which the role of gender could be evaluated across the vignettes. Despite this, several combinations of gender sensitive risk factors emerged. A reflection on these concerns and findings follows.

First, a client's history of violence was not as powerful as a single factor in gender-sensitive case assignment as was predicted. Therefore, there are concerns that the potential effect of a client's history of violence, a central study variable, was masked by the use of high-risk diagnoses associated with client-related violence in the vignettes. Evidence currently suggests that social workers and mental health professionals recognize high-risk disorders and symptoms (Mace, 1989; Werner, et al., 1989). It is likely that this sample of supervisors, with an average of over twelve years of experience in their current agencies, is familiar with these risk factors. This recognition may have confounded the perception of the client's relative risk of violent behavior. Since there is no known data on the relative weight of the high-risk diagnoses, it was likely premature to expect a major distinction under these

conditions. While none of the case vignettes supported the original prediction, client with a history of violence and schizophrenia disorder were less likely assigned to male social workers. This finding is currently uninterpretable.

Second, neither male gender nor traditional gender role perception of supervisors affected the test variables as expected. Male supervisors were originally believed to be more biased in their case assignment around known risk factors of client-related violence. In fact, female supervisors were more affected by risk factors (i.e., client's history of violence and gender, practitioner's gender) in their assignment decisions than males. This disparity is likely associated with gender related socialization, whereby females are more sensitized to aggression and violence related conditions. After over thirty years of combating gender-related stereotypes, this finding suggests that gender role perception may have less of an impact on the external behaviors (i.e., decision-making) of social work supervisors. In fact, it is likely that social work supervisors may be an overwhelmingly non-traditional group with regard to gender role perception. Specifically, male supervisors may have more female stereotypical characteristics, and female supervisors may have more male stereotypical characteristics. As a whole, supervisors may be much more likely to be androgynous (e.g., possessing coexistence of both male and female stereotypic traits) in their gender role perceptions, which may have weakened the impact of this distinction.

Third, low safety policy practices did not completely influence the primary and secondary variables as expected. A number of concerns exist regarding the potential effect of low safety policy practices. First, the conceptual link between the case vignettes and respondents' safety policy practice levels is weak. For example, respondents completing the hypothetical vignettes may not relate their assignment choices to the policy context of their practice setting. Second, high levels of safety policy practices, commonly found in acute care settings, may sensitize supervisors in those settings to be more vigilant. In fact, the results suggest that a client's history of violence and high safety policy practice increased female supervisor case assignment of male social workers. Either way, the conceptual link between policy practice and the hypothetical vignettes may be limited.

FACTORS CONTRIBUTING TO GENDER-BASED CASE ASSIGNMENTS

Despite the rejection of most of the original predictions, other findings provide new insights into factors contributing to gender-sensitive case assignment. Particularly, seven major findings will be discussed. These findings are organized around factors influencing increased: (A) case assignment toward male social workers, (B) importance of a client's gender, and (C) importance of a practitioner's gender in case assignment decisions.

A. Factors Increasing Case Assignment toward Male Social Workers

The results suggest that client, supervisory, and policy practice factors can contribute to increased case assignments for male social workers. Four major findings were identified.

1. *A client's gender significantly increased the likelihood of case assignment to male social workers, across diagnoses, only for male clients.*

Why does a client's male gender increase the likelihood of case assignment to a male social worker? This may be the result of gender role-related beliefs associated with socio-cultural aspects of gender. Given that men are generally more aggressive and violent than women (Harris, 1994), one motive for gender-matching may be to reduce client-related violence. However, the issue of dangerousness by gender has been extensively researched. In general, males are most often perpetrators of interpersonal violence (Center for Disease Control, 1992; Hong, 2000; & Valios, Vincent, McKeown, Garrison, & Kirby, 1993), such as homicide, physical assaults, domestic violence, and hate crimes. Empirical evidence regarding risk of violence among clients with mental health disorders by gender is mixed. Given the overwhelming literature citing the aggressiveness of men in general, those with mental health disorders likely have similar patterns of aggressiveness or violence. Some may believe that assigning male clients to male social workers reduces the risk of violent behavior in the workplace. In other words, by virtue of gender, male social workers may be expected to serve male clients because of the added risk of violence that those clients may pose in the workplace. Results from the exploratory findings confirm that gender-matching beliefs are positively associated not only with beliefs that male social workers should be assigned more

violent clients but also with beliefs that the elevated risk of targeted violence justifies gender-sensitive case assignment decisions.

Moreover, some supervisors may believe that gender matching between client and practitioner (or therapist) improves service outcomes. This notion is akin to the cultural compatibility beliefs regarding matching clients and practitioners by race/ethnicity (Paniagua, 1998), which suggests that matching based on demographic characteristics reduces service delivery barriers and improves service outcomes. The exploratory findings confirmed that gender matching was found to be significantly associated with beliefs that clients respond better when their gender matches their practitioners'.

Because supervisors may consciously or unconsciously project their feelings about or preferences for gender-matching into the decision process, there may be issues of counter-transference (Fenton, 1986; Gornick, 1986). In other words, if supervisors have deep beliefs about the benefits of gender-matching, they may assume that others share their beliefs. Also, if supervisors have unresolved gender-related issues (i.e., violence or bias), they may incorrectly project these issues into their decisions. Therefore, they may make decisions that reflect their underlying beliefs. Such beliefs may stem 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).

2. A client's history of violence and a supervisor's gender significantly increased the likelihood of case assignment to male social workers, only among female supervisors.

Why are female supervisors more likely than male supervisors to assign a client with a history of violent behavior to a male? This may result from a combination of gender role beliefs linked to aggression and gender expectations related to the targets of violence. Given women's heightened sensitivity to aggression and violence, this result is internally consistent with gender role expectations and other findings. Since a client's history of violence is the most powerful predictor of client-related violence among practitioners (Bernstein, 1981), female supervisors in the workplace may believe, more than males, that servicing (or managing) potentially violent clients is a male's role (Davis, 1991). These expectations may originate not only from social work supervisors, but also from their female colleagues (Kadushin, 1976). The fact that females are generally smaller and have less physical strength

may also play a role in judgments about whether to expose female social workers to potential harm. By assigning clients with a history of violence to males, female supervisors may also be attempting to shield (or protect) female practitioners from potentially violent clients. For these reasons, female supervisors may be reluctant to assign female social workers to tasks that place them at greater risk of client-related violence in the workplace, and may prefer the gender role-related option, thus increasing male social workers' exposure to violence. While males may have similar concerns, different reasons may underline this disparity among male and female supervisors. For example, it may be that female supervisor's sensitivity to violence and perception of workplace safety are different from their male counterpart. Then again, since men have traditionally held most of the power in the workplace, male supervisors may be more concern (or conscious) about the possibility of gender-based discrimination allegations (or charges) in their assignment decisions. Either way, this may result in male supervisors appears as less responsive to these types of issues in the workplace.

3. *A client's history of violence, supervisor's gender, and workplace safety practices significantly influenced the likelihood of case assignment to male social workers, only among female supervisors in high safety policy settings.*

Why does a client's history of violence increase the likelihood that a female supervisor will assign the client to a male social worker in high safety policy practice settings, as compared to supervisors in low safety policy practice settings? Since high safety policy practices are associated with the acute care settings, it makes sense that supervisors in those settings may be more concerned about safety. Since clients in those settings are generally more likely to be in active phases (e.g., psychotic or manic) of their illnesses, they pose a greater a risk of threatening or violent behaviors. However, the results here suggest that female supervisors, in particular, may be influenced by a client's risk of violence and that heightened safety policy practices increase safety concerns. After discovering this finding, I completed a correlation analysis between the respondents' gender and their agreement with the adequacy of their agencies' safety practice variables. The results suggest that female supervisors are two times more likely than male supervisors to disagree with their agency's safety policies practices. Once again, it is likely that this heightened sensitivity of

female supervisors is related to workplace safety, which emanates from traditional gender role socialization beliefs regarding risk of targeted violence.

B. Factors Influencing the Importance of a Client's Gender

The results suggest client- and supervisory-related factors can contribute to an increased influence of a client's gender on case assignment decisions. Specifically, one major finding was identified:

1. *A client's history of violence and supervisor's gender interacts to significantly increased the influence of client's gender in case assignment decisions, only among female supervisors.*

Why does a client's history of violence and supervisor's female gender increase the influence of a client's gender in case assignment decisions? Studies suggest that men and women evaluate and perceive danger differently (Eagly, & Steffen, 1986; Harris & Knight-Bohnhoff, 1996; Harris & Miller, 2000); specifically, women generally perceive more danger and express more fearfulness than men. As previously discussed, men are generally more aggressive and violent, and therefore are more likely to engage in interpersonal violence. In fact, gender is one of the most powerful factors influencing attributes of aggression (Harris, 1994; Hong, 2000). Given this line of reasoning, if a client has a history of violence, it is reasonable to expect male and female supervisors to place different amounts of weight on a client's gender in their decision-making. This form of gender disparity likely originates from gender roles, whereby women are socialized to be more conscious of potential harm, and therefore may pay closer attention to the subtleties in others' behavior and in their environment. As a result, female supervisors may be more prone to develop *role set* behaviors regarding clients that present with a history of violent behavior, and may more closely scrutinize the client's gender than male supervisors.

C. Factors Influencing the Importance of Practitioner's Gender

The results suggest that supervisor and workplace safety practice-related factors contribute to increased influence of a practitioner's gender on case assignment decisions.

These factors contribute to gender-sensitive case assignment decisions among social work supervisors. Specifically, two major findings were identified:

1. *Female supervisors are more influenced by a practitioner's gender in their case assignment decisions than are male supervisors.*

Why are female social work supervisors more influenced by a practitioner's gender in case assignment decisions than are male supervisors? As a member of a sexual minority (i.e., politically and economically), it may be likely that female supervisors more thoroughly consider the gender-related dimensions (or aspects) of service delivery. It is likely that female supervisors may evaluate service-related gender concerns more comprehensively than male supervisors may. On the other hand, as benefactors of gender-specific privilege, male supervisors may be less likely to consider the gender-related dimension of service delivery. As a result, there may be a difference in the influence of gender on men's and women's case assignment decision processes.

2. *Supervisors in low safety policy settings are more influenced by a client's gender in their case assignment decisions than are supervisors in high safety policy settings.*

Why are supervisors in low safety policy settings more influenced in their case assignment decisions by a client's gender than are supervisors in high safety policy settings? This finding suggests that in service settings with low safety policy practices, social work supervisors may be more likely to resort to gender-sensitive assignment decisions. The development of meaningful safety strategies, practices, and protocols represents thoughtful consideration of workplace safety concerns. In contrast, poorly developed safety strategies, practices and protocols represent limited consideration of workplace safety concerns, and therefore supervisors in such settings may employ informal risk management strategies to reduce the risk of client-related violence (Rey, 1996). In this context, male social workers may be more frequently assigned to provide services to potentially dangerous clients to buffer (or shield) their female colleagues.

Overall, these findings provide confirmations and extensions to the body of literature in two areas. First, specific to concerns related to client-related violence among social workers, the findings addressed a series of hypotheses regarding the gender disparities in

client-related violence reported among social workers in the literature. Second, this study examined the elevated risk of client-related violence experienced by male social workers, a sub-group found to experience more client-related violence (Guterman, et. al., 1996; Newhill, 1996; Seeck, 1998; Toscano, et al., 1998). While a number of studies have found this disparity among social workers, only one has offered an empirically based explanation. Newhill (1996) found that settings moderate the risk of client-related violence, whereby males were found to work in more high-risk settings (i.e., corrections, drug and alcohol).

However, this investigation extends this literature by demonstrating how process factors (i.e., supervisor decision-making) can contribute to gender disparities in risk exposure to client-related violence among professional social workers. The results underscore that a combination of client, supervisory, and policy conditions can contribute to male social workers' increased exposure to clients who pose greater risks of violence in the workplace. It also makes clear that gender-sensitive decisions originate from internal and external sources of the decision-maker. The findings thus demonstrate that service delivery decisions made around potentially violent clients do influence the relative risk exposure for workers. Therefore, this may be an additional explanation for the gender disparity in client-related violence found among professional social workers.

Second, regarding case assignment decisions, the results confirm some early patterns in service delivery. Despite the obvious purpose of case assignment, little empirical evidence was available on the nature of this aspect of service delivery in the social work literature. Although Abramowitz (1981) found that a client's gender was significantly associated with his/her worker's gender in human services, no causal explanation was provided. Similarly, these findings suggest, even after over twenty years, that a client's gender continues to be a major predictor of his/her social worker's gender in human services. However, motives and beliefs associated with gender-matching case assignment practices vary. Gender-matching case assignment beliefs are positively associated with beliefs that these practices improve service outcomes, reduce workplace violence, and are justified under conditions of potential violence.

In mental health, outcomes of gender matching have been studied (Flaskerud & Liu, 1990; Wu & Windle, 1980; & Vail, 1976). Despite these efforts, no clear pattern has emerged. These findings also suggest there are within-subject differences by race and/or

ethnicity. Specifically, while improved utilizations are found among Asian-American males, increased dropout rates are found among African-Americans. Gender-based case assignments for some clients (and workers) may be preferred. But, this mere preference in absence of scientific evidence may not be justified. In short, since there is little empirical evidence that workers provide better services by virtue of their gender, the effect of gender-matching on service outcomes remains an unresolved issue. Then again, if gender-matching in case assignment is driven by beliefs that it reduces workplace violence, then Davis (1991) is correct to suggest that male workers may be used to contain (or manage) the risk of violence in the workplace. Under this condition, by virtue of their gender, male social workers may be implicitly (or explicitly) expected to take on the role of managing violent clients (or situations) in the workplace (Carmel & Hunter, 1989; Kadushin, 1976). The use of workers' gender in this context may also be viewed as an informal management approach to safety. Either way, the use of a worker's gender as an *ad hoc* risk management strategy prevents meaningful efforts to develop safety policy practices with a goal of improving safety for all workers.

PRACTICE, MANAGEMENT, AND POLICY IMPLICATION FOR SOCIAL WORK

Social work supervisors are expected to serve not only as managers, where they supervise the delivery of services, but also as supervisors of workers providing the services. Since client-related violence is a feature of contemporary social work practice, tensions between the dual concerns of service delivery and worker safety is a major concern. This investigation underscores the complex factors (e.g., client, supervisory, and policy practices) potentially contributing to elevated reports of client-related violence experienced by male social workers. These findings have practice, management, and policy implications for social workers in mental health service settings.

For direct practice, gender-sensitive case assignment has major implications for service delivery, skill development, and client-related violence. For example, if a practitioner's (or client's) gender is used as a principal determinant, supervisors may not only deny clients the full range of expertise available from practitioners of both genders, but also

perpetuate certain negative socio-cultural stereotypes about gender (Benokraitis, & Feagin 1995). Moreover, if practitioners are not provided the opportunity to develop skills to serve a diverse population of clients (including those of both genders), supervisors then risk limiting the range of skills that practitioners under their supervision may develop. Finally, some practitioners may be exposed to more violence risk factors (i.e., client or task), which may result in disparities in risk exposure. If any segment of practitioners is *expected* to bear more of the burden of serving potentially violent clients in the workplace, then this raises concerns of equity and fairness. These practices, for both men and women, may impose gender-socializing norms that may reinforce a set of behaviors (or practices) that permeates the profession, which may not serve our clients and frontline service providers well.

For management, gender-sensitive case assignment has implications for resource allocation and risk management. While research suggests professional social workers are aware that a client's gender, behavioral history, and diagnostic profiles are predictors of potentially violent behavior (Mace, 1989; Werner, et al., 1989), these factors are also used in assessing a client's dangerousness (Tardiff, 1996). Social work supervisors may use this information in making case assignment and/or service referral decisions (Fellin, 1996; Kadushin, 1992). While social work supervisors alone and with others (i.e., practitioners) determine the majority of assignment decisions in mental health service settings, supervisors as independent decision-makers constituted the largest portion of case assignment decision-makers in this sample. Therefore, case assignment is primarily a function of social work supervisors. In this capacity, supervisors are sanctioned by the agency to decide about different aspects of service delivery. One aspect of this function is the assignment of new (or old) client cases to available workers. Since most professional social work supervisors in this sample are female and more likely to use gender-sensitive case assignments, it is critical that these supervisors carefully assess the basis of their assignment decisions around potentially violent clients. These decisions may have not only client service and worker safety implications, but also potential legal (i.e., reverse discrimination) implications. Simply stated, female social work supervisors may be more discriminatory in decision-making under these conditions. The challenge in managing this aspect of human service is to establish clear guidelines for when gender-sensitive case assignments are appropriate.

For policy, gender sensitive case assignment has implications for violence prevention and workplace equity. Efforts to prevent (or reduce) and manage client violence toward workers should never be totally driven by worker's demographic characteristics. Safety policy efforts in mental health service settings must take a multi-system appropriate that incorporates individual, managerial, and organizational factors under consideration in order to prevent and reduce occurrences of violence to benefit all concerned. Also, safety policy procedures (or protocols) must address the many client, community, and workplace practice-related risks of violence confronting professional social workers who provide most of the nation's mental health services (DHHS, 1998b). Stated simply, we should resist efforts to engage in gender-sensitive case assignment decisions as a sole or primary means of addressing the hazards of client violence without considerable justification. If gender sensitive decisions are not guided by justifiable links to gender-related reasoning and evidence, then these decisions are discriminatory and open the agency up to potential legal challenges. Furthermore, efforts to justify gender sensitive task assignment in the workplace may have an unintended consequence of eroding gender equity efforts in the profession. For example, if one attempts to justify differences in work assignment by gender, then one might possibly attempt to justify salary and career advancement differences along the same lines.

In the end, we are not suggesting that female social workers should be expected to experience more client violence. To the contrary, client-related violence should be an equally rare experience for any social worker-- male or female-- engaged in service delivery. The clear challenge is to develop safe work practices, risk management efforts, and policy protocols to address the safety of all workers equally.

THE STUDY'S LIMITATIONS AND STRENGTHS

This investigation has several limitations that should be recognized and discussed. The first limitation involves the sample. The National Association of Social Workers (NASW) national office database, the study's sampling frame, is limited by the fact that not all social workers belong to NASW. In fact, the Bureau of Labor Statistics suggests that over 600,000 social workers practice throughout the nation. However, NASW's roster accounts for over 150,000 professional social workers, which is less than one-third of the total. While

the study achieved an expected 50% (N=295) response rate from of the total sampling frame, the exclusion of 97 respondents (32.8%) from the total returns dramatically reduced the sample size. The final usable sample (N=181) included only 61.2% of the total returns and 31% of the total sampling frame. Therefore, these findings should be interpreted cautiously. In addition, the results should be generalized only to social work supervisors that are members of NASW in mental health settings.

The second limitation involves the study's experimental design, which utilizes hypothetical client vignettes. While this approach is widely recognized throughout the research community as effective and appropriate for isolating operating mechanisms in decision research, it represents an artificial construction of the real world with select manipulations. The list of social workers was available, but respondents could only ascertain a practitioner's age, gender, and years of specific experience. There is no doubt that supervisors consider other factors, such as a worker's knowledge, skills and caseload, in addition to equality of task, in their decision-making. However, consideration was not given to these factors. Future efforts should employ methodologies to allow for the evaluation of such factors.

The third limitation of this study involved the generalizability of the findings to client populations (or conditions). In particular, this investigation tested a series of hypotheses under select adult client diagnostic conditions (i.e., co-occurring, alcohol abuse, schizophrenia, and borderline personality disorders), which limits their relevance only to those client conditions. While this level of specification provides intricate understanding of how various factors may operate under distinct conditions, it potentially masks broader concerns of how a client's history of violence affects case assignment decisions among supervisors. Therefore, it would have been useful to either drop the diagnostic references in the vignettes or use diagnoses that were not associated in the literature with a high risk of violence.

The fourth limitation of this study involves measurement error. While the survey instruments were pilot-tested before data collection, questions remain about the sensitivity of the critical variable, a client's history of violence, in the hypothetical vignettes. Other risk factors (i.e., client diagnoses) may have obscured the critical variable and limited its effect in

the vignettes, especially since the respondents rated a client's history of violence as one of the highest concerns in case assignment.

Finally, the fifth limitation involves sample size and conceptual links among the study's variables. It is highly likely that significant higher-order interactions (i.e., four- and five-level) exist among the investigation's variables if the usable returns (N's) were large enough to evaluate. Given the numerous test performed, the results could be due to sampling variability. Therefore, the results must cautiously interpreted.

The study has several strengths that should be recognized and discussed. The first strength involves the research design. This investigation utilized an experimental design with hypothetical vignettes, which allow control of extraneous factors and easy manipulation of specific factors. For instance, a series of factors were controlled such as the client's age, gender, experience, and diagnoses; and the worker's age, gender, and experience. Therefore, this design allowed the investigation to test multiple hypotheses under different conditions (i.e., clients' gender, diagnoses, and behavioral histories).

The second strength involves the population sample and sampling method. This investigation utilized a national random sample from the NASW membership roster in the U.S. This roster includes over 150,000 members who met the NASW definition of having completed education at a school accredited by the Council of Social Work Education. Since the study was interested in the decision-making of social work supervisors in mental health service settings, this sample included only those that had previously identified "supervision" and "mental health" as their primary practice function and domain, respectively. Therefore, over 1,200 NASW members met these criteria. In fact, the final return sample included 1 in 2 (N=295), and the final usable sample included 1 in 5 members (N=181) who met these criteria. Thus, there is an opportunity for power inference and generalizability of the results. Given the probability sampling, random assignment of respondents, and controlled nature of the vignettes, the results will likely have high internal and external validity.

The third strength involves topic of research. While a number of investigations have found that male social workers are at an increased risk for client-related violence (Newhill, 1996), this investigation is the first explanatory effort to examine gender disparities among social workers regarding client-related violence. In addition, this investigation is the first known effort to explore case assignment beliefs among professional social work supervisors

in mental health service settings. In fact, no previous study had empirically examined this aspect of social work supervision among a national sample. Thus, this study makes a unique contribution to the social work literature in this area.

The fourth strength involves factors of consideration into gender disparities in client violence among social workers. While previous research efforts have considered practice settings as a risk factor, this effort examined supervisory (or management) and organizational safety policy practices as likely contributors to gender disparities in client-related violence in mental health services. Thereby, this investigation measured how internal and external factors impinge on the case assignment decisions of social work supervisors.

RECOMMENDATIONS FOR FUTURE RESEARCH

The following recommendations are suggested:

- Complete qualitative investigations among social work practitioners and supervisors regarding their case assignment decision-making processes and practices. Specifically, examine their efforts in providing services to potentially violent clients (or communities) to understand their risk management strategies. Such efforts will expand the limited knowledge addressing the dual concerns to service provision and worker safety, which is very important to service providers and supervisors in the field.
- Investigate alternate client-related factors, such as diagnosis, ethnicity, race, age, and disability status, which may influence case assignment (or decision-making). Such studies will help to further elucidate the role of these factors in increasing (or decreasing) the exposure of some workers to client-related violence in human services.
- Investigate other supervisory-related factors, such as age, beliefs, attitudes, experiences, and leadership styles that may influence case assignment (or decision) practices. Because gaps exist in the literature, this area presents opportunity for substantial growth, as we continue to understand factors associated with risk exposure and the broader implications of discrimination within the profession. Workplace safety has to be a broad concern that galvanizes the profession to act to protect all workers.

- Further investigate the challenges confronting social service supervisors across different service populations in order to provide guidance to practitioners on how best to develop workplace protocols, policies, and practices to not only reduce the risk of violence to clients and service providers but also improve service delivery.
- Investigate the interpersonal behavior differences between male and female social work practitioners as a possible source of this form of gender disparity. There is some evidence suggesting that workers who are less likely to remove themselves from threatening or potential violent situations may be at greater risk of experiencing client-related violence.
- Investigate implications of gender-sensitive case assignment practices. While such practices may be necessary at times, a substantial number of social work supervisors believe that gender-sensitive assignment practices not only reduce the risk of violence, but also improve service outcomes.
- Replicate this study with a cross-sectional sample of professional social work supervisors, across fields (e.g., child welfare, drug and alcohol) and levels of service (i.e., agency directors, program managers, direct service providers). However, avoid the pitfall of including too many factors in the vignettes, since this may serve to obscure the primary variable.
- Complete a series of evaluation studies to assess the extent of preventative safety policies in different settings. Mixed methodologies should be used to capture the extent, impact, and results of such policy efforts on agencies, workers, and clients.
- Complete a cost-benefit analysis regarding the fiscal benefits of implementing preventive policies (or protocols) and the compounded cost associated with increases in the mental and physical health care to workers, reduced quality of care to clients, loss of personnel, and others. In fact, such an investigation may be the most compelling effort to get the

attention of key decision-makers, who have a stake in reducing cost to their agencies (or institutions).

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APPENDICES

- A. Survey Cover Letter
- B. Survey Questionnaires:
 - B.1 Control (Non-violent behavior) survey - MM/FF vignettes
 - B.2 Control (Non- violent behavior) survey - FF/MM vignettes
 - B.3 Experimental (Violent behavior) survey - MM/FF vignettes
 - B.4 Experimental (Violent behavior) survey - FF/MM vignettes
- C. Enclosed Separately Return Post Card
- D. Second Follow-up Cover Letter
- E. Institutional Review Board Approval Letter

APPENDIX - A

SURVEY COVER LETTER



University of Pittsburgh

*School of Social Work
Center for Mental Health Services Research*

2217 Cathedral of Learning
Pittsburgh, Pennsylvania 15260
412-624-6572
Fax: 412-624-1159

May 10, 2002

Dear Social Work Colleague:

Workplace safety has become a critical issue for social workers and human service providers, alike. In the United States, employment in mental health settings significantly increases risks to workers' safety. This fact poses daily challenges to managers like you, who are concerned with the all too often competing demands of service delivery and workers' safety.

Enclosed is a questionnaire that attempts to understand how you respond to and resolve this dilemma. Your name was selected at random from the NASW's membership roster of management level mental health professionals to participate in this national study. The survey is supported by a federal grant from the National Institute for Occupational Safety and Health to the School of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania.

There are no correct or incorrect responses to the survey. Rather, we want to develop a better understanding of current management efforts to reduce both practitioners' and clients' risk of violence. To achieve this, social work managers like yourself are being surveyed to broaden this knowledge. Because a representative sample is critical to the generalizability of the findings, your participation is of the utmost importance to the success of the study. Each unreturned questionnaire reduces our ability to draw conclusions.

Be assured that your responses are completely anonymous. In fact, there is no way for anyone, including me, to identify who returns any given questionnaire. Findings will be reported in the aggregate only.

Would you kindly take the time from your already busy schedule to complete the questionnaire and return it in the enclosed self-addressed stamped envelope? The survey should take about 30 minutes to complete. When you return the questionnaire, would you please also mail the enclosed postcard separately? The postcards will be used to eliminate names from a follow-up mailing list to non-respondents. They do not provide any information about any person's responses and in no way affect the anonymity of the separately returned questionnaire.

Please try to return this material as soon as possible. If you have any questions, please contact me at the above address or by calling me at (412) 624-6572. In case of my absence, please leave a name and number so that I can promptly return your call. Thank you very much. Your participation is greatly appreciated.

Sincerely,

Tony B. Lowe, MSW, ACSW, Ph.D. Candidate
Principal Investigator

Appendix - B

SURVEY QUESTIONNAIRES

Appendix – B-1

SURVEY INSTRUMENT

B.1 Control (Non-Violent History) Survey – MM/FF Vignettes

**A SURVEY OF ORGANIZATIONAL AND SOCIAL WORK
SUPERVISOR'S EFFORTS TO RESPOND TO WORKPLACE SAFETY ISSUES**

Section 1: Introduction

For this survey, I am primarily concerned about workplace safety issues toward social workers in the form of threats, assaults, or attacks by clients.

1. Do you currently or have you ever supervised direct practice social workers?

- No, I have never supervised direct practice social workers
- Yes, in the past I have supervised direct practice social workers
- Yes, I am currently supervising direct practice social workers

If no: If you have never supervised direct practice social workers, please respond to questions # 2 & 3 and return the questionnaire in the enclosed envelope. Thank you!

If yes: If you are not currently supervising direct practice social workers, please respond to question #2 & 3, plus the following question below:

What is the primary reason you are not supervising social workers?

If yes: If you are currently supervising direct practice social workers, social service, or human service workers, please complete the entire questionnaire beginning with the question below.

2. What best describes your current primary place of employment, if any? (Check one)

- Acute psychiatric care facility
- Partial hospitalization care facility
- Residential care / Group home facility
- Mental health / Counseling center
- Veteran's Affairs facility
- Private practice
- Others (please specify) _____

3. What best describes your current role in your place of employment, if any? (Check one)

- Frontline Supervisor / Manager
- Program Manager / Director
- Administrative Officer / Agency Director
- Other (please specify) _____

Section 2: Case Vignettes

This section includes one closed ended question and four hypothetical client case vignettes. Please read each item closely and place a check or number in the appropriate space.

4. The assignment of new client cases to primary service providers is usually done by a: (Check one)

- supervisor (e.g., one person)
- practitioners (e.g., direct service providers)
- supervisory team (e.g., a group of supervisors or managers)
- combination of supervisors and practitioners
- random process (e.g., rotating admission, case load size)

5. After reading the following case vignettes, decide from the list of available workers the likelihood that you would assign this case to these practitioners. For each of the practitioners below, place a numerical ranking (1 = most likely to 5 = least likely) based on the scale below. Assign a different rank for each worker in the adjacent space.

Vignette #1

John is a 38-year-old with a diagnosis of schizophrenia complicated by chronic alcohol and poly-substance abuse. He has been hospitalized after two weeks of exacerbating symptoms, which are characterized by increasingly delusional, bizarre, and anxious behavior. Alerted by neighbors, John's landlord informed his father who contacted his case manager at the mental health center for assistance. It was determined that he had been intoxicated and had missed his anti-psychotic injection. Marked by general resistance to services and isolative behaviors, his behavioral history is typified by disorganization and avoidance of others. Upon completion of acute treatment, he has been referred to an intensive case management program and needs to be assigned a practitioner.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | Rank |
|---|---|
| a. James is a 41 year old social worker with acute and community-based care experience which includes twelve years of experience with chronically mentally ill adult clients | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Stephanie is a 38 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Pat is a 39 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse. | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Mark is a 37 year-old social worker with two years of drug and alcohol service experience and ten years primarily with chronically mentally ill adults clients. | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Mollie is a 40 year-old social worker with nine years of experience with chronically mentally ill adult clients and two years in acute forensic services. | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #2

Robert is 40-year-old with a ten year history of alcohol abuse/ dependence. Although reluctant, he agreed to treatment after an intervention by his family and employer. As an area sales representative for a national beverage company, his forceful demeanor once led him to being one the best representatives in the region. Although generally seen as stately toward others, he is particularly known for his socially inappropriate behavior when intoxicated. Such behaviors have led to strained family relationships and two complaints after office social events by colleagues. After completing detoxification, he has been referred to an ambulatory substance abuse treatment program and the local AA support group. He needs to be assigned to a primary provider of service delivery.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
---------------------------	----------------------------------	---------------------------------	----------------------------------	----------------------------

- | | <u>Rank</u> |
|--|---|
| a. Glenda is a 29 year old social worker with eight years of combined inpatient and outpatient experience in substance abuse treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Richard is a 32 year old social worker with six years in outpatient drug treatment and two years of experience in residential drug treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Michelle is a 41 year old social worker with four years of outpatient substance abuse treatment and four of residential substance treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Greg is a 38 year old social worker who has worked for total of twelve years between outpatient and acute service treatment environments | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Morgan is a 35 year old social worker with eight years of experience of case management and two years in inpatient care with client suffering substance abuse . . . | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #3

Melinda is 27-year old with an eight-year history of suffering from schizophrenia. Because of a pattern of treatment resistance, she has a history of multiple episodes of hospitalization annually for psychosis and danger to herself. Her paranoia manifests itself in beliefs that the FBI is after her and others are trying to poison her. Since her condition has led to alienating family and friends, mal-nutrition, and suicide attempts, she has been placed under court-supervised treatment and hospitalized at the state hospital's psychiatric unit. After completing over six months of inpatient and residential treatment to stabilize her condition, there are concerns about her ability to maintain basic living. For assistance, she has been referred to the community support (or assertive community treatment) program at the local community mental health center to help manage her care and facilitate an independent lifestyle. She needs to be assigned to a primary provider to manage her case in their program.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
---------------------------	----------------------------------	---------------------------------	----------------------------------	----------------------------

- | | <u>Rank</u> |
|--|----------------------|
| a. Arden is a 33 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse | <input type="text"/> |
| b. Michael is a 35 year old social worker with acute and outpatient treatment experience that includes ten years with chronically mentally ill adult clients | <input type="text"/> |
| c. Elizabeth is a 31 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input type="text"/> |
| d. Fred is a 34 year-old social worker with two years of drug and alcohol service experience and six years primarily with chronically mentally ill adults clients..... | <input type="text"/> |
| e. Anita is a 34 year-old social worker with seven years of experience with chronically mentally ill adult clients and two years in acute forensic services..... | <input type="text"/> |

(Continue on the next page)

Vignette #4

Stephanie is a 33-year-old with a previous history of borderline personality disorder (BPD). Her partner recently brought her to the emergency room after finding her with self-induced lacerations on her arms. Her chief complaint to the staff was that "I wanted to kill myself". She worked in her family's trucking business, where she serves as the dispatcher and clerk. The current crisis began when her partner refused to cancel plans to have dinner with an old college friend, who was passing through town. While her partner has often given into such demands in the past, on this occasion he refused. Stephanie insists that such action amounted not only to a betrayal, but also to an effort to abandon the relationship. She reported feeling increasingly irritable and empty as the day arrived, which hindered her ability to do her job. As a result, she was briefly hospitalized where she worked well with staff and has been referred to a local group practice that specializes in treating clients with BPD for follow-up.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | Rank |
|---|---|
| a. Ed is a 48 year old social worker with over twenty-one years of inpatient and outpatient experience and has spent the last ten years in the group specializing with similar clients..... | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Beverly is a 39 year old social worker has worked in the group for four years and had held other clinical positions at the community mental health center for over six years | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Dale is a 43 year old social worker with over sixteen years of experience serving adult clients with different mental disorders. Eight of those years have been with the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Bill is a 38-year-old social worker with over ten years of outpatient service and some inpatient service experience. Six of the ten years have been in the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Elizabeth is a 47 year-old social worker has worked in the group for the last twelve years and previously worked ten years in acute and outpatient care services..... | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Section 3: Client and Practitioner Attributes

6. With regard to the previous case vignette section, to what extent did the following list of client and practitioner attributes influence your decision. Indicate by placing a check in the brackets next to each item.

Attributes:	Not at all important	Slightly	Somewhat	Very	Extremely important
	1	2	3	4	5
a. Practitioners' age	[]	[]	[]	[]	[]
b. Practitioners' experience	[]	[]	[]	[]	[]
c. Practitioners' gender	[]	[]	[]	[]	[]
d. Clients' age	[]	[]	[]	[]	[]
e. Clients' behavioral history	[]	[]	[]	[]	[]
f. Clients' gender	[]	[]	[]	[]	[]

Section 4: Self Description

7. This section has a list of personality characteristics. I would like you to use these characteristics to describe yourself. Please indicate, on a scale from 1 to 7, how true each of these characteristics is. Please do not leave any of the characteristics unmarked.

- 1 = never or almost never true 5 = often true
 2 = usually not true 6 = usually true
 3 = sometimes but infrequently true 7 = Always or almost always true
 4 = occasionally true

1. Defend my own beliefs
2. Affectionate
3. Adaptable
4. Independent
5. Sympathetic
6. Conscientious
7. Assertive
8. Sensitive to the needs of others
9. Conceited
10. Strong personality
11. Understanding
12. Conventional
13. Forceful
14. Compassionate
15. Jealous

16. Have leadership abilities
17. Eager to soothe hurt feelings
18. Moody
19. Willing to take risk
20. Warm
21. Reliable
22. Dominant
23. Tender
24. Secretive
25. Willing to take a stand
26. Loves children
27. Tactful
28. Aggressive
29. Gentle
30. Truthful

Section 5: Organizational Policy Practices

8. This section is concerned about your agency's current administrative and work practice control policies (or safety strategies) efforts. For each statement below, indicate whether such policies and/or procedures exist in your agency by checking the appropriate space. If the policy is "not applicable", indicate by checking the space marked (NA).

Our agency <u>currently</u> has policies and/or procedures that:	Yes	No	NA
a. <u>clearly</u> state that violence is not permitted from clients and/or staff	[]	[]	[]
b. established liaison with local police and/or state prosecutors	[]	[]	[]
c. monitor violent clients at night (i.e., open versus locked seclusion)	[]	[]	[]
d. require a sign-in for all visitors beyond public waiting areas	[]	[]	[]
e. established a list of "restricted visitors" for some client	[]	[]	[]
f. require supervising the movement of clients throughout the facility	[]	[]	[]
g. does <u>not</u> restricts access to facilitates other than the waiting room	[]	[]	[]
h. restricts access to pharmacy areas	[]	[]	[]
i. ascertain the behavioral history of new and transferred clients t (i.e., past violent or assaultive behaviors)	[]	[]	[]
j. the establishing a system to identifying potential volatile clients (i.e., chart tags, log books, verbal census reports)	[]	[]	[]
k. provide contingency plans to treat clients who are "acting out" or making verbal or physical threats to others	[]	[]	[]
l. provide staff members with escorts to parking areas in evening or late hours.	[]	[]	[]
m. treats and/or interviewed aggressive client(s) in relatively closed areas (e.g., rooms with removable partitions)	[]	[]	[]
n. transfers aggressive and/or assaultive client(s) to "acute care units" or facilities	[]	[]	[]

Our social service employees are:	Yes	No	NA
o. required to report <u>all</u> assaults or threats to a supervisor or manager.	[]	[]	[]
p. provided inadequate training for de-escalating and/or restraining clients.	[]	[]	[]
q. permitted to work alone in emergency areas or walk in clinics	[]	[]	[]

(Continue on to the next page)

- Our social service employees are:
- | | Yes | No | NA |
|--|--------------------------|--------------------------|--------------------------|
| r. discouraged from wearing jewelry to help prevent strangulation in confrontive situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. discouraged from carrying keys, pens, or other sharp items that could be used as a weapon. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. advise and assisted, if needed, of the agency's procedures for requesting police assistance (or filing charges) when assaulted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. advised to establish a daily work plan regarding schedules in the in the community or field. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. advised to establish a contact person, if they are working in the community or field | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Supervisors (or designees) in our agency generally:
- | | Yes | No | NA |
|--|--------------------------|--------------------------|--------------------------|
| w. conduct post-incident evaluation of workers or clients subject to abusive behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. do not keep log books and/or reports of such incidents of violence. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Do you generally agree or disagree with the adequacy of the current policies given the level of risk confronting the agency workers? Please explain.

- Agree
 Disagree

10. What risk level of client violence in general do you believe social service staff are exposed to at your agency? (check one)

- Low risk
 Moderate risk
 High risk

11. What best describes your agency's primary client service population? (Check all that applies)

- Adults with psychiatric disorders
 Child/adol. with psychiatric disorders
 Adults with developmental disabilities
 Child/Adol. with developmental disabilities
 Adults with substance abuse disorders
 Adolescents with substance abuse disorders
 Other (please specify) _____

Section 6: Case Assignment Practices

12. The following statements reflect different positions about assignment practices in human services. Indicate the extent to which you agree or disagree with the following statements.

Strongly Disagree	Disagree Moderately	Neither	Agree Moderately	Strongly Agree
1	2	3	4	5

- a. Matching of clients' and practitioners' gender is generally not important.
- b. Special client needs are always a critical factor in decision-making.
- c. Male clients are generally more violent than women clients.
- d. A client's history of violence is a critical factor of concern.
- e. Deliberate assignment of specific clients to select practitioners improves service delivery.
- f. Male practitioners should be assigned clients that are more violent.
- g. Practitioners of the same gender as the client(s) should address gender specific issues.
- h. Caseload size concerns often influence case assignment decisions.
- i. Strategic assignment of volatile clients helps reduce workplace violence.
- j. Gender based decisions help reduce workplace violence.
- k. Practitioners' experience with similar cases should not be considered.
- l. Clients more often than not have issues related gender concerns.
- m. Clients should be assigned without concern for their behavioral history.
- n. Culturally sensitive issues should not be a concern in case assignment decisions.
- o. Clients generally respond better when their gender matches that of their practitioner.
- p. A client's past aggressive behavior should not be a factor in decision-making.
- q. Practitioner's skills should be a primary determinant in client case assignment.
- r. The risk of client violence justifies gender sensitive case assignment decisions.

13. Briefly identify and discuss three factors that you consider important in the case assignment decision-making process of new client cases.

14. How many years of direct social work practice experience have completed? _____ (a number)
15. How many total years of social service supervision experience do you have? _____ (a number)

Section 7: Past Experience

16. This section asks some general questions about your past experiences. Please check the appropriate space that best reflects your experience.

In the last year (12 months):	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your supervision been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision been seriously psychologically injured (i.e., requiring an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

In your <u>career</u> :	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client ever <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client ever <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your immediate supervision ever been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision ever been seriously psychologically injured (i.e., required an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision ever been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision ever been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision ever resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

(Continue to next page)

Section 8: Demographics

This section asks some general descriptive information about you. Please check the appropriate space.

17. Your gender. (Check one)

- Female
- Male

18. Your current age _____ (a number)

19. Your race: (Check one)

- European American/ white
- African American/ black
- Hispanic American/ Latino
- Asian American/ Pacific Islander
- Native American/ Alaskan Native
- Other, please specify: _____

20. Your ethnicity: (Check one)

- Non-Hispanic/Latino
- Hispanic American/ Latino

21. The highest level of professional education completed.

- BASW / BSW
- Master (not social work)
- MSW/ MSSW/ MSSA
- Ed.D. /Psy.D.
- Ph.D./DSW (in social work)
- Ph.D. (non-social work)
- Other, please specify: _____

22. What best describe your current supervises? Check all that apply

- Social Workers (i.e., BSW, MSW)
- Counselors (i.e. LPC, MFC.)
- Social Service Workers
- Para-Professionals/ Human Service Workers
- Others, Explain _____

23. How many total years have you spent at your current agency? _____ (# of years)

24. What is your state of resident? _____ (Initials Only)

25. In what state do you primarily practice? If same as above, write same _____ (Initials Only)

26. Specific to social services, are there any additional comments that you would like to share about the state of (or challenges to) workplace safety for your place of employment?

End of Questionnaire

THANK YOU!!!

Appendix – B-2

SURVEY INSTRUMENT

B.2 Control (Non-Violent History) Survey – FF/MM Vignettes

**A SURVEY OF ORGANIZATIONAL AND SOCIAL WORK
SUPERVISOR'S EFFORTS TO RESPOND TO WORKPLACE SAFETY ISSUES**

Section 1: Introduction

For this survey, I am primarily concerned about workplace safety issues toward social workers in the form of threats, assaults, or attacks by clients.

1. Do you currently or have you ever supervised direct practice social workers?

- No, I have never supervised direct practice social workers
- Yes, in the past I have supervised direct practice social workers
- Yes, I am currently supervising direct practice social workers

If no: If you have never supervised direct practice social workers, please respond to questions # 2 & 3 and return the questionnaire in the enclosed envelope. Thank you!

If yes: If you are not currently supervising direct practice social workers, please respond to question #2 & 3, plus the following question below:

What is the primary reason you are not supervising social workers?

If yes: If you are currently supervising direct practice social workers, social service, or human service workers, please complete the entire questionnaire beginning with the question below.

2. What best describes your current primary place of employment, if any? (Check one)

- Acute psychiatric care facility
- Partial hospitalization care facility
- Residential care / Group home facility
- Mental health / Counseling center
- Veteran's Affairs facility
- Private practice
- Others (please specify) _____

3. What best describes your current role in your place of employment, if any? (Check one)

- Frontline Supervisor / Manager
- Program Manager / Director
- Administrative Officer / Agency Director
- Other (please specify) _____

Section 2: Case Vignettes

This section includes one closed ended question and four hypothetical client case vignettes. Please read each item closely and place a check or number in the appropriate space.

4. The assignment of new client cases to primary service providers is usually done by a: (Check one)

- supervisor (e.g., one person)
- practitioners (e.g., direct service providers)
- supervisory team (e.g., a group of supervisors or managers)
- combination of supervisors and practitioners
- random process (e.g., rotating admission, case load size)

5. After reading the following case vignettes, decide from the list of available workers the likelihood that you would assign this case to these practitioners. For each of the practitioners below, place a numerical ranking (1 = most likely to 5 = least likely) based on the scale below. Assign a different rank for each worker in the adjacent space.

Vignette #1

Joan is a 38-year-old with a diagnosis of schizophrenia complicated by chronic alcohol and poly-substance abuse. She has been hospitalized after two weeks of exacerbating symptoms, which are characterized by increasingly delusional, bizarre, and anxious behavior. Alerted by neighbors, Joan's landlord informed her father who contacted her case manager at the mental health center for assistance. It was determined that she had been intoxicated and had missed her anti-psychotic injection. Marked by general resistance to services and isolative behaviors, her behavioral history is typified by disorganization and avoidance of others. Upon completion of acute treatment, she has been referred to an intensive case management program and needs to be assigned a practitioner.

Most likely assigned	Second most likely assigned	Third most likely assigned	Fourth most likely assigned	Least likely assigned
1	2	3	4	5

- | | <u>Rank</u> |
|--|---|
| a. James is a 41 year old social worker with acute and community-based care experience which includes twelve years of experience with chronically mentally ill adult clients | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Stephanie is a 38 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Pat is a 39 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse..... | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Mark is a 37 year-old social worker with two years of drug and alcohol service experience and ten years primarily with chronically mentally ill adults clients. | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Mollie is a 40 year-old social worker with nine years of experience with chronically mentally ill adult clients and two years in acute forensic services. | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #2

Roberta is 40-year-old with a ten year history of alcohol abuse/ dependence. Although reluctant, she agreed to treatment after an intervention by her family and employer. As an area sales representative for a national beverage company her forceful demeanor once led her to being one the best representatives in the region. Although generally seen as stately toward others, she is particularly known for her socially inappropriate behavior when intoxicated. Such behaviors have led to strained family relationships and two complaints after office social events by colleagues. After completing detoxification, she has been referred to an ambulatory substance abuse treatment program and the local AA support group. She needs to be assigned to a primary provider of service delivery.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | <u>Rank</u> |
|--|---|
| a. Glenda is a 29 year old social worker with eight years of combined inpatient and outpatient experience in substance abuse treatment | <input style="width: 50px; height: 25px;" type="text"/> |
| b. Richard is a 32 year old social worker with six years in outpatient drug treatment and two years of experience in residential drug treatment | <input style="width: 50px; height: 25px;" type="text"/> |
| c. Michelle is a 41 year old social worker with four years of outpatient substance abuse treatment and four of residential substance treatment | <input style="width: 50px; height: 25px;" type="text"/> |
| d. Greg is a 38 year old social worker who has worked for total of twelve years between outpatient and acute service treatment environments | <input style="width: 50px; height: 25px;" type="text"/> |
| e. Morgan is a 35 year old social worker with eight years of experience of case management and two years in inpatient care with client suffering substance abuse | <input style="width: 50px; height: 25px;" type="text"/> |

(Continue on the next page)

Vignette #3

Melvin is 27-year old with an eight-year history of suffering from schizophrenia. Because of a pattern of treatment resistance, he has a history of multiple episodes of hospitalization annually for psychosis and danger to himself. His paranoia manifests itself in beliefs that the FBI is after him and others are trying to poison him. Since his condition has led to alienating family and friends, mal-nutrition, and suicide attempts, he has been placed under court-supervised treatment and hospitalized at the state hospital's psychiatric unit. After completing over six months of inpatient and residential treatment to stabilize his condition, there are concerns about his ability to maintain basic living. For assistance, he has been referred to the community support (or assertive community treatment) program at the local community mental health center to help manage his care and facilitate an independent lifestyle. He needs to be assigned to a primary provider to manage his case in their program.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
---------------------------	----------------------------------	---------------------------------	----------------------------------	----------------------------

- | | <u>Rank</u> |
|--|---|
| a. Arden is a 33 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse | <input style="width: 50px; height: 25px;" type="text"/> |
| b. Michael is a 35 year old social worker with acute and outpatient treatment experience that includes ten years with chronically mentally ill adult clients | <input style="width: 50px; height: 25px;" type="text"/> |
| c. Elizabeth is a 31 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input style="width: 50px; height: 25px;" type="text"/> |
| d. Fred is a 34 year-old social worker with two years of drug and alcohol service experience and six years primarily with chronically mentally ill adults clients..... | <input style="width: 50px; height: 25px;" type="text"/> |
| e. Anita is a 34 year-old social worker with seven years of experience with chronically mentally ill adult clients and two years in acute forensic services..... | <input style="width: 50px; height: 25px;" type="text"/> |

(Continue on the next page)

Vignette #4

Steven is a 33-year-old with a previous history of borderline personality disorder (BPD). His partner recently brought him to the emergency room after finding him with self induced lacerations on his arms. His chief complaint to the staff was that "I wanted to kill myself". He worked in his family's trucking business, where he serves as the dispatcher and clerk. The current crisis began when his partner refused to cancel plans to have dinner with an old college friend, who was passing through town. While his partner has often given into such demands in the past, on this occasion she refused. Steven insists that such action amounted not only to a betrayal, but also an effort to abandon the relationship. He reported feeling increasingly irritable and empty as the day arrived, which hindered his ability to do his job. As a result, he was briefly hospitalized where he worked well with staff and has been referred to a local group practice that specializes in treating clients with BPD for follow-up.

Most likely assigned	Second most likely assigned	Third most likely assigned	Fourth most likely assigned	Least likely assigned
1	2	3	4	5

- | | <u>Rank</u> |
|---|---|
| a. Ed is a 48 year old social worker with over twenty-one years of inpatient and outpatient experience and has spent the last ten years in the group specializing with similar clients..... | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Beverly is a 39 year old social worker has worked in the group for four years and had held other clinical positions at the community mental health center for over six years | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Dale is a 43 year old social worker with over sixteen years of experience serving adult clients with different mental disorders. Eight of those years have been with the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Bill is a 38 year-old social worker with over ten years of outpatient service and some inpatient service experience. Six of the ten years have been in the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Elizabeth is a 47 year-old social worker has worked in the group for the last twelve years and previously worked ten years in acute and outpatient care services..... | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Section 3: Client and Practitioner Attributes

- a) With regard to the previous case vignette section, to what extent did the following list of client and practitioner attributes influence your decision. Indicate by placing a check in the brackets next to each item.

Attributes:	Not at all important	Slightly	Somewhat	Very	Extremely important
	1	2	3	4	5
a. Practitioners' age	[]	[]	[]	[]	[]
b. Practitioners' experience	[]	[]	[]	[]	[]
c. Practitioners' gender	[]	[]	[]	[]	[]
d. Clients' age	[]	[]	[]	[]	[]
e. Clients' behavioral history	[]	[]	[]	[]	[]
f. Clients' gender	[]	[]	[]	[]	[]

Section 4: Self Description

7. This section has a list of personality characteristics. I would like you to use these characteristics to describe yourself. Please indicate, on a scale from 1 to 7, how true each of these characteristics is. Please do not leave any of the characteristics unmarked.

- | | |
|-------------------------------------|----------------------------------|
| 1 = never or almost never true | 5 = often true |
| 2 = usually not true | 6 = usually true |
| 3 = sometimes but infrequently true | 7 = Always or almost always true |
| 4 = occasionally true | |

1. Defend my own beliefs
2. Affectionate
3. Adaptable
4. Independent
5. Sympathetic
6. Conscientious
7. Assertive
7. Sensitive to the needs of others
8. Conceited
9. Strong personality
10. Understanding
11. Conventional
12. Forceful
13. Compassionate
14. Jealous

16. Have leadership abilities
17. Eager to soothe hurt feelings
18. Moody
19. Willing to take risk
20. Warm
21. Reliable
22. Dominant
23. Tender
24. Secretive
25. Willing to take a stand
26. Loves children
27. Tactful
28. Aggressive
29. Gentle
30. Truthful

Section 5: Organizational Policy Practices

8. This section is concerned about your agency's current administrative and work practice control policies (or safety strategies) efforts. For each statement below, indicate whether such policies and/or procedures exist in your agency by checking the appropriate space. If the policy is "not applicable", indicate by checking the space marked (NA).

Our agency <u>currently</u> has policies and/or procedures that:	Yes	No	NA
a. clearly state that violence is not permitted from clients and/or staff	[]	[]	[]
b. established liaison with local police and/or state prosecutors	[]	[]	[]
c. monitor violent clients at night (i.e., open versus locked seclusion)	[]	[]	[]
d. require a sign-in for all visitors beyond public waiting areas	[]	[]	[]
e. established a list of "restricted visitors" for some client	[]	[]	[]
f. require supervising the movement of clients throughout the facility	[]	[]	[]
g. does <u>not</u> restricts access to facilitates other than the waiting room	[]	[]	[]
h. restricts access to pharmacy areas	[]	[]	[]
i. ascertain the behavioral history of new and transferred clients t (i.e., past violent or assaultive behaviors)	[]	[]	[]
j. the establishing a system to identifying potential volatile clients (i.e., chart tags, log books, verbal census reports)	[]	[]	[]
k. provide contingency plans to treat clients who are "acting out" or making verbal or physical threats to others	[]	[]	[]
l. provide staff members with escorts to parking areas in evening or late hours.	[]	[]	[]
m. treats and/or interviewed aggressive client(s) in relatively closed areas (e.g., rooms with removable partitions)	[]	[]	[]
n. transfers aggressive and/or assaultive client(s) to "acute care units" or facilities	[]	[]	[]
Our social service employees are:	Yes	No	NA
o. required to report <u>all</u> assaults or threats to a supervisor or manager.	[]	[]	[]
p. provided inadequate training for de-escalating and/or restraining clients.	[]	[]	[]
q. permitted to work alone in emergency areas or walk in clinics	[]	[]	[]

(Continue on to the next page)

- Our social service employees are:
- | | Yes | No | NA |
|--|-----|-----|-----|
| r. discouraged from wearing jewelry to help prevent strangulation in confrontive situation. | [] | [] | [] |
| s. discouraged from carrying keys, pens, or other sharp items that could be used as a weapon. | [] | [] | [] |
| t. advise and assisted, if needed, of the agency's procedures for requesting police assistance (or filing charges) when assaulted. | [] | [] | [] |
| u. advised to establish a daily work plan regarding schedules in the in the community or field. | [] | [] | [] |
| v. advised to establish a contact person, if they are working in the community or field | [] | [] | [] |

- Supervisors (or designees) in our agency generally:
- | | Yes | No | NA |
|--|-----|-----|-----|
| y. conduct post-incident evaluation of workers or clients subject to abusive behavior. | [] | [] | [] |
| z. do not keep log books and/or reports of such incidents of violence. | [] | [] | [] |

9. Do you generally agree or disagree with the adequacy of the current policies given the level of risk confronting the agency workers? Please explain.

- [] Agree
[] Disagree

12. What risk level of client violence in general do you believe social service staff are exposed to at your agency? (check one)

- [] Low risk
[] Moderate risk
[] High risk

12. What best describes your agency's primary client service population? (Check all that applies)

- [] Adults with psychiatric disorders
[] Child/adol. with psychiatric disorders
[] Adults with developmental disabilities
[] Child/Adol. with developmental disabilities
[] Adults with substance abuse disorders
[] Adolescents with substance abuse disorders
[] Other (please specify) _____

Section 6: Case Assignment Practices

13. The following statements reflect different positions about assignment practices in human services. Indicate the extent to which you agree or disagree with the following statements.

Strongly Disagree	Disagree Moderately	Neither	Agree Moderately	Strongly Agree
1	2	3	4	5

- a. Matching of clients' and practitioners' gender is generally not important.
- b. Special client needs are always a critical factor in decision-making.
- c. Male clients are generally more violent than women clients.
- d. A client's history of violence is a critical factor of concern.
- e. Deliberate assignment of specific clients to select practitioners improves service delivery.
- f. Male practitioners should be assigned clients that are more violent.
- g. Practitioners of the same gender as the client(s) should address gender specific issues.
- h. Caseload size concerns often influence case assignment decisions.
- i. Strategic assignment of volatile clients helps reduce workplace violence.
- j. Gender based decisions help reduce workplace violence.
- k. Practitioners' experience with similar cases should not be considered.
- l. Clients more often than not have issues related gender concerns.
- m. Clients should be assigned without concern for their behavioral history.
- n. Culturally sensitive issues should not be a concern in case assignment decisions.
- o. Clients generally respond better when their gender matches that of their practitioner.
- p. A client's past aggressive behavior should not be a factor in decision-making.
- q. Practitioner's skills should be a primary determinant in client case assignment.
- r. The risk of client violence justifies gender sensitive case assignment decisions.

13. Briefly identify and discuss three factors that you consider important in the case assignment decision-making process of new client cases.

14. How many years of direct social work practice experience have completed? _____ (a number)

15. How many total years of social service supervision experience do you have? _____ (a number)

Section 7: Past Experience

16. This section asks some general questions about your past experiences. Please check the appropriate space that best reflects your experience.

In the last year (12 months):

	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your supervision been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision been seriously psychologically injured (i.e., requiring an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

In your career:

	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client ever <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client ever <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your immediate supervision ever been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision ever been seriously psychologically injured (i.e., required an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision ever been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision ever been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision ever resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

(Continue to next page)

Section 8: Demographics

This section asks some general descriptive information about you. Please check the appropriate space.

17. Your gender. (Check one)

- Female
- Male

18. Your current age _____ (a number)

19. Your race: (Check one)

- European American/ white
- African American/ black
- Hispanic American/ Latino
- Asian American/ Pacific Islander
- Native American/ Alaskan Native
- Other, please specify: _____

20. Your ethnicity: (Check one)

- Non-Hispanic/Latino
- Hispanic American/ Latino

21. The highest level of professional education completed.

- BASW / BSW
- Master (not social work)
- MSW/ MSSW/ MSSA
- Ed.D. /Psy.D.
- Ph.D./DSW (in social work)
- Ph.D. (non-social work)
- Other, please specify: _____

22. What best describe your current supervises? Check all that apply

- Social Workers (i.e., BSW, MSW)
- Counselors (i.e. LPC, MFC.)
- Social Service Workers
- Para-Professionals/ Human Service Workers
- Others, Explain _____

23. How many total years have you spent at your current agency? _____ (# of years)

24. What is your state of resident? _____ (Initials Only)

25. In what state do you primarily practice? If same as above, write same _____ (Initials Only)

26. Specific to social services, are there any additional comments that you would like to share about the state of (or challenges to) workplace safety for your place of employment?

End of Questionnaire

THANK YOU!!!

Appendix – B-3

SURVEY INSTRUMENT

B.3 Experimental (Violent History) survey - MM/FF Vignettes

**A SURVEY OF ORGANIZATIONAL AND SOCIAL WORK
SUPERVISOR'S EFFORTS TO RESPOND TO WORKPLACE SAFETY ISSUES**

Section 1: Introduction

For this survey, I am primarily concerned about workplace safety issues toward social workers in the form of threats, assaults, or attacks by clients.

1. Do you currently or have you ever supervised direct practice social workers?

- No, I have never supervised direct practice social workers
- Yes, in the past I have supervised direct practice social workers
- Yes, I am currently supervising direct practice social workers

If no: If you have never supervised direct practice social workers, please respond to questions # 2 & 3 and return the questionnaire in the enclosed envelope. Thank you!

If yes: If you are not currently supervising direct practice social workers, please respond to question #2 & 3, plus the following question below:

What is the primary reason you are not supervising social workers?

If yes: If you are currently supervising direct practice social workers, social service, or human service workers, please complete the entire questionnaire beginning with the question below.

2. What best describes your current primary place of employment, if any? (Check one)

- Acute psychiatric care facility
- Partial hospitalization care facility
- Residential care / Group home facility
- Mental health / Counseling center
- Veteran's Affairs facility
- Private practice
- Others (please specify) _____

3. What best describes your current role in your place of employment, if any? (Check one)

- Frontline Supervisor / Manager
- Program Manager / Director
- Administrative Officer / Agency Director
- Other (please specify) _____

Section 2: Case Vignettes

This section includes one closed ended question and four hypothetical client case vignettes. Please read each item closely and place a check or number in the appropriate space.

4. The assignment of new client cases to primary service providers is usually done by a: (Check one)

- supervisor (e.g., one person)
- practitioners (e.g., direct service providers)
- supervisory team (e.g., a group of supervisors or managers)
- combination of supervisors and practitioners
- random process (e.g., rotating admission, case load size)

5. After reading the following case vignettes, decide from the list of available workers the likelihood that you would assign this case to these practitioners. For each of the practitioners below, place a numerical ranking (1 = most likely to 5 = least likely) based on the scale below. Assign a different rank for each worker in the adjacent space.

Vignette #1

John is a 38-year-old with a diagnosis of schizophrenia complicated by chronic alcohol and poly-substance abuse. He has been hospitalized after two weeks of exacerbating symptoms, which are characterized by increasingly delusional, bizarre, and agitated behavior. Alerted by neighbors, John's landlord informed his father who contacted his case manager at the mental health center for assistance. It was determined that he had been intoxicated and had missed his anti-psychotic injection. Marked not only by general resistance to services, his behavioral history is typified by assaultative behavior and troubles with the law. Upon completion of acute treatment, he has been referred to an intensive case management program and needs to be assigned a practitioner.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | Rank |
|---|---|
| a. James is a 41 year old social worker with acute and community-based care experience which includes twelve years of experience with chronically mentally ill adult clients | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Stephanie is a 38 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Pat is a 39 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse. | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Mark is a 37 year-old social worker with two years of drug and alcohol service experience and ten years primarily with chronically mentally ill adults clients. | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Mollie is a 40 year-old social worker with nine years of experience with chronically mentally ill adult clients and two years in acute forensic services. | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #2

Robert is 40-year-old with a ten year history of alcohol abuse/ dependence. Although reluctant, he agreed to treatment after an intervention by his family and employer. As an area sales representative for a national beverage company, his aggressive demeanor once led him to being one the best representatives in the region. Although generally seen as demeaning toward others, he is particularly known for his hostile behavior when intoxicated. Such behavior has led to strained family relationships and two arrests for disorderly conduct by local authorities. After completing detoxification, he has been referred to an ambulatory substance abuse treatment program and the local AA support group. He needs to be assigned to a primary provider of service delivery.

Most likely assigned	Second most likely assigned	Third most likely assigned	Fourth most likely assigned	Least likely assigned
1	2	3	4	5

- | | <u>Rank</u> |
|--|---|
| a. Glenda is a 29 year old social worker with eight years of combined inpatient and outpatient experience in substance abuse treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Richard is a 32-year-old social worker with six years in outpatient drug treatment and two years of experience in residential drug treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Michelle is a 41 year old social worker with four years of outpatient substance abuse treatment and four of residential substance treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Greg is a 38 year old social worker who has worked for total of twelve years between outpatient and acute service treatment environments | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Morgan is a 35 year old social worker with eight years of experience of case management and two years of inpatient care with client suffering substance abuse | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #3

Melinda is 27-year old with an eight-year history of suffering from schizophrenia. Because of a pattern of treatment resistance, she has a history of multiple episodes of hospitalization annually for psychosis and danger to others. Her paranoia manifests itself in beliefs that the FBI is after her and others are trying to poison her. Since her condition has led to alienating family and friends, mal-nutrition, and a homicide attempt, she has been placed under court-supervised treatment and hospitalized at the state hospital's forensic psychiatric unit. After completing over six months of inpatient and residential treatment to stabilize his condition, there are concerns about her ability to maintain basic living. For assistance, she has been referred to the community support (or assertive community treatment) program at the local community mental health center to help manage her care and facilitate an independent lifestyle. She needs to be assigned to a primary provider to manage her case in their program.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | <u>Rank</u> |
|--|---|
| a. Arden is a 33 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Michael is a 35 year old social worker with acute and outpatient treatment experience that includes ten years with chronically mentally ill adult clients | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Elizabeth is a 31 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Fred is a 34 year-old social worker with two years of drug and alcohol service experience and six years primarily with chronically mentally ill adults clients..... | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Anita is a 34 year-old social worker with seven years of experience with chronically mentally ill adult clients and two years in acute forensic services..... | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #4

Stephanie is a 36-year-old with a previous history of borderline personality disorder. Her partner recently brought her to the emergency room after finding her with self-induced lacerations on her arms. Her chief complaint to the staff was that "I wanted him to hurt". She works in her family's trucking business, where she serves as the dispatcher and clerk. The current crisis began when her partner refused to cancel plans to have dinner with an old college friend, who was passing through town. While her partner has often given into such demands in the past, on this occasion he refused. This refusal was too much to bear. Stephanie insists that such action amounted not only to a betrayal, but also to an effort to abandon the relationship. She reported feeling increasingly irritable and threatening to others as the day arrived, which hindered her ability to do her job. As a result, she was briefly hospitalized where she assaulted a staff and has been referred to a local group practice that specializes in treating clients with BPD for follow-up.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | <u>Rank</u> |
|---|---|
| a. Ed is a 48 year old social worker with over twenty-one years of inpatient and outpatient experience and has spent the last ten years in the group specializing with similar clients..... | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Beverly is a 39 year old social worker has worked in the group for four years and had held other clinical positions at the community mental health center for over six years | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Dale is a 43 year old social worker with over sixteen years of experience serving adult clients with different mental disorders. Eight of those years have been with the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Bill is a 38-year-old social worker with over ten years of outpatient service and some inpatient service experience. Six of the ten years have been in the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Elizabeth is a 47 year-old social worker has worked in the group for the last twelve years and previously worked ten years in acute and outpatient care services..... | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Section 3: Client and Practitioner Attributes

6. With regard to the previous case vignette section, to what extent did the following list of client and practitioner attributes influence your decision. Indicate by placing a check in the brackets next to each item.

Attributes:	Not at all important	Slightly	Somewhat	Very	Extremely important
	1	2	3	4	5
a. Practitioners' age	[]	[]	[]	[]	[]
b. Practitioners' experience	[]	[]	[]	[]	[]
c. Practitioners' gender	[]	[]	[]	[]	[]
d. Clients' age	[]	[]	[]	[]	[]
e. Clients' behavioral history	[]	[]	[]	[]	[]
f. Clients' gender	[]	[]	[]	[]	[]

Section 4: Self Description

7. This section has a list of personality characteristics. I would like you to use these characteristics to describe yourself. Please indicate, on a scale from 1 to 7, how true each of these characteristics is. Please do not leave any of the characteristics unmarked.

- | | |
|-------------------------------------|----------------------------------|
| 1 = never or almost never true | 5 = often true |
| 2 = usually not true | 6 = usually true |
| 3 = sometimes but infrequently true | 7 = Always or almost always true |
| 4 = occasionally true | |

1. Defend my own beliefs	
2. Affectionate	
3. Adaptable	
4. Independent	
5. Sympathetic	
6. Conscientious	
7. Assertive	
8. Sensitive to the needs of others	
9. Conceited	
10. Strong personality	
11. Understanding	
12. Conventional	
13. Forceful	
14. Compassionate	
15. Jealous	

16. Have leadership abilities	
17. Eager to soothe hurt feelings	
18. Moody	
19. Willing to take risk	
20. Warm	
21. Reliable	
22. Dominant	
23. Tender	
24. Secretive	
25. Willing to take a stand	
26. Loves children	
27. Tactful	
28. Aggressive	
29. Gentle	
30. Truthful	

Section 5: Organizational Policy Practices

8. This section is concerned about your agency's current administrative and work practice control policies (or safety strategies) efforts. For each statement below, indicate whether such policies and/or procedures exist in your agency by checking the appropriate space. If the policy is "not applicable", indicate by checking the space marked (NA).

Our agency <u>currently</u> has policies and/or procedures that:	Yes	No	NA
a. <u>clearly</u> state that violence is not permitted from clients and/or staff	[]	[]	[]
b. established liaison with local police and/or state prosecutors	[]	[]	[]
c. monitor violent clients at night (i.e., open versus locked seclusion)	[]	[]	[]
d. require a sign-in for all visitors beyond public waiting areas	[]	[]	[]
e. established a list of "restricted visitors" for some client	[]	[]	[]
f. require supervising the movement of clients throughout the facility	[]	[]	[]
g. does <u>not</u> restricts access to facilitates other than the waiting room	[]	[]	[]
h. restricts access to pharmacy areas	[]	[]	[]
i. ascertain the behavioral history of new and transferred clients t (i.e., past violent or assaultive behaviors)	[]	[]	[]
j. the establishing a system to identifying potential volatile clients (i.e., chart tags, log books, verbal census reports)	[]	[]	[]
k. provide contingency plans to treat clients who are "acting out" or making verbal or physical threats to others	[]	[]	[]
l. provide staff members with escorts to parking areas in evening or late hours.	[]	[]	[]
m. treats and/or interviewed aggressive client(s) in relatively closed areas (e.g., rooms with removable partitions)	[]	[]	[]
n. transfers aggressive and/or assaultive client(s) to "acute care units" or facilities	[]	[]	[]

Our social service employees are:	Yes	No	NA
o. required to report <u>all</u> assaults or threats to a supervisor or manager.	[]	[]	[]
p. provided inadequate training for de-escalating and/or restraining clients.	[]	[]	[]
q. permitted to work alone in emergency areas or walk in clinics	[]	[]	[]

(Continue on to the next page)

Our social service employees are:	Yes	No	NA
r. discouraged from wearing jewelry to help prevent strangulation in confrontive situation.	[]	[]	[]
s. discouraged from carrying keys, pens, or other sharp items that could be used as a weapon.	[]	[]	[]
t. advise and assisted, if needed, of the agency's procedures for requesting police assistance (or filing charges) when assaulted.	[]	[]	[]
u. advised to establish a daily work plan regarding schedules in the in the community or field.	[]	[]	[]
v. advised to establish a contact person, if they are working in the community or field	[]	[]	[]

Supervisors (or designees) in our agency generally:	Yes	No	NA
w. conduct post-incident evaluation of workers or clients subject to abusive behavior.	[]	[]	[]
x. do not keep log books and/or reports of such incidents of violence.	[]	[]	[]

9. Do you generally agree or disagree with the adequacy of the current policies given the level of risk confronting the agency workers? Please explain.

- Agree
- Disagree

10. What risk level of client violence in general do you believe social service staff are exposed to at your agency? (check one)

- Low risk
- Moderate risk
- High risk

11. What best describes your agency's primary client service population? (Check all that applies)

- Adults with psychiatric disorders
- Child/adol. with psychiatric disorders
- Adults with developmental disabilities
- Child/Adol. with developmental disabilities
- Adults with substance abuse disorders
- Adolescents with substance abuse disorders
- Other (please specify) _____

Section 6: Case Assignment Practices

12. The following statements reflect different positions about assignment practices in human services. Indicate the extent to which you agree or disagree with the following statements.

Strongly Disagree 1	Disagree Moderately 2	Neither 3	Agree Moderately 4	Strongly Agree 5
---------------------------	-----------------------------	--------------	--------------------------	------------------------

- a. Matching of clients' and practitioners' gender is generally not important.
- b. Special client needs are always a critical factor in decision-making.
- c. Male clients are generally more violent than women clients.
- d. A client's history of violence is a critical factor of concern.
- e. Deliberate assignment of specific clients to select practitioners improves service delivery.
- f. Male practitioners should be assigned clients that are more violent.
- g. Practitioners of the same gender as the client(s) should address gender specific issues.
- h. Caseload size concerns often influence case assignment decisions.
- i. Strategic assignment of volatile clients helps reduce workplace violence.
- j. Gender based decisions help reduce workplace violence.
- k. Practitioners' experience with similar cases should not be considered.
- l. Clients more often than not have issues related gender concerns.
- m. Clients should be assigned without concern for their behavioral history.
- n. Culturally sensitive issues should not be a concern in case assignment decisions.
- o. Clients generally respond better when their gender matches that of their practitioner.
- p. A client's past aggressive behavior should not be a factor in decision-making.
- q. Practitioner's skills should be a primary determinant in client case assignment.
- r. The risk of client violence justifies gender sensitive case assignment decisions.

13. Briefly identify and discuss three factors that you consider important in the case assignment decision-making process of new client cases.

14. How many years of direct social work practice experience have completed? _____ (a number)

15. How many total years of social service supervision experience do you have? _____ (a number)

Section 7: Past Experience

16. This section asks some general questions about your past experiences. Please check the appropriate space that best reflects your experience.

In the last year (12 months):	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your supervision been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision been seriously psychologically injured (i.e., requiring an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

In your <u>career</u> :	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client ever <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client ever <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your immediate supervision ever been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision ever been seriously psychologically injured (i.e., required an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision ever been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision ever been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision ever resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

(Continue to next page)

Section 8: Demographics

This section asks some general descriptive information about you. Please check the appropriate space.

17. Your gender. (Check one)

- Female
 Male

18. Your current age _____ (a number)

19. Your race: (Check one)

- European American/ white
 African American/ black
 Hispanic American/ Latino
 Asian American/ Pacific Islander
 Native American/ Alaskan Native
 Other, please specify: _____

20. Your ethnicity: (Check one)

- Non-Hispanic/Latino
 Hispanic American/ Latino

21. The highest level of professional education completed.

- BASW / BSW
 Master (not social work)
 MSW/ MSSW/ MSSA
 Ed.D. /Psy.D.
 Ph.D./DSW (in social work)
 Ph.D. (non-social work)
 Other, please specify: _____

22. What best describe your current supervises? Check all that apply

- Social Workers (i.e., BSW, MSW)
 Counselors (i.e. LPC, MFC.)
 Social Service Workers
 Para-Professionals/ Human Service Workers
 Others, Explain _____

23. How many total years have you spent at your current agency? _____ (# of years)

24. What is your state of resident? _____ (Initials Only)

25. In what state do you primarily practice? If same as above, write same _____ (Initials Only)

26. Specific to social services, are there any additional comments that you would like to share about the state of (or challenges to) workplace safety for your place of employment?

End of Questionnaire

THANK YOU!!!

Appendix – B-4

SURVEY INSTRUMENT

B.4 Experimental (Violent History) survey – FF/MM Vignettes

**A SURVEY OF ORGANIZATIONAL AND SOCIAL WORK
SUPERVISOR'S EFFORTS TO RESPOND TO WORKPLACE SAFETY ISSUES**

Section 1: Introduction

For this survey, I am primarily concerned about workplace safety issues toward social workers in the form of threats, assaults, or attacks by clients.

1. Do you currently or have you ever supervised direct practice social workers?

- No, I have never supervised direct practice social workers
- Yes, in the past I have supervised direct practice social workers
- Yes, I am currently supervising direct practice social workers

If no: If you have never supervised direct practice social workers, please respond to questions # 2 & 3 and return the questionnaire in the enclosed envelope. Thank you!

If yes: If you are not currently supervising direct practice social workers, please respond to question #2 & 3, plus the following question below:

What is the primary reason you are not supervising social workers?

If yes: If you are currently supervising direct practice social workers, social service, or human service workers, please complete the entire questionnaire beginning with the question below.

2. What best describes your current primary place of employment, if any? (Check one)

- Acute psychiatric care facility
- Partial hospitalization care facility
- Residential care / Group home facility
- Mental health / Counseling center
- Veteran's Affairs facility
- Private practice
- Others (please specify) _____

3. What best describes your current role in your place of employment, if any? (Check one)

- Frontline Supervisor / Manager
- Program Manager / Director
- Administrative Officer / Agency Director
- Other (please specify) _____

Section 2: Case Vignettes

This section includes *one* closed ended question and four hypothetical client case vignettes. Please read each item closely and place a check or number in the appropriate space.

4. The assignment of new client cases to primary service providers is usually done by a: (Check one)

- supervisor (e.g., one person)
- practitioners (e.g., direct service providers)
- supervisory team (e.g., a group of supervisors or managers)
- combination of supervisors and practitioners
- random process (e.g., rotating admission, case load size)

5. After reading the following case vignettes, decide from the list of available workers the likelihood that you would assign this case to these practitioners. For each of the practitioners below, place a numerical ranking (1 = most likely to 5 = least likely) based on the scale below. Assign a different rank for each worker in the adjacent space.

Vignette #1

John is a 38-year-old with a diagnosis of schizophrenia complicated by chronic alcohol and poly-substance abuse. He has been hospitalized after two weeks of exacerbating symptoms, which are characterized by increasingly delusional, bizarre, and anxious behavior. Alerted by neighbors, John's landlord informed his father who contacted his case manager at the mental health center for assistance. It was determined that he had been intoxicated and had missed his anti-psychotic injection. Marked by general resistance to services and isolative behaviors, his behavioral history is typified by disorganization and avoidance of others. Upon completion of acute treatment, he has been referred to an intensive case management program and needs to be assigned a practitioner.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | <u>Rank</u> |
|---|---|
| a. James is a 41 year old social worker with acute and community-based care experience which includes twelve years of experience with chronically mentally ill adult clients | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Stephanie is a 38 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Pat is a 39 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse. | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Mark is a 37 year-old social worker with two years of drug and alcohol service experience and ten years primarily with chronically mentally ill adults clients. | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Mollie is a 40 year-old social worker with nine years of experience with chronically mentally ill adult clients and two years in acute forensic services. | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #2

Roberta is 40-year-old with a ten year history of alcohol abuse/ dependence. Although reluctant, she agreed to treatment after an intervention by her family and employer. As an area sales representative for a national beverage company, her forceful demeanor once led her to being one the best representatives in the region. Although generally seen as stately toward others, she is particularly known for her socially inappropriate behavior when intoxicated. Such behaviors have led to strained family relationships and two complaints after office social events by colleagues. After completing detoxification, she has been referred to an ambulatory substance abuse treatment program and the local AA support group. She needs to be assigned to a primary provider of service delivery.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | <u>Rank</u> |
|--|---|
| a. Glenda is a 29 year old social worker with eight years of combined inpatient and outpatient experience in substance abuse treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Richard is a 32 year old social worker with six years in outpatient drug treatment and two years of experience in residential drug treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Michelle is a 41 year old social worker with four years of outpatient substance abuse treatment and four of residential substance treatment | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Greg is a 38 year old social worker who has worked for total of twelve years between outpatient and acute service treatment environments | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Morgan is a 35 year old social worker with eight years of experience of case management and two years in inpatient care with client suffering substance abuse | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #3

Melinda is 27-year old with an eight-year history of suffering from schizophrenia. Because of a pattern of treatment resistance, she has a history of multiple episodes of hospitalization annually for psychosis and danger to herself. Her paranoia manifests itself in beliefs that the FBI is after her and others are trying to poison her. Since her condition has led to alienating family and friends, mal-nutrition, and suicide attempts, she has been placed under court-supervised treatment and hospitalized at the state hospital's psychiatric unit. After completing over six months of inpatient and residential treatment to stabilize her condition, there are concerns about her ability to maintain basic living. For assistance, she has been referred to the community support (or assertive community treatment) program at the local community mental health center to help manage her care and facilitate an independent lifestyle. She needs to be assigned to a primary provider to manage her case in their program.

Most likely assigned	Second most likely assigned	Third most likely assigned	Fourth most likely assigned	Least likely assigned
1	2	3	4	5

- | | <u>Rank</u> |
|--|---|
| a. Arden is a 33 year old social worker with six years of experience with chronically mentally ill adult clients and three years in residential rehab services for substance abuse | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Michael is a 35 year old social worker with acute and outpatient treatment experience that includes ten years with chronically mentally ill adult clients | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Elizabeth is a 31 year old social worker with eight years of experience with chronically mentally ill adult clients and one year exclusively in alcohol rehabilitation | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Fred is a 34 year-old social worker with two years of drug and alcohol service experience and six years primarily with chronically mentally ill adults clients..... | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Anita is a 34 year-old social worker with seven years of experience with chronically mentally ill adult clients and two years in acute forensic services..... | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Vignette #4

Stephanie is a 33-year-old with a previous history of borderline personality disorder (BPD). Her partner recently brought her to the emergency room after finding her with self induced lacerations on her arms. Her chief complaint to the staff was that "I wanted to kill myself". She worked in her family's trucking business, where she serves as the dispatcher and clerk. The current crisis began when her partner refused to cancel plans to have dinner with an old college friend, who was passing through town. While her partner has often given into such demands in the past, on this occasion he refused. Stephanie insists that such action amounted not only to a betrayal, but also an effort to abandon the relationship. She reported feeling increasingly irritable and empty as the day arrived, which hindered her ability to do her job. As a result, she was briefly hospitalized where she worked well with staff and has been referred to a local group practice that specializes in treating clients with BPD for follow-up.

Most likely assigned 1	Second most likely assigned 2	Third most likely assigned 3	Fourth most likely assigned 4	Least likely assigned 5
------------------------------	-------------------------------------	------------------------------------	-------------------------------------	-------------------------------

- | | <u>Rank</u> |
|---|---|
| a. Ed is a 48 year old social worker with over twenty-one years of inpatient and outpatient experience and has spent the last ten years in the group specializing with similar clients..... | <input style="width: 50px; height: 30px;" type="text"/> |
| b. Beverly is a 39 year old social worker has worked in the group for four years and had held other clinical positions at the community mental health center for over six years | <input style="width: 50px; height: 30px;" type="text"/> |
| c. Dale is a 43 year old social worker with over sixteen years of experience serving adult clients with different mental disorders. Eight of those years have been with the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| d. Bill is a 38 year-old social worker with over ten years of outpatient service and some inpatient service experience. Six of the ten years have been in the current group | <input style="width: 50px; height: 30px;" type="text"/> |
| e. Elizabeth is a 47 year-old social worker has worked in the group for the last twelve years and previously worked ten years in acute and outpatient care services..... | <input style="width: 50px; height: 30px;" type="text"/> |

(Continue on the next page)

Section 3: Client and Practitioner Attributes

6. With regard to the previous case vignette section, to what extent did the following list of client and practitioner attributes influence your decision. Indicate by placing a check in the brackets next to each item.

Attributes:	Not at all important	Slightly	Somewhat	Very	Extremely important
	1	2	3	4	5
a. Practitioners' age	[]	[]	[]	[]	[]
b. Practitioners' experience	[]	[]	[]	[]	[]
c. Practitioners' gender	[]	[]	[]	[]	[]
d. Clients' age	[]	[]	[]	[]	[]
e. Clients' behavioral history	[]	[]	[]	[]	[]
f. Clients' gender	[]	[]	[]	[]	[]

Section 4: Self Description

7. This section has a list of personality characteristics. I would like you to use these characteristics to describe yourself. Please indicate, on a scale from 1 to 7, how true each of these characteristics is. Please do not leave any of the characteristics unmarked.

- | | |
|-------------------------------------|----------------------------------|
| 1 = never or almost never true | 5 = often true |
| 2 = usually not true | 6 = usually true |
| 3 = sometimes but infrequently true | 7 = Always or almost always true |
| 4 = occasionally true | |

1. Defend my own beliefs	
2. Affectionate	
3. Adaptable	
4. Independent	
5. Sympathetic	
6. Conscientious	
7. Assertive	
8. Sensitive to the needs of others	
9. Conceited	
10. Strong personality	
11. Understanding	
12. Conventional	
13. Forceful	
14. Compassionate	
15. Jealous	

16. Have leadership abilities	
17. Eager to soothe hurt feelings	
18. Moody	
19. Willing to take risk	
20. Warm	
21. Reliable	
22. Dominant	
23. Tender	
24. Secretive	
25. Willing to take a stand	
26. Loves children	
27. Tactful	
28. Aggressive	
29. Gentle	
30. Truthful	

Section 5: Organizational Policy Practices

8. This section is concerned about your agency's current administrative and work practice control policies (or safety strategies) efforts. For each statement below, indicate whether such policies and/or procedures exist in your agency by checking the appropriate space. If the policy is "not applicable", indicate by checking the space marked (NA).

Our agency <u>currently</u> has policies and/or procedures that:	Yes	No	NA
a. clearly state that violence is not permitted from clients and/or staff	[]	[]	[]
b. established liaison with local police and/or state prosecutors	[]	[]	[]
c. monitor violent clients at night (i.e., open versus locked seclusion)	[]	[]	[]
d. require a sign-in for all visitors beyond public waiting areas	[]	[]	[]
e. established a list of "restricted visitors" for some client	[]	[]	[]
f. require supervising the movement of clients throughout the facility	[]	[]	[]
g. does not restricts access to facilitates other than the waiting room	[]	[]	[]
h. restricts access to pharmacy areas	[]	[]	[]
i. ascertain the behavioral history of new and transferred clients t (i.e., past violent or assaultive behaviors)	[]	[]	[]
j. the establishing a system to identifying potential volatile clients (i.e., chart tags, log books, verbal census reports)	[]	[]	[]
k. provide contingency plans to treat clients who are "acting out" or making verbal or physical threats to others	[]	[]	[]
l. provide staff members with escorts to parking areas in evening or late hours.	[]	[]	[]
m. treats and/or interviewed aggressive client(s) in relatively closed areas (e.g., rooms with removable partitions)	[]	[]	[]
n. transfers aggressive and/or assaultive client(s) to "acute care units" or facilities	[]	[]	[]
Our social service employees are:	Yes	No	NA
o. required to report all assaults or threats to a supervisor or manager.	[]	[]	[]
p. provided inadequate training for de-escalating and/or restraining clients.	[]	[]	[]
q. permitted to work alone in emergency areas or walk in clinics	[]	[]	[]

(Continue on to the next page)

- Our social service employees are:
- | | Yes | No | NA |
|--|-----|-----|-----|
| r. discouraged from wearing jewelry to help prevent strangulation in confrontive situation. | [] | [] | [] |
| s. discouraged from carrying keys, pens, or other sharp items that could be used as a weapon. | [] | [] | [] |
| t. advise and assisted, if needed, of the agency's procedures for requesting police assistance (or filing charges) when assaulted. | [] | [] | [] |
| u. advised to establish a daily work plan regarding schedules in the in the community or field. | [] | [] | [] |
| v. advised to establish a contact person, if they are working in the community or field | [] | [] | [] |

- Supervisors (or designees) in our agency generally:
- | | Yes | No | NA |
|--|-----|-----|-----|
| w. conduct post-incident evaluation of workers or clients subject to abusive behavior. | [] | [] | [] |
| x. do not keep log books and/or reports of such incidents of violence. | [] | [] | [] |

9. Do you generally agree or disagree with the adequacy of the current policies given the level of risk confronting the agency workers? Please explain.

- [] Agree
[] Disagree

13. What risk level of client violence in general do you believe social service staff are exposed to at your agency? (check one)

- [] Low risk
[] Moderate risk
[] High risk

11. What best describes your agency's primary client service population? (Check all that applies)

- [] Adults with psychiatric disorders
[] Child/Adolescents with psychiatric disorders
[] Adults with developmental disabilities
[] Child/Adolescents with developmental disabilities
[] Adults with substance abuse disorders
[] Adolescents with substance abuse disorders
[] Other (please specify) _____

Section 6: Case Assignment Practices

12. The following statements reflect different positions about assignment practices in human services. Indicate the extent to which you agree or disagree with the following statements.

Strongly Disagree	Disagree Moderately	Neither	Agree Moderately	Strongly Agree
1	2	3	4	5

- a. Matching of clients' and practitioners' gender is generally not important.
- b. Special client needs are always a critical factor in decision-making.
- c. Male clients are generally more violent than women clients.
- d. A client's history of violence is a critical factor of concern.
- e. Deliberate assignment of specific clients to select practitioners improves service delivery.
- f. Male practitioners should be assigned clients that are more violent.
- g. Practitioners of the same gender as the client(s) should address gender specific issues.
- h. Caseload size concerns often influence case assignment decisions.
- i. Strategic assignment of volatile clients helps reduce workplace violence.
- j. Gender based decisions help reduce workplace violence.
- k. Practitioners' experience with similar cases should not be considered.
- l. Clients more often than not have issues related gender concerns.
- m. Clients should be assigned without concern for their behavioral history.
- n. Culturally sensitive issues should not be a concern in case assignment decisions.
- o. Clients generally respond better when their gender matches that of their practitioner.
- p. A client's past aggressive behavior should not be a factor in decision-making.
- q. Practitioner's skills should be a primary determinant in client case assignment.
- r. The risk of client violence justifies gender sensitive case assignment decisions.

13. Briefly identify and discuss three factors that you consider important in the case assignment decision-making process of new client cases.

14. How many years of direct social work practice experience have completed? _____ (a number)

15. How many total years of social service supervision experience do you have? _____ (a number)

Section 7: Past Experience

16. This section asks some general questions about your past experiences. Please check the appropriate space that best reflects your experience.

In the last year (12 months):	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your supervision been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision been seriously psychologically injured (i.e., requiring an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

In your <u>career</u> :	Never	Happened	Happened
	<u>happened</u>	<u>once</u>	<u>multiple times</u>
a. Has a client ever <u>verbally</u> assaulted or threatened you?	[]	[]	[]
b. Has a client ever <u>physically</u> assaulted you?	[]	[]	[]
c. Has a practitioner under your immediate supervision ever been physically assaulted by a client?	[]	[]	[]
d. Has a practitioner under your supervision ever been seriously psychologically injured (i.e., required an intervention or days off work) by a client?	[]	[]	[]
e. Has a practitioner under your supervision ever been seriously physically injured (i.e., requiring medical treatment) by a client?	[]	[]	[]
f. Has a practitioner under your supervision ever been killed by a current or former client on the job?	[]	[]	[]
g. Has a practitioner under your supervision ever resigned his/her employment out of concerns for their personal safety.	[]	[]	[]

(Continue to next page)

Section 8: Demographics

This section asks some general descriptive information about you. Please check the appropriate space.

17. Your gender. (Check one)

- Female
 Male

18. Your current age _____ (a number)

19. Your race: (Check one)

- European American/ white
 African American/ black
 Hispanic American/ Latino
 Asian American/ Pacific Islander
 Native American/ Alaskan Native
 Other, please specify: _____

20. Your ethnicity: (Check one)

- Non-Hispanic/Latino
 Hispanic American/ Latino

21. The highest level of professional education completed.

- BASW / BSW
 Master (not social work)
 MSW/ MSSW/ MSSA
 Ed.D. /Psy.D.
 Ph.D./DSW (in social work)
 Ph.D. (non-social work)
 Other, please specify: _____

22. What best describe your current supervises? Check all that apply

- Social Workers (i.e., BSW, MSW)
 Counselors (i.e. LPC, MFC.)
 Social Service Workers
 Para-Professionals/ Human Service Workers
 Others, Explain _____

23. How many total years have you spent at your current agency? _____ (# of years)

24. What is your state of resident? _____ (Initials Only)

25. In what state do you primarily practice? If same as above, write same _____ (Initials Only)

26. Specific to social services, are there any additional comments that you would like to share about the state of (or challenges to) workplace safety for your place of employment?

End of Questionnaire

THANK YOU!!!

Appendix – C

ENCLOSED SPARATELY RETURNED POST CARD

Dear Colleague,

Last week, a questionnaire concerning workplace safety in mental health service settings was mailed to you. Your name was drawn randomly from the membership of the National Association of Social Workers. If you have already completed and returned the instrument to me, please accept my sincere thanks. If not, please do so today. I am grateful for your help because your response will be very useful in better understanding this important issue among social workers. Once again, thank you for your assistance.

Tony B. Lowe, MSW, Ph.D. Candidate
Principal Investigator

Tony B. Lowe, MSW
University of Pittsburgh
School of Social Work
2117 Cathedral of Learning
Pittsburgh, PA 15156

Postage

Name of Participant
Street Address
City, State, Zip

Appendix – D

SECOND FOLLOW-UP COVERLETTER



University of Pittsburgh

School of Social Work
Center for Mental Health Services Research

2217 Cathedral of Learning
Pittsburgh, Pennsylvania 15260
412-624-6572
Fax: 412-624-1159

July 1, 2002

Dear Social Work Colleague:

About three weeks ago, I wrote you seeking your opinion on workplace safety issues and practices regarding social work and human service providers in your agency. As of today, I have not received your completed questionnaire.

We have undertaken this project in conjunction with the National Institute of Occupational Safety and Health to understand the daily challenges, all across the nation, confronting supervisors like you, who serve a critical role in human service delivery. Your insights will be utilized not only to understand the safety needs of agencies like yours, but also to help inform national efforts in creating workplace safety for all social workers.

We are writing you again because of the significance each questionnaire has to the usefulness of this study. Your name was drawn from a national random sample of NASW members, who are supervisors in mental health service settings. This means that 1 out of 250 NASW members are being asked to complete this questionnaire. In order for the results to be truly representative of the opinions of all social work supervisors, it is essential that each person in the sample return their questionnaire. As mentioned in our last letter, the questionnaire will take approximately 30 minutes to complete.

In the event that your questionnaire has been misplaced, a replacement is enclosed. Your cooperation is greatly appreciated.

Cordially,

A handwritten signature in cursive script that reads "Tony B. Lowe".

Tony B. Lowe, MSW, ACSW, Ph.D. Candidate
Principal Investigator

Appendix – E

IRB APPROVAL LETTER



University of Pittsburgh

Institutional Review Board

3500 Fifth Avenue
Ground Level
Pittsburgh, PA 15213
412-578-3424
Fax: 412-578-8553

MEMORANDUM

TO: Tony B. Lowe, MSW

FROM: Christopher Ryan, Ph.D., Vice Chair *CR/SN*

DATE: April 12, 2002

SUBJECT: IRB #020450
Management Practices as a Factor in Workplace Violence

The above-referenced protocol has been approved through an expedited review procedure by the Institutional Review Board. This protocol meets all the necessary requirements and is hereby designated as exempt under section 45 CFR 46.101(b)(2). Exempt protocols are approved for a period of three years. If you wish to continue the research after that time, a new application must be submitted.

Approval Date: 4/12/02
Expiration Date: 4/11/05

Please advise the IRB when the study has been completed so that it may be terminated in the IRB database.

Please be advised that your research study may be audited periodically by the Office of Research, Health Sciences.

CR:sn

ACKNOWLEDGMENTS

We wish to thank and acknowledge Dr. Michael Galvin, the Program Officer from the National Institute for Occupational Safety and Health Administration (NIOSHA) for his assistance. Acknowledgment also goes out to the Dr. David Epperson, Dean and Professor Emeritus of the School of Social Work, and Dr. Larry Davis, Dean of the School of Social Work, for their leadership and encouragement. Drs. Gary Keoske, Wynne S. Korr (University of Illinois at Champaign-Urbana), and Phyllis Coontz are commended for providing valuable consultation for the project. Their valuable advice contributed it's success.

We would also like to thank the staff of the Center for Mental Health Services Research in the School of Social Work at the University of Pittsburgh. The center's current and former staff included Dr. Carol Anderson, the Director, Judy Latta, MPA, the Center's Administrator, Christal Bank, Administrative Assistant, and Kay Rupert, Administrative Assistant. A special thanks goes out to Carol Kaufman, M.Ed., Grants Consultant, for your technical know how and commitment to making this a reality.

Finally, special recognition goes to the almost 300 professional social workers from across the nation who completed all (or parts) of the survey. Their willingness to share their experiences in and insights about social work supervision, decision-making, and workplace safety in mental health service across the country advances our commitment to improving the workplace safety for all human service providers.

SPECIAL NOTES

This study was completed for the Center of Disease Control (CDC)/NIOSHA through a research grant awarded to the University of Pittsburgh by the School of Social Work.

Interpretations of the study findings and recommendations provided to CDC/NIOSHA are those of the authors and do not necessarily reflect the views of the study sponsors.

PUBLICATIONS

Journal Articles

Lowe, T. B. & Newhill, C.E. (In preparation). Client-Related Violence among Social Work Supervisors in Mental Health Settings: A National Survey.

Lowe, T. B. & Korr, W.S. (In preparation). Workplace Safety Policies in Mental Health Settings: A Report from Social Work Supervisors.

Lowe, T.B. (In preparation). Risk Exposure to Client-related Violence: A Management Dilemma for Social Work Supervisors.

Conference Proceedings

Lowe, T.B. (Oct, 2003) Client-related violence among social work supervisors in mental health service setting: A national study. Paper presented at the 15th National Association of Social Workers –Georgia Conference in Marietta, GA.

Lowe, T.B. & Newhill, C.E. (Jan, 2004) Client-related violence among social work supervisors in mental health service setting: A national study. Poster presentation at the Eighth Annual Society for Social Work Research in New Orleans, LA.

Lowe, T. B. (Feb., 2004). Client-related violence concerns in mental health services. Workshop presentation at the 24th National Symposium for Psychiatric Practitioners in Athens, GA.

Lowe, T. B. (Feb., 2004). Workplace safety policies in mental health settings: A report from social work supervisors. Paper presented at the 24th National Symposium for Psychiatric Practitioners in Athens, GA.

Doctoral Dissertation

Lowe, T. B. (2003). Management practices as a factor in increased exposure of male social workers to client-related violence in mental health services. University of Pittsburgh. Unpublished dissertation.