

PERSONAL SAFETY
FOR
SOCIAL WORKERS IN CHILD WELFARE

BY

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A Practicum Report submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree of

MASTER OF SOCIAL WORK

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Table of Contents

Title	Page No.
List of Tables	i
List of Figures	iv
List of Appendixes	iv
Abstract	vi
Chapter 1 In the Beginning ...	1
Chapter 2 Delving In ...	10
About Workplace Violence	10
About Workplace Violence for Social Work Students	15
Effects of Workplace Violence	16
Why Violence Occurs	18
Personal Safety Training as a Response to Safety Issues	37
Final Thoughts from the Literature	54
Chapter 3 Transforming Thoughts into Practice	56
Personal Safety Training Program	56
Survey of WCFS Social Workers	67
Survey of Canadian Child Welfare Agencies	67
Chapter 4 Discoveries from the Personal Safety Training Program	69
Pre-Test	69
Post-Test	76
Follow-up Post-Test	90
Field Instructors Survey	98
Chapter 5 Discoveries from the Survey of WCFS Social Workers	108
Chapter 6 Discoveries from the Survey of Canadian Child Welfare Agencies	134
Chapter 7 Time to Ponder	142
Chapter 8 Time for Change	159
Chapter 9 ... In the End	176
Bibliography	179
Appendixes	183

List of Tables

<u>Table No.</u>	<u>Table Title</u>	<u>Page No.</u>
Table 2.1	Assault Cycle	26
Table 2.2	Comparison of Trained vs. Untrained Staff with Regard to Assault/Injury	47
Table 4A.1	Demographic Information from Personal Safety Program Participants in Pre-Test	70
Table 4A.2	Previous Training	71
Table 4A.3	Relevant to Well-Being	72
Table 4A.4	Confidence	73
Table 4A.5	Knowledge	74
Table 4A.6	Scores for Knowledge-Based Questions on Pre-Test	75
Table 4B.1	Demographic Information from Personal Safety Program Participants in Post-Test	76
Table 4B.2	Relevant to Well-Being	77
Table 4B.3	Confidence	78
Table 4B.4	Benefits from Training Program	79
Table 4B.5	Expectations Met?	80
Table 4B.6	Post-Test Pre-Program Knowledge	81
Table 4B.7	Post-Test Post-Program Knowledge	81
Table 4B.8	Scores for Knowledge-Based Questions	82
Table 4B.9	Coherent and Well Developed Content	83
Table 4B.10	Content Appropriate for Skill Level	83
Table 4B.11	Content Culturally Appropriate and Sensitive	84

Table 4B.12	Most and Least Helpful Program Components	85
Table 4B.13	Barriers to Learning	87
Table 4B.14	Attendance at the Training Program	88
Table 4B.15	Recommend to other Social Work Students	89
Table 4B.16	Overall Satisfaction with the Training Program	89
Table 4C.1	Demographic Information from Personal Safety Program Participants in Follow-Up Post-Test	91
Table 4C.2	Benefits from Training Program	92
Table 4C.3	Negative Effects of the Training Program	93
Table 4C.4	Training Program Required	94
Table 4C.5	Most and Least Important Topic Areas	95
Table 4C.6	Importance of Personal Safety Training Program	97
Table 4C.7	Overall Satisfaction with the Training Program	98
Table 4D.1	Benefits to Field Instructors	99
Table 4D.2	Benefits to Students	100
Table 4D.3	Negative Effects of Training Program	101
Table 4D.4	Relevance of Personal Safety Training Program for Students at WCFS	102
Table 4D.5	Relevance and Appropriateness of Program Content	103
Table 4D.6	Most and Least Important Topic Areas	104
Table 4D.7	Program Recommended for Future Social Work Students and WCFS Employees	106
Table 5.1	Demographic Breakdown of WCFS Survey Respondents	109
Table 5.2	Physical Assaults	112

Table 5.3	Felt Threatened	117
Table 5.4	Verbal Assaults	120
Table 5.5	Felt Afraid	122
Table 5.6	Relevance of Personal Safety for Social Workers at WCFS	123
Table 5.7	How Well U of M BSW Program Prepares Students for Risks	124
Table 5.8	How Well WCFS Prepares New Employees for Risks	125
Table 5.9	Should WCFS Offer a Personal Safety Training Program?	128
Table 5.10	Participation for Personal Safety Training Program	128
Table 5.11	Suggested Length for Personal Safety Training Program	128
Table 5.12	Personal Interest in Attending a Personal Safety Training Program	130
Table AM.1	Trainer Knowledge	218
Table AM.2	Trainer Relating/Responding to Group	219
Table AM.3	Trainer Relating Course Content to Practice	219
Table AM.4	Trainer Using Appropriate Methods of Presentation	220
Table AM.5	Trainer Stimulating Interest and Enjoyable Learning Environment	220
Table AM.6	Group Process/Dynamics Supporting Learning	221
Table AM.7	Information from Trainer	223
Table AM.8	Responsiveness of Trainer	223

List of Figures

<u>Figure No.</u>	<u>Figure Title</u>	<u>Page No.</u>
Figure 2.1	Canadian Union of Public Employees Study of Workplace Violence	12
Figure 2.2	The Male Emotional Funnel System	21
Figure 6.1	Demographics of Surveyed Canadian Child Welfare Agencies	134

List of Appendixes

<u>Appendix</u>	<u>Appendix Title</u>	<u>Page No.</u>
Appendix A	Social Work Student Personal Safety Training Program Agenda	183
Appendix B	Letter to WCFS Field Instructors	186
Appendix C	Follow-up Letter to Field Instructors	188
Appendix D	Follow-up Letter to Field Instructors Whom I had not Met	189
Appendix E	Letter to Students	191
Appendix F	Student Participation Confirmation Form	192
Appendix G	Social Work Student Personal Safety Training Program Pre-Test	193
Appendix H	Social Work Student Personal Safety Training Program Post-Test	197
Appendix I	Social Work Student Personal Safety Training Program Student Follow-up Survey	202
Appendix J	Social Work Student Personal Safety Training Program Field Instructors - Follow-up Survey	205
Appendix K	Winnipeg Child and Family Services Front-Line Social Worker Questionnaire	208
Appendix L	Survey for Canadian Child Welfare Agencies	214

Appendix M	Personal Safety Training Program Trainer Attributes	217
Appendix N	Additional Information from WCFS Social Workers for WCFS Purposes	224
Appendix O	Other Risks Inherent in Child Welfare	225

Abstract

Social workers, particularly those in child welfare agencies face considerable risks to their personal safety. Unfortunately, many new social workers are not aware of these risks or how to prevent or manage them. This practicum explores this issue in several ways. It includes a comprehensive literature review, data about and from a Personal Safety Training Program that was designed for and delivered to social work students, a survey of front-line social workers at Winnipeg Child and Family Services and a survey of child welfare agencies throughout Canada.

Although the actual number of serious physical assaults against social workers is quite low, there was a tremendous amount of support suggesting that this is a very relevant issue. Personal safety training programs seem to be quite effective in preparing social workers for the risks that they may face in the workplace as they can increase their awareness, knowledge, skills and confidence. Training programs, however, must not be used in isolation but rather part of a comprehensive safety plan.

In the Beginning

“Social work is a profession devoted to helping people function as well as they can within their social environments and to changing their environments to make that possible” (Sheafor et al., 1997, p.1). As in any profession, there are both positive and negative aspects of the work. My practicum and this paper will focus on one of the challenges facing social workers, which is ensuring their personal safety. For the most part this entails dealing with verbal and physical aggression and violence by clients but to a small degree can also include third party or community interference, managing stress, dangerous traveling conditions and the spread of harmful pests and infectious diseases.

From my own personal experience and from a review of the literature, I found that violence against social workers is a serious and concerning reality which is inconsistently and inadequately addressed within the literature, schools of social work and human service agencies. As a result, social workers are beginning their careers without adequate knowledge of the risks that they will face and without the training necessary to equip them with the skills to assess, prevent and manage potentially dangerous situations. This was indeed my experience as a new social worker and as a field instructor for social work students.

I began working as a social worker in October 1995 when I became an Intake Social Worker for Winnipeg Child and Family Services (WCFS). WCFS was a community agency mandated under provincial legislation to support and strengthen families and

work together with communities for the protection and care of children and the prevention of child abuse and neglect. In my role as an Intake Social Worker my primary responsibilities were to investigate allegations of child abuse and neglect and to offer resources and services to families.

The families that come into contact with WCFS may have a wide range of feelings related to having involvement with the agency. Some families voluntarily request support or services from the agency while others may not come voluntarily but may feel relieved and thankful for intervention. Unfortunately however, the majority of families tend to feel anxious, afraid, ashamed, resentful or angry about agency involvement in their lives. These feelings can certainly be understood given the horrific history that many people have had with child welfare agencies and the immense power that the agency can have over the lives of families.

When people have these strong negative feelings towards the agency and the social worker, it can be difficult to engage with family members in order to adequately attend to the child protection issues and concerns. With understanding, empathy, effective problem-solving and communication skills social workers can most often work through the family's concerns and engage with them in order to begin the process of working together. However, there are times when people's feelings are so intense and/or when other issues, such as poor mental health or substance abuse, are present, they are so upset or angry that they become out of control and social workers are then in a situation where their personal safety may be compromised.

My comprehension of the dynamics which may affect a social worker's personal safety has emerged slowly throughout the years of my employment with the agency and my learning has been and will continue to be an ongoing process. When I first began working at WCFS I was, like many new employees, a recent graduate from the University of Manitoba (U of M) Bachelor of Social Work (BSW) Program with little personal or work experience that would adequately prepare me for child welfare work. Because of my inexperience and naivety, I did not understand the immense power and responsibility of my position or the ways in which community members and clients perceived my role. I often did not consider myself to be personally at risk as I simply figured myself to be a nice and caring person wanting to assist families and protect children. With this mindset, it did not occur to me that people may be angry or hostile towards me or worse, that they might want to scare or hurt me.

In addition to my ignorance, I was also very hardworking, eager to please and eager to prove myself competent to independently perform my responsibilities. Consequently even if there was a situation that I was unsure about, I felt it my duty to forge ahead with the investigation/intervention without asking for help or voicing my anxieties about my personal safety. I foolishly attended to many high risk situations ill prepared and therefore very vulnerable.

As an example of my naivety and foolishness, a couple of months after I began in my position, I was to apprehend three babies from their home, due to their parents' poor mental health and medical neglect. By myself, I attended to the family home and simply

told the parents that as they continued to neglect their babies' medical needs, I was to apprehend the children and take them into foster care. I was completely shocked and unprepared when they said that they would not let me take their children. Not knowing what to do next, I returned to my office to speak with my supervisor about the fact that the parents would not let me apprehend their children. It was only then that I learned that I not only could, but should take a more experienced social worker with me on such home visits and apprehensions. In addition, I should have had a cellular phone with me and I could have called for police assistance. I learned that it was not uncommon (and really to be expected) for parents to be seen as uncooperative, angry and hostile when their children are being apprehended. We were then able to put supports into place and the children were successfully apprehended. Luckily for all involved, the parents did not become physically aggressive with me and did not flee with the children prior to my return to their home. As I look back, I recognize not only my foolishness but also the potential for harm to myself and others.

A few months later, in the spring of 1996 I met with a teenager who was experiencing severe conflict including physical altercations with her mother. The teen presented as desperate and potentially suicidal as a result of the ongoing conflict in her home. After consulting with a supervisor, the decision was made that the teen would be apprehended from her mother's care. As this was occurring on a Friday and the teen had no place to go for the weekend, she would be apprehended that same day. Due to workload and time constraints, the apprehension would occur prior to meeting with the mother and prior to a review of the agency's past contact with the family which was filed at a different office.

After the plans were made for the apprehension and placement of this teen, I left the office in order to attend the funeral of a family friend. After the service, I returned to work to complete the apprehension. The teen's mother was opposed to the apprehension but agreed that we could stop at the home so that she could see her child and her child could collect some of her clothing and personal belongings. The mother had sounded completely reasonable on the telephone when these plans were made. When we attended to the home, I was surprised and completely unprepared for the mother's anger and hostility. She physically prevented her daughter from leaving the home and was verbally abusive and physically threatening towards me.

Perhaps due to my inexperience and also because I had been emotionally drained from the earlier funeral service, I was unable to de-escalate and resolve the situation. Luckily for me, the woman called my office to complain to my supervisor that I had no right to take her daughter. Through some good luck and quick thinking on the part of my supervisor and colleagues, a colleague was able to find out where I was and came to the home where she promptly defused the situation and the apprehension was completed without further incident.

Approximately one year later, I was involved with another family (a mother and her pre-school son). My role was simply to ensure that the mother knew of appropriate resources as her son had been sexually assaulted by a third party. The police were already involved in that investigation. With no contrary information, it was assumed that there was no reason to believe that the mother was unable to ensure her son's safety. Before I was able

to meet with the mother, the agency's after-hours unit had received a number of calls that the boy was unsafe due to the mother's drinking. These concerns could not be substantiated and the caller was believed not to be credible. One day, the caller called me directly again expressing his concern that the boy was unsafe due to the mother's drinking. I would have gone to her apartment on my own to check out the caller's concerns and inform the mother of resources but a colleague joined me as we were in the process of working on another case together at the same time. We were not prepared for what we found when we attended to the family's apartment. The door had been kicked in and there was blood and broken liquor bottles all over. The mother was extremely intoxicated while the boy watched television beside her. As we entered the apartment a friend of the mother's fled. We called police for assistance and knew that we had to apprehend the child. My plan was to wait for the police before proceeding with the apprehension but my colleague knew better. She began telling the mother that we were apprehending her son. The mother became upset and started fumbling with the telephone to call her lawyer. At this time, my colleague advised me to pick up the boy and we quickly fled the apartment. My colleague then explained and pointed out to me that we did not know if there was anyone else in the apartment, there had obviously been a lot of drinking and violence in the apartment, my client's friend may return perhaps with others and we did not know how long police would take to get there. She advised me that in those situations it is best to remove ourselves and children in need of protection as quickly as possible. Upon further consideration I knew that she had been right and later learned that it had taken the police several hours to attend to our call. In this situation, I was very fortunate to have had an experienced and skilled colleague with me. Much later

it was discovered that this mother had previously gone by another name and had an extensive negative history with WCFS. If full information is not available (and we may never know if we have it all or not), we must be aware that there might be a lot more going on for our clients than what we are aware. Even though it is not a bad thing to assume the best in people, it is also important to be prepared for the worst.

Although the parents in these three scenarios did not become violent towards me, I certainly felt very vulnerable and that the outcomes could have been much different as these were potentially very volatile situations. These feelings made me realize a number of very important issues which helped me to grow as a social worker. Most importantly, I learned that it is completely appropriate and necessary to take steps to ensure my personal safety. I agree completely with Scalera (1995) who states, "social workers cannot effectively protect children or help families if they themselves are not safe" (p. 337). With this in mind, I tried to develop more effective and safer working practices.

At the U of M, before a student can graduate from the BSW program, they must successfully complete one or two (depending on their program) field placements also known as practicums. That is, the student is matched to a social service agency and field instructor where he/she will spend a designated number of hours per week observing, learning and doing "social work". Thomlison et al. (1995) explain,

the point of a social work practicum is to learn how to do *it* and what it means to do *it* well: how to apply theoretical social work knowledge within hands-on situations; how to cope with the practical limitations of real-life social service environments; what it means to be useful to real people with real problems in real social work settings that are sometimes unpredictable and less than "ideal" (p. 5).

They explain further that the practicum must be more than simply practical work experience or an apprenticeship, but rather must be carefully designed to enable the student to learn how to think and act as a professional social worker. The practicum or field instructor is a professional social worker who is usually employed by the field placement agency and is responsible for assigning tasks, evaluating progress and ongoing day-to-day instruction. Among other things, the field instructor must match student skills, qualities, and potential with the services provided by the agency, and must protect the clients from the errors that could be made by the student.

In September of 1997 I became a field instructor to a student in the BSW program at the U of M. I began to instruct another student in September of 1998. I found that these two students were much like I was as a new employee of WCFS. They were smart, hard working, and eager to please but also very naive about child welfare issues and the personal safety risks that they would face in the workplace. I took my responsibilities as a field instructor very seriously. I felt very responsible for the service that clients received, the students' learning experiences, and their personal safety. I was often criticized by my colleagues that I did too much with and for the students and that I simply should have let them "jump" into the responsibilities of a child welfare worker. I did not feel that this approach was appropriate for a field instructor and would not be in the best interest of the student, clients or the agency.

Through field instruction, I found that if not for me in my role as field instructor, the students would not learn about the personal safety risks that they would face in child

welfare work, or how to prevent or manage volatile situations. I began to think how unfortunate and potentially dangerous it was that students were not receiving formal training in this area. If I had not prioritized personal safety issues but taken my colleagues' laissez-faire approach to field instruction then the students may have been forced to learn on the job, like I and many others did. I began to feel that this was far too risky and serious of an issue to simply let students learn as they go. It was not fair to the students or the clients. The volatile situations that I described earlier were successfully completed without violence however there is no guarantee of this and social workers can and do get hurt on the job.

Perhaps challenged by the field instructor responsibilities, I could not help but think that there was more that the U of M BSW program and/or WCFS should do to prepare social work students for the personal safety risks they would face in the course of their work with WCFS. Feeling that I wanted to play a role in addressing this issue, I began further research into the personal safety of social workers and this practicum emerged.

Delving in ...

From my personal experiences, I felt strongly that personal safety was an important issue that was not being adequately addressed by the U of M BSW program or WCFS. It was very clear to me that this had to change. I turned to the literature for further information and ideas about personal safety issues and how they could best be addressed. I found quite a lot of resource material and that many authors agree that the personal safety of social workers was an often ignored but very relevant and serious issue. The review took me from workplace safety in general to the more particular consideration of violence directed against child welfare social workers and social work students and finally into possible responses.

About Workplace Violence

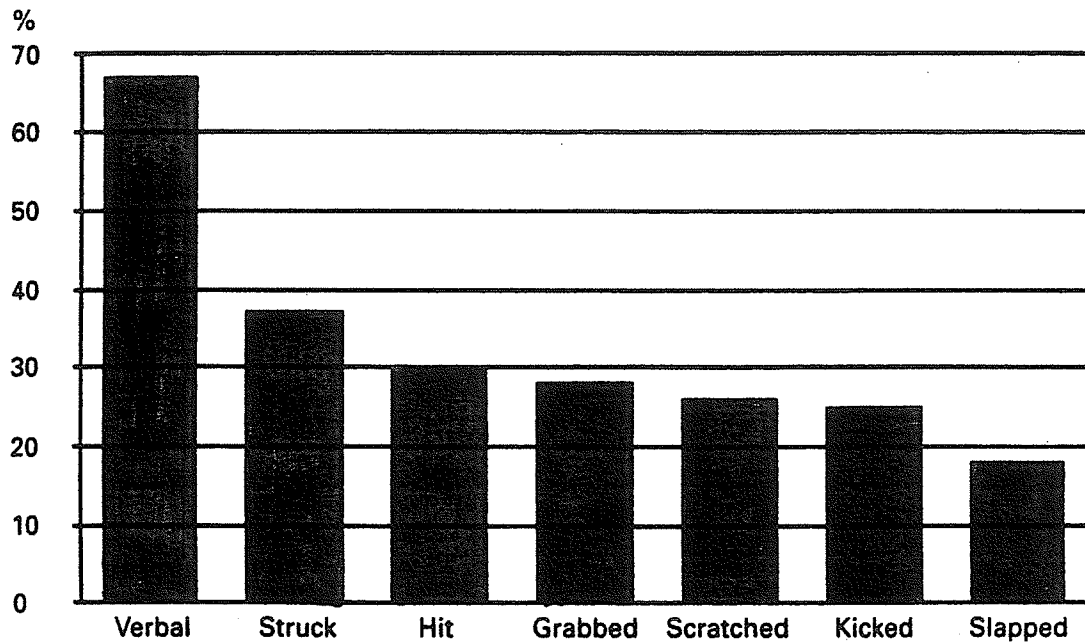
Meadows (1998) writes that the California Occupational Safety and Health Administration have described three types of workplace violence. The first is where there is no relationship between the victim and offender. This is common in robbery. The second is when the offender is a recipient of services. This accounted for 30% of workplace homicides in 1993 and is believed to be increasing. The third type of workplace violence is when the offender has an employment connection to the workplace. Although all three types of workplace violence are concerning, my practicum will focus primarily on the second type, where the offender is a recipient of service.

Fattah (1991) explains the concept of occupational proneness regarding workplace violence and suggests that some occupations carry with them increased potential for criminal victimization. He states that, "Welfare workers and nurses, reported comparatively high levels of violence and threats due to their job" (p. 280). Meadows (1998) would agree stating that hospital staff, police, correctional workers, social service providers, teachers and other public service workers are most vulnerable to being victimized by the recipients of their services. Atkinson (1991) states, "A variety of studies demonstrate that up to 50% of practicing clinical workers, including social workers, psychologists, and psychiatrists, have been assaulted at some time in their professional career. These assaults occur in a wide range of clinical settings and the incidence appears to be increasing" (p. 34). Wigmore (1995) writes of a 1993 survey completed by members of The Canadian Union of Public Employees which includes social workers, teachers, and other public sector employees. Data from this survey can be found below in Figure 2.1. In summary, they found that:

61 percent of those answering had been subjected to an aggressive act in the past two years; it happened three or more times to 55 percent of them. Verbal abuse was most common (69 percent), followed by being struck with an object (38 percent), hit (30 percent), grabbed (29 percent), scratched (28 percent), kicked (27 percent), and slapped (17 percent). Verbal abuse involved threats of injury (60 percent), damage to property (15 percent) and death (20 percent) (p. 28).

Figure 2.1

Canadian Union of Public Employees
Study of Workplace Violence



Rey (1996) cites studies where around 25% of social workers indicated that they had experienced an assault by a client. The incidence of verbal abuse and threats are even higher at 88% and 59% respectively while 82% of the respondents reported being fearful of clients. Newhill (1995) states that,

recent anecdotal evidence and limited empirical data suggest that physical and emotional violence towards social workers is increasing in all settings ... After police officers, social workers run the highest risk of work-related violence directed at them. In the United States during the past five years, several social workers have been killed and scores more have been injured in the course of their work (p. 631).

In addition to acknowledging the risks faced by social workers in general, it has been stated by many of the authors that social workers in correctional settings and child welfare agencies are at even greater risk for workplace violence. Scalera (1995) feels that violence against child welfare workers is a very disturbing phenomenon. He states, “child welfare workers are facing a growing threat of physical violence as they carry out their responsibilities to protect children and support families ... Over the past several years, at least eight child welfare workers have been slain nationwide, and hundreds of others have been assaulted. Assaults range from verbal threats and intimidation to physical beatings” (p. 338).

To gain more detailed information regarding the actual violent incidents that occurred against staff at WCFS, I contacted the agency’s Human Resources Director and the Health and Safety Officer from the Manitoba Government Employee’s Union (MGEU). Neither was able to offer any concrete data as this information was not always accurately documented or collated. WCFS did however have some Critical Incident Reports which I was permitted to review but it was noted that it was likely an incomplete collection as the previously different areas from the agency handled critical incidents and reporting of same in different manners. In 1998 there were six documented critical incidents involving social workers and their clients. They have been summarized as follows:

- A male youth threatened a male after-hours social worker with a baseball bat. The social worker retreated and there was no further incident;
- A female social worker was confronted by an unknown man during a field visit. He was enraged and shouted at her. She was concerned about substance abuse and

mental health issues;

- A female social worker was transporting a male child in her vehicle to a new placement. He became angry and verbally abusive. He hit her in the head with a buckle from the seat belt, kicked her, damaged her vehicle and ran away. She caught and restrained him then he bit her and threw his shoes, grass and mud at her;
- A female social worker's female client expressed in a therapy session that she was very angry at the social worker and wanted to kill someone;
- A mother arrived for an office visit with her children while intoxicated. She was denied access to the children by a male social worker who was then punched in the chin by the woman; and
- A male child threatened his social worker by saying he had a gun and would shoot the worker.

There were no reports available for 1999. The following two incidents were reported in 2000.

- A mother, diagnosed with schizophrenia, was visiting her children at a WCFS office. She became angry and verbally abusive. She was asked to leave by a female social worker who was then slapped twice on the back by the mother; and
- Two female after-hours social workers attended to a home to check in on the family. Once there, the decision was made to apprehend the child. They were then threatened, physically assaulted (kicked, hit, pushed, grabbed, and scratched) and prevented from exiting the building by the mother, her friends and several male bystanders.

As stated previously, The Health and Safety Officer from MGEU did not have specific data to share but did provide me with a bar graph of the CUPE Study on Workplace Violence referred to earlier by Wigmore (1995).

About Workplace Violence for Social Work Students

In addition to social workers in general and child welfare social workers in particular, social work students are thought to be another group vulnerable to workplace violence.

Tully et al. (1993) state that,

owing to the nature of their practicum placements, most students enter practicum agencies with limited background and skills to deal with difficult circumstances and have virtually no training in dealing with violence ... thus, students participating in their field placements would seem to be especially at risk for experiencing violence. Without experience and training, students may be unable to manage or contain potentially dangerous situations with clients (p. 194).

They surveyed 121 bachelor and master of social work students and found that:

- 26% experienced some type of violence in their field placement;
- 13% of the others felt unsafe or threatened due to unsafe neighbourhoods, dangerous clients, and being exposed to illnesses or diseases;
- 13% had been physically attacked (74% of incidents occurred in the agency, 15% occurred during home visits, 9% in other areas and 2% on the street);
- 22% had been verbally abused or threatened (55% shouting, 24% cursed at, and 21% experienced sexual advances);
- one student was followed home; and
- 25% had known or seen violence towards other personnel in their practicum site.

Brendan Associates & ILR Inc. (1995) state, "... student interns need to be informed that the duties and responsibilities of positions they fill may present safety concerns. These positions will take them into the same situations as regular staff, including those that may pose a risk to their personal safety. Once placement occurs student interns need to receive the same safety training that is required of all staff" (p. 4-2).

Effects of Workplace Violence

Many authors commented on the devastating effects of workplace violence on social workers. These effects can range from social workers feeling stressed to experiencing serious emotional difficulties to injuries and even death. Atkinson (1991) reports that regardless of whether or not the assault was verbal or physical, social workers were emotionally affected and went through various stages of resolution. The social workers initially experience feelings such as shock, confusion, helplessness and anger. They then struggle with fear, anxiety and agitation which mostly affected them in the workplace and decreased over a period of months. Many workers experienced conflict between their need to get away from the client and their professional responsibility to the client. Many workers decided to avoid the client after the assault and never saw him/her again. The worker's fear dissipated quickly when the worker either processed the occurrence with the client or terminated their relationship. Many of the workers blamed themselves for the incident, doubted their competence and were embarrassed by their fear.

The Alberta Union of Provincial Employees (1998) reports that workers are afraid of

violence when carrying out their job responsibilities and as a result are becoming increasingly stressed and physically ill due to the tension. Scalera (1995) states that when assaults occur, many work days are lost and police and medical services are often required. Social workers sustain emotional strain and many endure serious psychological reactions - both as victims and as coworkers. Newhill (1995) found that social workers are likely to feel demoralized and burnt-out when faced with violence by their clients, especially if they had not received formal training in this area.

Atkinson (1991) who studied the effects of violence on social workers reminds us that each traumatic incident is unique in that assaults vary and the extent of the danger differs. Characteristics of the individual (for example, their psychological strength, gender, social class, age, and developmental phase) will affect how helpless he/she feels which will contribute to the extent of the trauma. If individuals do not resolve the trauma, perhaps due to inadequate coping mechanisms or inadequate supports, then they may develop severe psychological reactions including post-traumatic stress disorder. By no means should the effects of trauma be minimized.

In her research, Johnson (1988) found that although counselling is known to facilitate a shorter and more efficient resolution to the crisis, it was not consistently made available to social workers. The ongoing effects of a violent incident in the workplace could include increased awareness of the need for safety precautions, advocacy for worker safety, sensitivity to clients' emotional states and potential for violence, understanding of treatment approaches with potentially violent clients, increased understanding of

reactions to trauma, alliance with colleagues who have been assaulted and a more realistic view of themselves.

Why Violence Occurs

Many authors have proposed a number of theories which attempt to explain why social workers in general, and child welfare workers in particular, experience violence in the course of their work. This is indeed a very complex issue and must consider many different factors including: client characteristics; situational and relationship issues including the very nature of social work; societal and political issues including the lack of resources; the acceptance or minimization of this issue perhaps due in part to the existence of a poor professional self-esteem; and power dynamics related to gender differences. It should be noted that when considering the etiology of workplace violence, I would suggest an eclectic approach considering many of the issues that will be discussed below. It should also be noted that many of the following theories overlap and are not necessarily mutually exclusive.

Client Characteristics

One theory which is commonly seen throughout the literature suggests that social workers, particularly in child welfare settings, experience violence from their clients because their clients are likely to possess characteristics which make them more likely to become violent in a difficult situation. (Harlow in Fawcett et al., 1996; Sheafor et al., 1997) After a fairly exhaustive review of the literature, I found that there were many

reasons and explanations used to explain why some people are more likely than others to become violent. Some authors offered explanations rooted in genetics and biological issues, emotions and physiology, social learning and situational factors.

In the past, it had been suggested that genetic and biological issues contributed to violence and aggression. Gilligan (1996) cautions that theories that suggest that violence is innate can be very wrong and harmful because any efforts at prevention would be terminated as instincts cannot be changed and they provide offenders with a “smoke screen” for their actions. After many studies, it appears that there are no direct links between genetics and aggression but that there may be some genetic factors (for example, general intelligence, alcoholism, schizophrenia and various aspects of emotionality) which may have a moderating effect on aggressive behaviour. One particular issue with regard to genetics is that of sex-related hormones. Tedeschi and Felson (1994) write that the males in most species are more aggressive than the females. It is suspected that testosterone may affect anger thresholds and aggression. However, Gilligan (1996) reminds us that the difference in behaviour between males and females may be attributable to socialization instead of or in addition to genetics. (Further gender related issues will be addressed throughout this paper.)

Another issue is that some abnormalities in a person’s brain can affect their mood and/or aggressive behaviour. Murdach (1993) explains that a person could have impaired intellectual functioning which could be the result of a chemical imbalance, brain tumour, brain injury, disease or excessive drug or alcohol use. This can cause them to be

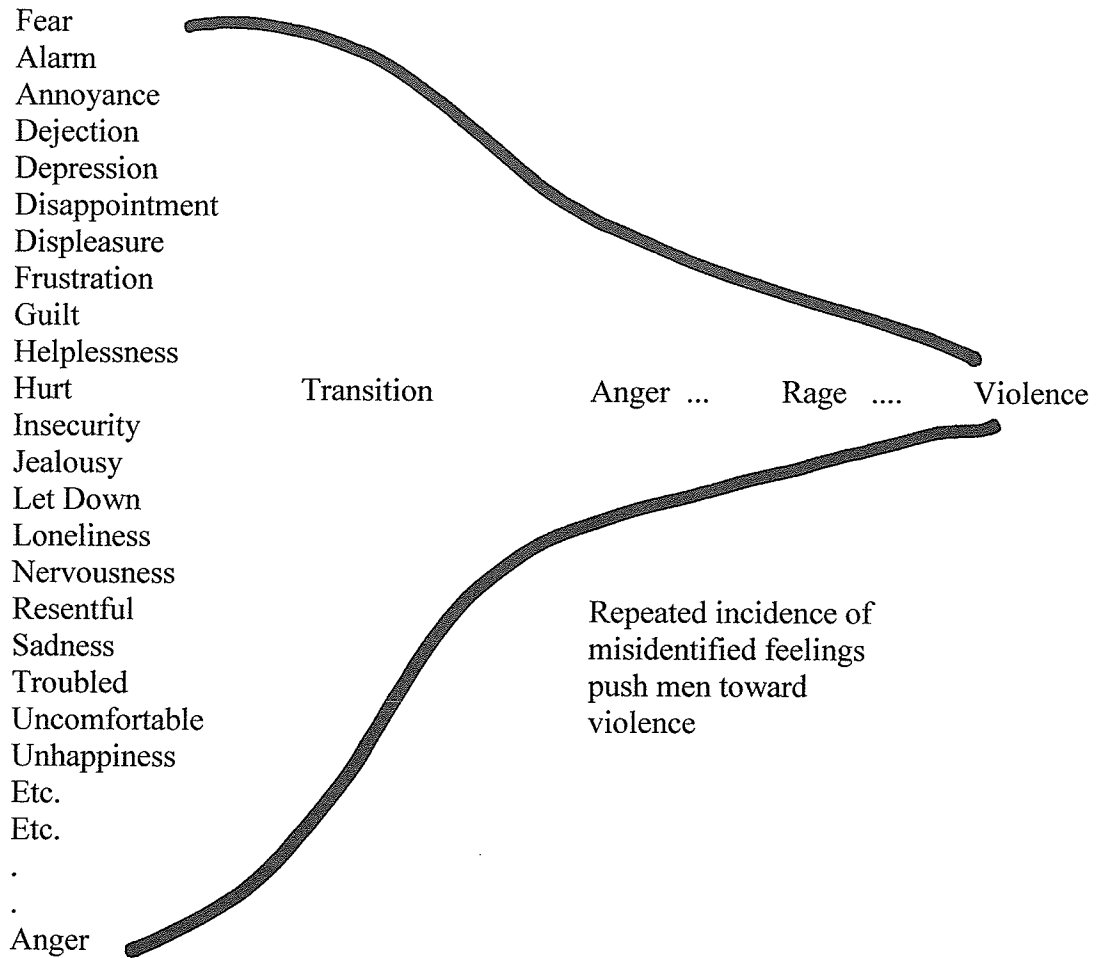
cognitively disoriented, have feelings of desperation and/or intense anger and experience a loss of inhibitions which can trigger assaults on others.

Emotions and physiology have also been studied in relation to aggression and violence. Sheafor et al. (1997) theorize that first something occurs, a person notices and thinks about it, and then they will experience a certain emotion which will move them to engage in certain behaviour. They explain that there are essentially only eight emotions (joy, acceptance, fear, surprise, sadness, disgust, anger, and anticipation) but that they can combine to form other emotions. For example, surprise and sadness can be disappointment; disgust and anger can be contempt; and anger and anticipation can be aggressiveness. The intensity of emotions can vary and involve some level of physiological change. Reactions to fear, anger, panic and terror can be the most intense of all. Strong emotional reactions can overpower one's capacity to reason, maintain self-control, concentrate, remember, and learn.

Gondolf (1985) explains that traditionally, men have been denied the full realm of human emotiveness because of the limits placed upon them by traditional masculinity. The primary negative feeling that they experience is anger. He proposes that men must move from this traditional model into a new model which allows them to experience a much broader emotional spectrum of which anger is but one. Figure 2.2 below helps to illustrate what Gondolf (1985, p. 42) refers to as the Male Emotional Funnel System.

Figure 2.2

The Male Emotional Funnel System



New Men
Feelings are identified.
Conflict accepted.

Changing Men
Feelings are confusing
but identifiable.
Conflict yields choices.

Traditional Men
Feelings are denied
or ignored.
Conflict usually means
violence.

Many authors have explained that there are some very powerful feelings that can elicit violence and aggression in some people. Fox (2004) states that regardless of the many possible contributors for violence, when it actually comes time for an individual to strike out, we can summarize their motives as: fear; frustration; manipulation; or intimidation. Similarly, Mader and Mader (1990) explain,

The reasons for verbal aggression are primarily to hurt or humiliate an individual, or make that person lose control and respond in a similarly harsh fashion. Primarily, verbal aggressors unconsciously fear their inability to influence others by calm, reasonable, and precise communication. In addition, they may be overly sensitive to any type of criticism because their self-esteem is rather low (p. 301).

Gilligan (1996) writes that people, but particularly men, may resort to violence to replace feelings of shame with pride. Violence is most likely to occur when the individual:

- feels too ashamed to disclose their true feelings but portrays a cool image in order to protect the machismo image;
- does not perceive any non-violent means of diminishing their shame; and
- lacks the emotional capacities which normally inhibit violent impulses that are stimulated by shame.

Fox (2004) believes that anger is made up of two parts. The first is an individual's emotional response to the immediate precipitating factor and the second is their underlying unresolved residual anger from the past which the individual brings to an analogous anger-provoking situation in the present. The underlying residual aspects of one's makeup are below the level of conscious awareness, and thus the individual cannot, without help, relieve these sources of emotional distress

Many authors including Johnson (1988) and Tedeschi and Felson (1994) describe the main components of Bandura's Social Learning Theory in relation to violence and aggression. They state that aggression is behaviour in response to a particular stimulus which is likely based on frustration. Like any other behaviour, aggression is learned through processes of trial and error, instruction and models and is influenced by social norms, personality and internal controls. If the behaviour is positively reinforced then it is strengthened and likely to be repeated whereby if it is punished, then it may be suppressed or extinguished. This theory suggests that aggression is instrumental behaviour directed at achieving anticipated rewards or avoiding punishment.

Tedeschi and Felson (1994) feel that a person can have more than one motive for being aggressive and explain that how a person responds to a given situation will vary depending on their learning experiences, temperament, and how other individual differences interact with situational factors. Some people are more likely to use physical force than others and this difference may manifest itself when people are young and is maintained throughout their lives.

Many authors identified some specific characteristics of those people who have been found to most likely respond violently in a difficult situation. In summary, they found that a person who is most likely to become violent is a person who:

- abuses alcohol. It has been found that intoxicated individuals may be less attentive to social cues, more impolite and abusive and more apt to take offence and provoke incidents. Drinking alcohol also makes people feel courageous, and reduces feelings

- of fear and anxiety (Atkinson, 1991; California Occupational Safety and Health Association, 1998; Gilligan, 1996; Kilpatrick, 1998; Lehmann, Padilla, Clark and Loucks, 1983; Meadows, 1998; Newhill, 1995; Rey, 1996; Royse et al., 1999; Scalera, 1995; Sheafor et al., 1997; Tedeschi and Felson, 1994);
- has a history of violence within the family or community, a significant criminal record, and/or has vocalized violent intentions or demonstrated bizarre behaviour over a period of time (Atkinson, 1991; California Occupational Safety and Health Association, 1998; Fattah, 1991; Kaplan and Wheeler, 1983; Kilpatrick, 1998; Lehmann et al., 1983; Meadows, 1998; Newhill, 1995; Rey, 1996; Sheafor et al., 1997; Tully et al., 1993; Wigmore, 1995);
 - is male, teen or a young adult, part of a violent peer group or gang and/or is interested in weapons (Atkinson, 1991; California Occupational Safety and Health Association, 1998; Lehmann et al., 1983; Newhill, 1995; Meadows, 1998; Rey, 1996; Sheafor et al., 1997; Tedeschi and Felson, 1994; Tully et al., 1993; Wigmore, 1995);
 - has experienced a traumatic brain injury, or mental health concerns like depression, personality disorder, or psychosis (Atkinson, 1991; Dillon, 1992; Meadows, 1998; Newhill, 1995; Rey, 1996; Sheafor et al., 1997; Tully et al., 1993);
 - lacks self-control, anger management skills, and moral inhibitors and/or has lower intelligence and self esteem. They may rationalize their actions, pathologically blame others and emphasize negatives (Atkinson, 1991; Kaplan and Wheeler, 1983; Meadows, 1998; Royse et al., 1999; Sheafor et al., 1997; Tedeschi and Felson, 1994);
 - has been experiencing a high level of stress or frustration, has been publicly humiliated and/or feeling a loss of power and control over their own lives. They may

want to appear tough and courageous but may actually be introverted and fearful (Atkinson, 1991; Kaplan and Wheeler, 1983; Rey, 1996; Sheafor et al., 1997; Tedeschi and Felson, 1994);

- is sensation seeking, risk taking, impulsive and punitive and/or is large and strong with good fighting skills and a high pain tolerance (Tedeschi and Felson, 1994); and
- resides in a dangerous neighbourhood, has dangerous animals or insists on meeting in a non-public or isolated location (California Occupational Safety and Health Association, 1998; Rey, 1996; Sheafor et al., 1997).

Situational and Relationship Issues

Like Tedeschi and Felson (1994), many authors have also considered the relationship and interaction of the people involved when explaining aggression and violence. Johnson (1988) suggests that there are certain ingredients (arousal, trigger, weapon and target) required for a violent transaction to occur, and that the encounter may escalate in phases (trigger, escalation, crisis, recovery, and exhaustion/depression). The most important factor with regard to whether or not the situation escalates or becomes neutralized is the relationship between the parties and how each phase is responded to. Table 2.1 further describes these phases with the suggested appropriate response, as proposed by Kaplan and Wheeler (1983, p. 341) and Wyka (1987, p. 5s).

Table 2.1

Assault Cycle

Phase	What Happens	Suggested Response
Triggering Phase (Anxiety Level)	Client begins to move from baseline behaviour.	Supportive
Escalation Phase (Defensive Level)	Client moving further from baseline, beginning to lose control.	Directive, setting clear, enforceable limits. May take action such as counselling, removal from the environment, supplying an alternative task, relaxation training, or physical exercise.
Crisis Phase (Acting Out)	Client increasingly aroused, less capable of controlling aggressive impulses, and assaultive behaviour.	If the client, worker or others are in danger, then non-violent physical crisis intervention may be required. Everyone's safety is the priority at this time.
Recovery Phase (Tension Reduction)	Gradual return to baseline behaviour	Therapeutic rapport to support recovery, the pace of which is to be determined by the client.
Post-Crisis Depression Phase	Clients may feel ashamed, remorseful, distraught and physically and emotionally exhausted.	Intervention and therapeutic rapport.

Fattah (1991) feels that everyone is capable of becoming violent in certain situations and therefore takes a situational approach to explaining violence. He explains that violent behaviour is a response to stimuli from the environment and that this includes the victim's attitude, behaviour, and response to the offender's initial gestures. In face-to-face victimizations, victims often find that they have to make quick decisions including whether or not to comply, scream or struggle. He explains that,

The personal characteristics of both victim and victimizer, their relationship, if a relationship exists, the situational characteristics, as well as the nature of the threatened victimization will determine the victim's response, the victimizer's reactions to the response, and the final outcome. The victimization process, the actual or potential use of physical violence, the presence or absence of a weapon and the nature of the weapon, the potential danger inherent in the situation, and the range of options and alternative courses of action available evoke specific psychological and behavioral response in the victim (p. 192).

An important aspect to consider with regard to situational and relationship issues which may contribute to violence occurring is that within the child welfare system, social workers are often considered agents of social control. Many clients have not sought services from a social worker but have had services imposed upon them. These involuntary clients may resent being forced into involvement with a social service agency and respond by showing hostility or aggression toward the social worker who is perceived as the threatening source (Newhill, 1995; Rooney, 1988; and Royse et al. 1999). An important note however, is that a client's reaction to involuntary services is not evidence of guilt, deviance or pathology. Compton and Gallaway (1989) explain that many clients have a history of contacts with social agencies which may cause them to have negative preconceived notions. They remind readers that social workers may have walked uninvited into their client's lives and it is appropriate for clients to be angry and challenge the worker's right to be in their home. These could be signs of ego strength and appropriate boundaries. Clients who are threatening or are too welcoming may have poor boundary structures.

Middleman and Wood (1990) state that conflicts are inevitable as sometimes social workers have to tell people things that they are loathe to hear and this can elicit violence.

Scalera states,

the very nature of our profession exacerbates the potential for violence. Caseworkers, protective service investigators and human care licensing inspectors routinely confront emotional and volatile family and client situations. On occasion caseworkers must remove children from their homes and may encounter resistant, involuntary, and in many instances angry or hostile clients. These emotionally charged situations can lead to serious confrontations between the worker and the client. Ironically, the very public servants who are asked to protect vulnerable children are themselves among the most vulnerable (p. 341).

Kaplan and Wheeler (1983), Sheafor et al. (1997), Tedeschi and Felson (1994), and Tsytsarev and Callahan (1995) suggest that aggression and violence is often used when people feel that they have no other way to: restore justice; gain compliance; control, dominate, express authority and power over others; or defend their personal identities.

This may occur when they:

- feel a loss of privacy and/or robbed of the power over their own lives because they feel controlled by others and are afraid;
- feel embarrassed or humiliated and as though they have to protect themselves from a real or imagined danger because of an insult, criticism, negative evaluation or slight which may compromise their status; and
- have failed to receive a desired social provision.

Royse, Dhooper and Rinpff (1999) add that clients may become angry and violent because they feel that the system has been too impersonal, bureaucratic, or inflexible.

Unfortunately, these are the characteristics that are often used to describe the child welfare system.

Fox (2004) reminds social workers that engaging in power struggles or control issues and having an unprofessional attitude can dramatically influence the outcome of the interaction with a client and potentially increase personal safety risks. As a point of reference, I took her term, "attitude" to mean how a person generally feels about themselves, their work and their clients. A social worker with an "unprofessional attitude" may approach their client as a barrier seeing only weaknesses and feeling frustrated or hopeless. They may have little to offer in terms of empathy, support, respect, or assistance. Clients are likely to perceive this negative attitude which may increase hostility and resentments and get in the way of healthy relationship building.

Systemic and Societal Issues

Many authors have suggested that the increasing lack of resources available for social workers and their clients contributes greatly to the increasing violence against social workers. Social workers are forced to work alone or in hostile environments due to the lack of sufficient funding for staffing and resources. People who come to see social workers are often younger, sicker, and more assaultive than they have been in the past. They are desperate for services and become angry when they cannot receive them. They may become even angrier after having to deal with inexperienced or overworked personnel (The Alberta Union of Provincial Employees, 1998; Atkinson, 1991; Dillon, 1992; Jervis, 1986; Kilpatrick, 1998; Middleman and Wood, 1990; Newhill, 1995; Rey, 1996; "Social work beyond the call of duty", 1985; Tully et al., 1993).

The California Occupational Safety and Health Association (1998), Kilpatrick (1998),

Rey (1996), and Scalera (1995) identify these societal issues as contributing factors:

- People with mental health issues are being discharged to the community without adequate supports or resources available for them;
- People accept violence as part of their lives due to violence in the media;
- Violence at a societal level is perpetuated by economic instability, easy access to guns and inter-group conflict; and
- There is an increase in the breakdown of the family structure, substandard housing or homelessness, unemployment, the lack of affordable health care, the use of addictive substances and the number of abuse and neglect allegations to be investigated.

Despite all of these concerns, the California Occupational Safety and Health Association (1998) and Rey (1996) feel that agencies are continuing to cut resources, which inhibits the effectiveness of the social workers and results in fewer resources for dealing with the issue of worker safety.

Social Work Attitudes and Values

Many authors have theorized that violence continues to occur against social workers because it is accepted as part of the job perhaps due in part to a poor professional self-esteem. It seems that the literature, schools of social work and social work agencies all continue to inconsistently address this issue. Atkinson (1991), Kaplan and Wheeler (1983), and Shulman (1992) have all cited the lack of attention to the personal safety of social workers as a serious problem explaining that this has largely been a taboo subject. Newhill (1995) writes, “the lack of attention to this issue suggests that social workers

may be neither adequately informed about the potential hazards they face in their day-to-day work nor systematically trained to manage these risks” (p. 632). Phillips and Leadbetter (1990) conducted a study at Sterling University to assess how much teaching occurred with regard to violence in the workplace. They found it to be quite minimal. Tully et al. (1993) conducted a study where they interviewed social work students and their field instructors to determine how many agencies had policies in place to address the issue of workplace violence and how many staff and students were trained in these policies. Their findings were quite concerning. They found that:

- only 63% of agencies had written policies regarding violence and only 71% of those trained staff on the policies;
- only 22% had policies for home visits and 51% of those trained staff in this area;
- only 48% of the students were aware of a policy in their field agency about potentially dangerous client situations;
- only 26% of the students were aware of a policy in their field agency about home visits;
- of the 26% who had received training, only 79% found it to be adequate;
- only 39% of students received training in this area from their field instructors;
- only 54% of students were offered information about safety issues in social work courses; and
- faculty liaisons discussed safety issues with only 35% of students.

Perhaps this issue leads right to the grass roots of social work as a profession. On pages 124 and 125, Milner in Fawcett et al. (1996) writes that, “Social work values and

techniques which are aimed at subjectifying individuals, actually collide and collude with violence: Like mothers with their families social workers are taught, and expected, to put the needs of others above their own or be accused of being ‘bad’ social workers”. She also feels that social work practise has little to offer social workers in terms of personal safety strategies as it emphasizes skills in deflecting and defusing anger but also social work independence of action. The promotion of these skills can result in:

- social workers being in a similar position as the women and children they provide services to in that they become responsible for managing the emotional tone;
- an ineffectiveness in the skill of confronting; and
- lack of attention to the violent behaviour which was the initial reason for agency involvement.

Many authors including Johnson (1999), Rey (1995), Scalera (1995) and Wigmore (1995) suggest that even when workplace violence is acknowledged, social workers and managers tend to simply accept it as part of the job. Even the victims of violence do not always perceive it as such and just accept it. Perhaps because it is so widely accepted, social workers tend to underreport incidences of assault or violence against them and that incidences that are reported are often not collated or brought to the attention of senior management. In addition, there is real conundrum facing child protection workers.

Wigmore (1995) explains that social workers are legally responsible for the well being of children but also have the right to refuse unhealthy or unsafe work. She has found that agencies do not always explicitly convey the importance of social worker safety and do not offer options to resolve this conundrum.

Kaplan and Wheeler (1983), Newhill (1995), Rey (1996), and Thomlinson et al. (1996) feel that social workers must develop a high professional self-esteem which would include the refusal to accept violence as a condition of life for clients or themselves. An important aspect of having a high professional self-esteem is for social workers to work with clients in an assertive manner. Compton and Gallaway (1989) write that,

People who are assertive verbally and nonverbally say what they think and feel while being sensitive to the rights of others. Assertive people try to satisfy their needs and wants without dominating, manipulating, abusing, or controlling others assertiveness is the most responsible way to show concern for another person, and it is probably the most efficient way of solving a problem. The results of assertiveness, therefore, are usually positive (pp. 327 & 328).

Fox (2004), Kaplan and Wheeler (1983), Royse et al. (1999) and Sheafor et al. (1997) seem to concur and suggest that assertiveness is the most effective means of decreasing the risk of violence whereas passivity and aggressiveness can escalate a potentially violent situation.

Another component to a high professional self-esteem is that social workers must be self-aware, trust their instincts and feelings, and ask for help when appropriate. Kaplan and Wheeler (1983) explain that, "professionals who feel that they need to save face with staff and clients are the same individuals who get injured and exacerbate the assaultive incident. Professionals must allow others to take over when they find themselves in a crisis phase reaction. It is imperative that the person feel comfortable in asking for help or relief, and that the staff as a whole supports such decisions" (p. 343). Unfortunately, this does not always occur. Newhill (1995) writes that,

many violent incidents occurred because social workers felt that they should be able to handle situations alone, believing that asking for help meant they were inadequate practitioners. I have been told by several social workers that before a violent incident occurred, their 'gut feeling' told them that a situation was becoming dangerous, but they dismissed their feelings as silly or indicative of personal failure and did not ask for assistance (p. 635).

With the development of a high professional self-esteem, social workers would better advocate for safer working conditions and be in a better position to help families and protect children.

From a Feminist Perspective

Several authors explain this issue from a feminist perspective and attribute the occurrence of workplace violence to the power differences between men and women. Given that the majority of front-line social workers are women with a larger percentage of managers being men, it would seem foolish not to at least consider this issue through a gender lens. It is, however, also worth noting that women by far outnumber men as adult clients within the child welfare system.

Wigmore (1995) feels that it is important to understand the dynamics of the problem and explains that violence is about power and control. Clients are often powerless and become very unhappy, frustrated and angry that they are not able to make decisions for themselves. The victim of workplace violence is often the front-line social worker who must work within the confines of his/her organization of which he/she is also powerless. Meanwhile, those who do have the power are hidden from the public, and sometimes even from the social workers. She suggests that this situation is not conducive to

problem solving because it is these two powerless groups left to deal with situations of which they have little control and that this problem is not unlike other forms of violence against women as it is often ignored and not addressed.

Milner in Fawcett et al. (1996) would seem to agree as she writes, "... the child protection system is but another male system in which women make a considerable contribution yet are rarely in a position to exercise authority and control over fit, adult males" (p. 115). She feels that men use minimization, mitigation, expressions of remorse and intimidation to deflect a situation to someone else, namely the women and that the child welfare system, regardless of which parent is seen as the protector or offender, allows fathers to disappear from the system by putting the spotlight on the mother. She suggests that this may be due in part to the stereotypical views of men's and women's roles within the family, putting sole responsibility on the women. She explains that perhaps another reason why this occurs is because women are generally "softer" targets for social workers. That is, social workers may choose to work with the mothers who are thought to be less intimidating or potentially violent.

It has been noted that men and women deal with difficulties and communicate very differently from one another and that this has a lot to do with power. Mader and Mader (1990), indicate that women's language generally implies submissiveness, hesitation, tentativeness and insecurity whereas men will use more slang words and will talk and interrupt more in order to manipulate the conversation. The North American culture values aggressiveness and young children, particularly boys, learn that aggressiveness

forces others to comply whereas they may not get what they want by being calm and reasonable. On the whole men are trained to be dominant and women to be submissive.

On page 123, Milner in Fawcett et al. (1996) writes, "For the social worker who attempts to confront violent men in the home, overt intimidation is a common response. Indeed, identified dangerous men have used intimidation to prevent social workers from actually visiting the home at all even though 'closure' of an active case by fathers has been shown to be a 'danger' point, increasing the risk to the children". The author feels that confronting violent men is dangerous and ineffective as they will use intimidation which is the ultimate avoidance process. She recommends that social workers, like all women, should accept the limits of their own power and use authority more explicitly. For instance, as soon as a worker is faced with intimidation by a client during an investigation, she should acknowledge that it is not her role to 'manage' the hostility but rather go straight to the courts on the grounds of non-cooperation.

A further gender-related difference is in the very way that violence against social workers is defined. According to Hearn in Fawcett et al. (1996) men tend to have a much narrower definition and do not consider the effects of uncertainty or potential for violence. This is quite a significant difference because according to Scalera (1995), "in some instances, the threat of violence - although never fulfilled - can be just as devastating to the staff as an actual assault" (p. 339).

With this information and knowledge about why violence may occur against social

workers, we must now turn our attention and consider what options are available to adequately address this issue.

Personal Safety Training as a Response to Safety Issues

Throughout the literature, the authors have made a number of suggestions and recommendations for increasing the safety of social work students and social workers. One of the most common recommendations is that specific training be offered through schools of social work and social service agencies (Atkinson, 1991; Braithwaite et al., 1990; Cook, 1986; Infantino and Musingo, 1985; Kaplan and Wheeler, 1983; Kresnak, 1998, Lehmann et al., 1983; Phillips and Leadbetter, 1990; Rey, 1996; Scalera, 1995; Sheafor et al., 1997; Tully et al., 1993; "Violence: it's time to act", 1985; Wyka, 1987).

Because of the literature's strong emphasis on Personal Safety Training Programs, I attempted to find out more about existing programs. Firstly, I attended a two-day Non-Violent Crisis Intervention (NVC) Program sponsored by WCFS where I received a NVC Participant Workbook (1987), revised and edited by Linda K. Steiger on behalf of the National Crisis Prevention Institute (NCPI). They state that their program originated in the mid 1970s and that they have trained over 200,000 human service providers in techniques which have proven effective in resolving potentially violent incidences. They feel their program gives human service staff the confidence to handle difficult situations and skills to prevent violence and safely intervene when necessary all while maintaining a professional bond. This program is divided into two units. The first unit covers

preventative techniques where the objectives are to learn:

- non verbal techniques useful in the prevention of acting out behaviour;
- verbal techniques to be implemented when de-escalation of verbal acting out is necessary; and
- physical personal safety techniques to avoid client and staff injury if behaviour escalates to a physical level.

Unit two teaches therapeutic physical intervention where the objectives are to learn:

- physical control and restraint techniques to be implemented when physical intervention is necessary;
- team intervention strategies and techniques; and
- therapeutic postvention techniques to be implemented after acting out behaviour has occurred.

I found this program to be very interesting and quite relevant to me as a social worker. I particularly liked how we would learn some theory and then break into small groups to role play, practise and discuss what we had just learned. I found that this was a very effective way of learning how to apply the theory to simulated real-life situations and also a good way to keep participants engaged in the learning process.

This program has participants complete a pre-test which is not collected by the trainer. Its aim is simply to have participants start thinking about the issues and that there may be a fair bit that they do not know. At the end of the program, the trainer administers and

collects a post-test/program evaluation which tests participants' ability to recall the information provided throughout the training and their feedback about the trainer. The trainer marks the post-test and if the participant's scores are sufficient, they become certified in NVCI. It is my understanding that the post-test/program evaluations are sent to NCPI therefore the results are not known to me.

There is another program called Visitors Not Victims which was developed by Lawrence Jackson of Safety Options Inc. in Detroit, Michigan. This program was designed after the beating death of a local child protection worker in order to reduce the risk for professionals who make home visits. Mr. Jackson provided me with a seminar workbook from his program. His is a four hour program in which students learn:

- techniques and procedures to make home visits safer and more productive;
- ways for management to coordinate and monitor employees in the field;
- the importance of mental attitude, and how to develop a survival mindset that increases personal safety while enhancing professional image;
- how to recognize physical warning signs of growing aggression in patients, clients, and family members;
- how to use their bodies and body language to project confidence and competence to clients;
- to recognize and understand the words and phrases that are a tip off to impending client violence;
- to use verbal skills to diffuse or redirect anger or aggression; and
- how to effectively escape a physical confrontation.

Although Mr. Jackson did not provide me with evaluation results, he did indicate that program participants completed a post-training learning evaluation sheet which asks six questions such as: List 2 verbal cues that warn of growing tension in a client; and List 2 physical responses that you can use to reduce the build-up of aggression in a subject.

From WCFS' Human Resource Department, I learnt that the Winnipeg Police Services (WPS) offer a two hour training program called Take Action, which focuses on personal safety in the workplace. I met with their representative who described their program to me and provided me with the corresponding handouts which address the following issues:

- personal safety on the street (tips when walking, using public transportation and vehicle safety);
- personal safety in the home (assessing an area, strangers at the door, service and delivery people, telephone safety, and other general tips);
- personal safety in the workplace (personal information, valuables, monitor surroundings and unusual behaviour, safety plan, working alone or late, and calling police);
- personal safety for professional home visitors (planning a safe home visit, during the home visit, do's and don'ts and travel tips); and
- reporting crimes and emergencies.

Before their training, WPS administer a pre-test which is designed to increase participant's awareness about crime and their personal safety. It also gives them an overview of the material that will be covered. This pre-test is comprised of seven true or

false questions, such as: working alone puts you at greater risk of being robbed or assaulted. They also ask two open-ended questions such as: What are some things you can do to avoid a physical or verbal confrontation? To my knowledge, these pre-tests are not collected by WPS and therefore results are not known.

I reviewed a manual from a program called Working Effectively with Violent and Aggressive Students (WEVAS) which was created for teachers by Robert Spencler who is a Provincial Consultant for the Emotionally and Behaviourally Disturbed and Neil Butchard who is a Senior Provincial Consulting Psychologist. The WEVAS model suggests that students are generally effective learners but may become anxious during which time teachers should have open communication with them. If the anxiety is not reduced, then students may become agitated and teachers should respond with what they refer to as a teaching and/or limiting response. The hope is to move the students back to the effective stage rather than have issues become control issues where the situation escalates further and students become aggressive and/or assaultive. The program goes through each of the potential stages and teaches participants about each stage and how to respond appropriately. The program uses a lot of group exercises and role plays.

The Manitoba Women's Directorate produced a pamphlet, offer a two or three hour training program and have a thirty minute video called Keeping Safe at Work: Tips for Workers Working Alone. They provided me with a copy of the overheads they use during their program and loaned me their video. Their program provides safety tips about:

- how to be alone and alert (plan ahead, trust your instincts, keep personal information private, and be aware, assertive and confident);
- what to do if you're working late;
- how to use the Transit system, driving your car and when out walking;
- when travelling (hotel security and flying);
- how employers can ensure a safe workplace;
- steps retailers can take to lessen crime;
- how to respond in a robbery and against a personal attack; and
- basic prevention.

Brendan Associates & ILR Inc. developed a very comprehensive Personal Safety Resource Guide for Human Service Organizations (1995). They suggest that all staff receive safety training and that this should ideally occur before they start their employment. The training would not only support agency policy and procedures but also demonstrates that staff safety is a priority within the agency. The training could include:

- constructive use of authority;
- field and office safety;
- physical plant (set-up);
- predicting and preventing potential violence;
- crisis theory and crisis intervention;
- protocols and written procedures;
- interviewing and communication; and
- victimization and trauma.

The B.C. Government and Service Employees' Union produced a Violence Prevention Resource Guide (1998) which covers many helpful issues and specifically details the training components required by their Workers' Compensation Board which include:

- the occupational risks of violence and specific risks for the office, it's clients, and high risk locations/conditions in the community;
- how to identify whether a client is prone to engage in violent behaviour;
- the means for recognition of the potential of violence;
- the procedures, policies and work arrangements which have been developed to minimize or effectively control the risk to employees from violence;
- the appropriate response to incidents, including defusing hostile/aggressive behaviours, how to obtain assistance and/or provide support to others being affected by an act of violence; and
- procedures for reporting, investigating and documenting incidents of violence.

MGEU produced a small booklet entitled Guidelines for Developing Violence and Abuse Policies in the Workplace. They state that agency policies dealing with workplace violence should have a section that ensures the training of managers and workers. They suggest that topics should include:

- the existence of potential risks of violence and abuse present in the workplace;
- details of workplace policies, measures and procedures to address workplace violence and abuse; and
- reporting and appropriate support and intervention after a violent or abusive incident occurs.

Mike Manley of the Verbal Judo Institute offers one or two day training programs for government employees which are designed to teach participants skills to enhance their personal safety, diffuse potentially dangerous situations, lessen stress at work and at home and enhance professionalism. This program is divided into seven modules. In the first module they explore professionalism and how to generate voluntary compliance. In the second module they discuss verbal assaults and how employees can use their “delivery style” more effectively to handle the difficult situation. In Module 3 they explore how Verbal Judo uses re-direction and does not attack and how to use words to their maximum power. Module 4 looks at when words fail and action is necessary. Employees need to evaluate the threat and move to other options. Modules 5 and 6 look at the art of persuasion and generating voluntary compliance and finally Module 7 explores a safe and powerful approach to greeting people. I have heard from various colleagues who have taken a Verbal Judo Course, that it is very relevant and helpful for their work at WCFS.

Lehmann et al. (1983), describe a five hour workshop which was used to train staff in a Veterans Administration Hospital in the area of the prevention of and appropriate management of violent behaviour. The course covers:

- an overview of the problem of assaultive behaviour and the description of and origin of the training program;
- patient and staff variables which may elicit violent behaviours;
- self-awareness exercise;
- the continuum of violence with appropriate staff response including the

- demonstration and practice of physical restraint techniques; and
- the rights and responsibilities of staff.

This workshop was one of a few which provided details about their findings from a formal evaluation process. This workshop was delivered eight times before it was studied. Participants completed a ten item test before and after the program. It focused on preventative identification of potential violence and on techniques for managing violent behaviour. The pre- and post-tests were compared and showed an increase in objective knowledge after the workshop. Staff also reported increased confidence in handling potentially threatening situations. Structured interviews were done on staff that experienced encounters with violent patients both before and after the training. A t-test of the data showed that after training, staff showed more confidence and comfort, higher assessment of overall staff management of the situation, better ability to describe the precursors of the violent behaviour and the nature of supportive or directive comments staff should make. Overall, the authors conclude that trainees learned relevant material and were able to apply it in their practice and would suggest that this type of training continue. They feel that the size of the training group should be limited to 20 to best facilitate discussion and the sharing of experiences and that the training is suited to a 4-5 hour workshop with many breaks throughout. A variety of trainers should present for 20 minutes each to add variety and improve staff attention and that charts, transparencies and visual aids are also helpful.

Infantino and Musingo (1985) describe a training program called Aggression Control

Techniques (ACT) which is a standardized program developed, tested and implemented in the mid-late 1970s. The curriculum has been broken down into three primary phases. Phase one explores issues around local policy and patient rights and describes verbal intervention procedures which can be used to de-escalate a confrontation. This module uses case vignettes, role-playing, and several intervention models that emphasize the helping relationship. Phase two covers basic physical intervention techniques to enable staff to gain effective release and escape skills and phase three involves specialized instructions in restraint, control, transport of patients and incident-reporting procedures. This training is delivered in three consecutive eight hour days.

This was another program that offered data from a formal evaluation process. There were ninety-six unit staff and shift supervisors who participated in their study. Both trained and untrained staff continued to work together in the same units and as per hospital policy; all staff were to report all injuries that require medical attention, time off, or compensation. Data regarding the assault of staff members was gathered from the state workman's compensation casualty reports.

Table 2.2 (from Infantino and Musingo, 1985, p.1313) shows the incidence of assault and assault-related injuries for those who did and did not receive the training. The authors found that there was a strong association between participating in the training and not being assaulted which they feel supports the theory that training provides staff with the knowledge and skills to successfully detect and defuse a potentially violent situation. The relationship between staff training and injury from assault was not statistically

significant. A follow-up study also found that 77% of the program participants found the program to be somewhat important to very important and 86% indicated that the training made them feel more confident and able to handle violent situations.

Table 2.2

Comparison of Trained vs. Untrained Staff with Regard to Assault/Injury

Category	Trained Staff N=31	Untrained Staff N=65
Assaulted	1	24
Injured	0	19
Not injured	1	5
Not Assaulted	30	41

The authors suggest that the non random selection of study participants poses a limitation to this study and suggest that participants should have been randomly assigned and data should have been collected before and after the training period. The authors feel that further research would be helpful to determine if there are other factors which may affect staff injuries.

In January 2004, I had the opportunity to attend a two day training session offered by WCFS. It was called, Managing Aggression and the Potential for Violence in Therapeutic Settings and was delivered by Dr. Lorraine E. Fox. During this training, Dr. Fox covered a lot of material including common contributors to violence. She discussed how an individual's upbringing, learning and "invisible disabilities" such as Fetal Alcohol Syndrome and Effects, Attention Deficit Disorder, Post Traumatic Stress Disorder, and Attachment Disorders affect our clients. She also discussed societal,

environmental and agency issues which may contribute to the occurrence of violence and explored the social workers' responsibility to monitor their personal attitudes and emotions and conduct their work in an assertive and empathic way. She shared information about anger in general and the various stages of crisis escalation.

This two day training session was offered twice to WCFS staff with approximately 115 staff attending each session. At the conclusion of the session, staff were asked to complete a feedback form which asked if the training session met their needs and to identify what program component was the most helpful, what could have been expanded and other comments. From the 230 staff who attended, 145 (63%) completed and submitted feedback forms. There were 142 (97.9%) staff who stated that the session did meet their needs, 2 (1.4%) who stated that it did not and 1 (.7%) who answered both yes and no.

Those who answered in the negative indicated that there needed to be more practical information, should have been more specific to child welfare field work and should not leave people feeling as though clients are more dangerous and problematic than they are. For the most part, those who answered positively stated that they thought that the training was very interesting and informative. They thought it was relevant for their home and work lives and left them with lots of personal reflection to do. They appreciated how the presenter was "down to earth" and used humour and anecdotes to teach. The components that they found most helpful included: anger management issues, practical tid-bits, safety planning, power and control issues and children's "invisible disabilities". Some of the

staff's suggestions were that this training should be mandatory and offered on an on-going basis so that staff could continue their learning in this area. Some also thought that there could have been some components of NVC built into her program as well as more time for audience participation and questions and answers.

Certainly social work students would benefit from the above noted programs which have been essentially designed for practitioners. However, many authors have also commented that universities also need to better meet the needs of social work students in this area. Tully et al. (1993) feel that it is essential that the social work profession define the role of social work curriculum and continuing educational opportunities as methods for detailing the many types of violence and identifying appropriate interventive means to deal with the problem. They state that if schools of social work plan to continue to place students at risk for violence, curriculum materials must be prepared and implemented in both the classroom and in the field placement to address the issue of violence in social welfare settings. Rey (1996) concurs stating that students would benefit from information pertaining to the risks that they will face in their work and that it is the responsibility of the Universities to offer this general training to students.

Newhill (1995) writes, "the course content for all MSW students should be upgraded to include information about how to work with involuntary, resistant, and angry clients; how to recognize signs of impending danger and loss of control; how to intervene to prevent violence from escalating and how to effectively advocate for practice conditions favourable to violence prevention" (p. 635).

Phillips and Leadbetter (1990) developed a violence training course specifically for social work students. The aims of the course are:

- to raise students' awareness of the risks of violence and threats that they may face;
- to learn about the causes of violence;
- to consider preventative strategies;
- to learn what to do when violence occurs; and
- what can be done afterwards to help.

Because the authors believe that the social workers' emotional response disables them from dealing with the assailant's strong emotion and aggression, they focused on feelings rather than being detached and intellectual. The class consisted of four weekly two hour sessions however students received additional handouts and received a couple of assertiveness training sessions prior to the class.

The first session entails:

- aims of the course and handouts regarding the various theories of violence, the causes, signs and symptoms, and how risky social work can be;
- brainstorming regarding the definition of violence;
- self-awareness exercise where students discussed in small groups their personal experience with violence; and
- a video where a client assaults a social worker and ends up in court. Small group discussions ensued.

The second session was used to:

- explore “high risk” situations and the nature of the skills required to manage them.

Drama students were used to depict scenes where a worker encounters serious risk during a home visit and another where the social worker encounters a client with mental health issues. This was used to highlight the emotional impact of violence and aggression. The students then viewed a video of trigger scenes which portrayed violence or potential violence which required immediate staff attention. These triggers led to student role plays.

Content for the third week included:

- research on high-risk situations;
- factors which can influence a worker’s response (psychological and physical) to an escalating situation;
- examination of the implications imposed by the worker’s caring role, agency policy, gender issues, ethics and legal complexities around assault and self-defence;
- relevant models of the assault and arousal cycles;
- review of possible preventative strategies; and
- teaching and rehearsal of basic self-defence techniques and principles. These focused primarily on preventative and breakaway responses. It was felt that in light of contradictory views on the relevance of self-defence, the students would make their own judgements considering their personal attitudes and abilities.

The final session deals with the aftermath of a violent incident including:

- management responsibilities;
- handout on theoretical perspectives such as bereavement and crisis theory and practical considerations for post-trauma support; and
- various policies, codes, act, laws, and benefits were explored.

Cautions Concerning Training Programs

Overall, training programs have been highly recommended and favourably evaluated within the literature. However, a few cautions have been noted. Kaplan and Wheeler (1983) explain that people who are threatened typically have a “fight or flight” response. A social worker’s role and responsibility may inhibit this natural response which may place them at increased risk. Conversely this natural fight or flight response may undermine what a social worker has learned in a training program. Phillips and Leadbetter (1990) believe that even when violence is anticipated, social workers are unable to predict its onset and their emotional response disables them from dealing with the assailant’s strong emotion and aggression.

Another difficulty is talking about risk factors and raising awareness without creating undue panic, fear or stereotypes. It must be noted that the majority of clients serviced by social workers do not resort to violence or pose a risk to social workers. While not trying to create undue fear, training must also not create a bravado attitude among social workers who complete a training program. It would be dangerous for social workers to feel as though they have been “trained” and therefore are invincible.

Finally, Brendan Associates and ILR Inc. (1995) state that, “training should not provide safety preparation in a vacuum but as part of the overall agency safety effort” (p. 4-1). The California Occupational Safety and Health Association (1998) would seem to agree stating that “using training as the sole safety program element, creates an impossible burden on the employee for safety and security for him or herself, co-workers or other clients” (p. 3). They feel that relying solely on a training program can create a “blame the victim” mentality.

Many authors agree and have made the following recommendations which could be considered instead of or in addition to a personal safety training program.

- Make changes to the physical work environment where social workers must work (Kaplan and Wheeler, 1983; Rey, 1996; Royse et al., 1999; Sheafor et al., 1997);
- Create a work environment where worker safety is a priority. Where social workers are encouraged to trust their feelings, and expected to ask for help and work together (Fox, 2004; Newhill, 1995; Royse et al., 1999; Scalera, 1995; Sheafor et al., 1997; Thomlinson et al., 1996);
- Have clear policies and guidelines in place to minimize workplace violence and deal with the aftermath of an incident as well as a Health and Safety Committee to attend to ongoing concerns (California Occupational Safety and Health Association, 1998; Johnson, 1988; Newhill, 1995; Rey, 1996; Scalera, 1995; Sheafor et al., 1997; Thomlinson et al., 1996; Tully et al., 1993; Wigmore, 1995);
- Have appropriate tools and technology, which enhance the safety of social workers, available at all times (California Occupational Safety and Health Association, 1998;

Cook, 1986; Jervis, 1986; Kresnak, 1998; Royse et al., 1999; Scalera, 1995;

Thomlison et al., 1996; Wasik et al., 1990; Wigmore, 1995);

- Partner with other services and networking within communities to decrease safety risks (Scalera, 1995; Sheafor et al., 1997; Thomlison et al., 1996; Wasik et al., 1990); and
- Work with other agencies to address systemic and societal issues which can lead to violence against social workers (Atkinson, 1991; Kresnak, 1998; Newhill, 1995).

Wigmore (1995) states that preventative measures are most effective if they are specific to the situation and not just copied from another organization. She states, "Information about and analysis of previous assaults must precede major decisions about prevention programmes. Steps employers adopt too easily (eg. security devices or personal defense courses) often raise questions and don't really solve them" (p. 29).

Final Thoughts from the Literature

I found that the literature was very effective in describing and explaining the issue of violence against social workers and social work students, particularly in the field of child welfare. It also seemed to support my views that this issue is a real and serious problem which should not be ignored or accepted. The literature suggests that schools of social work and social service agencies should work together to develop a comprehensive and well thought out plan to address the issue of violence against social workers and social work students.

Unfortunately, the majority of the literature comes from the United States with some coming from Britain and very little from Canada. I also found that the information provided to me by WCFS and MGEU was helpful however inadequate in providing a comprehensive understanding of this issue from a local point of view. I can not explain why there was not more local information but could suggest that either I simply failed to access it or that it just did not exist. As I tried to be quite thorough I suspect it may have been the later which then begs the question, why it does not exist? One option could be that this is not a very relevant issue for social workers in Canada. I felt that it was imperative for me to do further research in order to more accurately and confidently speak to the relevance of this issue as well as possible interventions and recommendations within Canada. This led me to develop, administer and evaluate surveys about personal safety issues to the front-line social workers at WCFS and the administrators of child welfare agencies throughout Canada.

I also found throughout the literature that although there were some important cautions about Personal Safety Training Programs, they were identified as a major preventative strategy, especially for social work students. This led me to develop, deliver and evaluate a Personal Safety Training Program for social work students placed at WCFS. I strongly agree with Scalera (1995) who writes, "We cannot in good conscience, expose new social service workers to high-risk situations without providing them with an understanding of the risks they may encounter and with the means for dealing with them safely" (p. 344). My practicum attempts to incorporate these elements, the designs for which are described in the next section of this paper.

Transforming Thoughts into Practice

As discussed previously, reviewing the literature and considering my own personal experiences led me into three further areas of research. Firstly, I felt very strongly that violence against social workers was a real and serious issue that was not being adequately addressed by the U of M and WCFS. I felt that social work students were involved in field placements and new social workers were beginning their careers within the agency without adequate knowledge of the personal safety risks that they would face and without the appropriate knowledge and skills to successfully manage a potentially volatile situation. I believed that a Personal Safety Training Program would be an important step in addressing this issue, particularly with social work students. I developed a Personal Safety Training Program which, in the fall of 2000, I delivered to social work students doing field placements at WCFS.

Secondly, in the summer of 2001, I surveyed the front-line social workers at WCFS to gain more precise localized information about this issue and thirdly, also in the summer of 2001, I surveyed child welfare agencies throughout Canada to determine to what degree other agencies were concerned about this issue and if/how they addressed it.

Personal Safety Training Program

From the identified gaps in the literature, the existing personal safety programs and my personal experience, I developed the curriculum for a Personal Safety Training Program

for social work students placed at WCFS. In an attempt to be both comprehensive but respectful of the students' limited time, the program was developed as a two and one-half day workshop which was later divided into five half day modules. The program included lectures, large and small group discussions, guest speakers, a video, a panel presentation, and role plays. The curriculum can be found in Appendix A and will later be discussed in greater detail.

Program Awareness, Approval and Participation

This training program was approved by the Director of Human Resources and the Student Placement Coordinator at WCFS and by the Field Placement Coordinator at the U of M. They not only agreed with my positions but were prepared to enthusiastically support the social work students' participation in the program as part of their field placement. As I believed that it would be very important to offer this program with the support and cooperation of the students' field instructors, I sent them all a letter of introduction in August 2000 which can be found in Appendix B. There were sixteen field instructors.

In September 2000 I briefly met with the social work students during their orientation session with the agency. At this time, I introduced the program to them and asked them to complete a timetable so that dates could be set for the program based on their availability. I found that there were eighteen social work students placed with the agency and that their timetables differed greatly from one another. The program was designed to be a two and one-half day workshop but the only time that all of the students were available was on Tuesday afternoon. To ensure that all students could attend the entire

program, it was changed to be a program with five sessions which due to logistics had to be delivered over the course of six Tuesday afternoons in October and November 2000.

I met with the field instructors and the two field liaison workers from the U of M. It was imperative that the field instructors were well aware of the content of the program, the potential benefits and risks of the program and that my expectation was that they would follow-up as needed with their students about the issues raised during the program. They were also advised that following the program, they would be asked to complete a questionnaire offering feedback about the program. As not all of the field instructors were present during this initial meeting, I arranged several smaller meetings and had private conversations with a few of them. Many of the field instructors seemed to be very supportive of the program. They were all encouraged to call me should they have any comments, questions or concerns about the program.

The U of M field liaison workers seemed to be supportive of the program and were helpful in assisting me to secure space for the program within the Winnipeg Education Centre (WEC) which delivers the BSW program to mature inner city students. This location was felt to be appropriate for several reasons including:

- it was centrally located, available with no charge and with ample free parking;
- many of the students who would be participating in the program attended classes at WEC so were familiar with and possibly already at the school; and
- it was equipped with the audio-visual and technical resources that would be required (for example, a flip chart and an overhead projector and screen).

A member of the WPS agreed to attend session four of the training program and present material from their Take Action program. With approval from WCFS Human Resources, I was able to secure volunteers from within the agency to participate in a panel discussion, role plays and NVCi demonstration of physical escape manoeuvres.

With the dates, location and curriculum confirmed I sent letters sharing this information to all of the students and field instructors and asked that the students sign a form indicating their acknowledgment of the program, willingness to participate and the acknowledgment that I (the trainer) would not be held responsible for their safety in the field. This was a form that I adapted from the WCFS' NVCi training. Appendix C is the letter sent to the field instructors whom I had previously met with and Appendix D is the letter sent to a few of the Field Instructors whom I could not previously meet with and it was accompanied with a copy of the program curriculum. Appendix E is the letter sent to the social work students and Appendix F is the form they were to sign and return.

Program Evaluation

An important component of the program was its evaluation. I reviewed the evaluation forms of the existing training programs (NVCi, Competency Based Training, Visitors Not Victims, and Take Action), and consulted with the Quality Assurance Team with WCFS. I then devised:

- a pre-test that the students would complete at the beginning of the program. This can be found in Appendix G;
- a post-test which the students would complete at the end of the program. This

can be found in Appendix H;

- a follow-up post-test to be completed by the students four to six weeks after the end of the program. It can be found in Appendix I; and
- an evaluation form to be completed by the field instructors four to six weeks after the end of the program. It is in Appendix J.

These four evaluation forms went through a trial-run with ten WCFS staff who provided valuable feedback and suggestions. It was decided that at the start of the first session, the students would each receive a numbered binder which would be theirs to keep. Inside the binder was a pre-test, post-test and follow-up post-test. They were to complete the pre-test. Instead of using their name, they identified themselves with the number that was on their binder. They were then asked to put that same number on the post-test and follow-up post-test and put those two questionnaires individually into envelopes. They wrote their names on the envelope. At the end of the program, they would receive the post-test in the envelope they had labelled, complete and submit it again with no identifying information except their binder number. The follow-up questionnaire would be sent to them through WCFS inter-departmental mail and would again be completed and submitted without a name but only their binder number. This seemed to be the best way to match the three questionnaires together while ensuring confidentiality. Field Instructors' Questionnaires would also be delivered and returned via WCFS interdepartmental mail. The final component of the program evaluation is my own personal observations which were made throughout the program.

Program Delivery

Session 1

The first session began with general introductions and included a discussion of rules and expectations during the program such as punctuality, respect for one another and confidentiality. Many of the issues that would be covered during the course of the program were quite sensitive and participants needed to feel that this was a safe and supportive learning environment. They were informed that we would have regular debriefing sessions and that I and their field instructors would be available to them should they have any questions or concerns that they would like to discuss privately. In addition the field liaison workers and other student counsellors at the U of M could be accessed if required.

Participants then participated in an ice-breaker exercise which provided them with a fun opportunity to get to know one another. With the completion of the general introductory stage, the students received a numbered binder with which to keep program hand-outs. They then completed a pre-test and prepared their post-tests as described above.

The program started with some general discussions about WCFS mandate, mission statement, vision, principles, specific duties performed by WCFS social workers, how the agency is perceived by clients and some general theories about why some clients get angry/assaultive. The students had a break during which time snacks and refreshments were provided to help them to feel energized and nurtured.

After the break, the students broke up into four small groups to enhance everyone's participation and enable us to cover several issues in a timely matter. In order to encourage students to work with students whom they might not usually choose to work, random assignment was usually employed to divide the participants into groups. Each group was assigned one of the following topics to discuss and report back to the larger group. These questions were important for laying the foundation and increasing awareness of this issue. The questions discussed were:

- Who are the agency's clients, who are involuntary clients and what challenges do they pose?;
- Identify the individual risk factors/client characteristics which can contribute to personal safety risks for social workers;
- Identify other risk factors besides the individual client which can contribute to personal safety risks for social workers; and
- How to assess risk factors before client contact.

Towards the end of the session students were asked to debrief by asking questions and/or identify their thoughts, concerns and feelings. They were also encouraged to stay and talk with me, call me on another day or talk with their field instructors about any questions or concerns that they might have.

Session 2

During the second session, students were given the opportunity to review and debrief from the previous session. They were given handouts pertaining to stress, burnout and

communicable diseases. These were acknowledged as relevant issues but not a core component of this safety program. The students then participated in a panel discussion with four experienced agency workers. The social workers shared real-life stories, information about their experience with personal safety issues including suggestions for keeping safe and responded to the students' questions.

After the panel discussion we had some large group discussions about the frequency, range and severity of assaults on social workers. The students needed to understand that the frequency of physical assaults, particularly serious assaults was quite low as most of the agency's clients do not pose personal safety risks to social workers but that since they will not know by whom or when they will be in a risky situation, it is important to be aware and cautious at all times.

The students then had a break before engaging in small group discussions. In their small groups, students were asked to consider and discuss their personal experiences with anger, how it would feel to have someone tell them how to parent or remove their child(ren) from their care and what situations make them feel the most afraid for their safety.

To conclude the session we met again as a large group to discuss various stages of escalation, crisis theory and signs of impending danger. Students received handouts, and saw overheads to facilitate this discussion. Students were again allowed some time to debrief and share how they were feeling.

Session 3

In the third session, we again started with a short debriefing session followed by discussions about the challenges inherent in confronting clients and the importance of being assertive. I felt it was very important to carefully define assertiveness as had been previously defined by Compton and Gallaway (1989). Students were given an assertiveness survey which they could complete on their own time, if they were interested.

Students had a break and then we reviewed issues of general verbal and non-verbal communication skills and helping skills with involuntary clients. We discussed that how we look and how we say things are often as important as what we say. We did an exercise which helped students to see how personal space and eye contact can be used to increase or decrease a person's comfort levels.

Before the final debriefing session, students were asked to break up into groups of three in which they would perform pre-determined role plays. One of the students would be a social worker, the other would be an angry client and the other an observer. They would alternate so that each of them would have an opportunity to experience each role. They were encouraged to discuss what they saw and how they felt in their respective roles during each of the role plays.

Session 4

Again in session four, we began with some time for debriefing. The WPS were then to deliver a two hour presentation from their Take Action Program focusing on home visiting (risks, assessment and precautions), travelling to and from visits and working cooperatively with the police. Unfortunately, with very little notice, the member who had agreed to do this was no longer available. Using their handouts, I presented the information as well as I could.

We had a break and discussed a number of issues pertaining to general personal safety issues in the office, community and while travelling. The video from the Manitoba Women's Directorate then reinforced the issues that had been presented as it taught the students about the steps that they could take to assess and minimize personal safety risk factors. I then provided handouts and overheads about the various legislations and policies pertaining to personal safety issues at WCFS. We also discussed what to expect after a critical incident has occurred. We concluded with a debriefing session.

Session 5

The final session began with a review and debriefing from the previous sessions. Students then had the opportunity to learn and practice physical escape manoeuvres designed to help them to prevent or break-away from assaultive behaviour. This information was presented by an agency staff member trained in delivering the NVCII training program. I believed that including some aspect of physical intervention was appropriate however certainly not the focus of this program. We did not discuss any

specific self-defence or physical restraint tactics. This issue will be discussed further later in this paper. The students then took some time for a break.

Finally, students were put into pairs and did pre-determined role plays with an experienced agency social worker. The agency social worker portrayed an angry client while a student would play the role of the social worker and the other student was the observer. The students had the opportunity to be both observer and social worker. After each role play they were asked to discuss what they saw and how they felt in their respective roles. These role plays were important because it gave the students a more realistic sense of what it is like to try and engage with an angry and hostile client. When the students did the role plays with one another, it was good as an introduction but the “angry client” did not present as all that angry or intimidating.

After the completion of the role plays and small group debriefing, we met as a large group to debrief for a final time. Students again were reminded that I or their field instructors could follow-up with them on any questions or issues they might have. Students were given a bibliography and completed and submitted the post-test program evaluation. I received sixteen completed forms.

Final Program Evaluation Component

The follow-up student survey and field instructor evaluations were distributed as planned, approximately six weeks after the end of the training program. I received fifteen follow-up student surveys and eleven field instructor evaluation forms.

Survey of WCFS Social Workers

A survey was necessary in order to gain more complete information with regard to the experiences and recommendations of front line social work staff at WCFS. The survey was devised after consultation with my Faculty Advisor, the WCFS Quality Assurance Team and feedback from twelve social workers within WCFS who completed it on a trial-basis. In June 2001, with the assistance and support of WCFS' Quality Assurance Team, the survey was emailed to all front-line social workers.

Social workers were asked to complete the survey and return it to the Quality Assurance Team who agreed to collect and forward them to me. The introductory letter to the social workers and survey can be found in Appendix K. I received 52 responses to the survey which is a response rate of 15.1%. The agency did not support any further efforts on my part to elicit additional responses.

Survey of Canadian Child Welfare Agencies

In another attempt to gain additional information about personal safety issues for Canadian child welfare social workers, I developed a survey for the agency directors of Canadian child welfare agencies. With the assistance of many different provincial departments I mailed or emailed approximately 115 surveys to the Executive Directors of child welfare agencies throughout Canada. The letter and survey can be found in Appendix L.

In British Columbia, I had sent a survey to the Ministry which is responsible for the entire province's child welfare agencies. They completed and returned the survey in addition to forwarding it to approximately thirty aboriginal child welfare agencies throughout B.C. from which there were five responses. In Saskatchewan, the survey was sent to the Department which oversees all of child welfare services throughout the province. Although they did not return the survey, they did send copies of safety protocols developed by various departments throughout the province. Eighteen surveys were mailed to agencies throughout Alberta from which there were eight responses. In Manitoba, ten surveys were forwarded to agencies and four were completed and returned. Twenty-five surveys were sent to agencies throughout Ontario from which there were five responses. Thirteen surveys were sent to Quebec from which there were three responses. I sent seven surveys to New Brunswick and six to Nova Scotia. There were four and three responses respectively. Three surveys were sent to Newfoundland, Labrador and Prince Edward Island, there was one response from Newfoundland. Finally, there were three surveys sent to Nunavut and the Yukon with one response from each. A total of thirty-six responses were received which is a response rate of 31.3%.

The following three chapters will describe the findings from the three above-noted research areas of this practicum.

Discoveries from the Personal Safety Training Program

A Personal Safety Training Program was designed, delivered and evaluated for eighteen social work students placed at WCFS. During the first session of the program, the students completed a pre-test (Appendix G) which was designed to gather information about their demographics, prior experience and training, expectations, self-assessment of their level of confidence and knowledge and nine knowledge-based questions.

Pre-Test

Demographics

Students were asked to identify their gender and age group to help determine if these two factors would have an impact on the student's experience with personal safety and their participation in this program. In reviewing the data however, there seems to be very few differences with regard to how the demographic groupings differ from one another. Perhaps this is due in part to the small sample size. Therefore, unless specifically noted within the data, conclusions in relation to the demographics have not been made. The demographic data can be seen below in Table 4A.1.

I learned that about one-third of the students were in their second field placement at WCFS. I had not sought out this information as I had mistakenly assumed, from my past experience with the BSW program, that students did not complete two field placements at the same agency. This was an oversight on my part. This program was really designed to be very introductory for students with little experience with child welfare work.

Table 4A.1

Demographic Information from Personal Safety Program Participants in Pre-Test

(N=18)

Age of Respondents	Male	Female	Total
21-30 Years	1 (5.6%)	6 (33.3%)	7 (38.9%)
31-40 Years	2 (11.1%)	8 (44.4%)	10 (55.6%)
41-50 Years	0	1 (5.6%)	1 (5.6%)
Total	3 (16.7%)	15 (83.3%)	18

Professionally at Risk

Five (27.8%) of the eighteen participants had felt that their personal safety had been at risk in the past. One of the five was a male student in the 31-40 year old category. He had worked for the agency as a support worker and had been working with a child who had been interviewed by after-hours staff. He was concerned that the child's dad would be angry and potentially violent when he came to pick up the child. It turned out that the dad did not know about the interview until after the student/support worker had left. The other respondents were female, two were in the 21-30 year old category and two were in 31-40 year old category. One of the four had felt at risk over eleven times as she had previous work experience as a Loss Prevention Officer which involved arresting individuals and prior work experience within a correctional institute. The others had done a prior field placement at WCFS. One of them stated that she had felt at risk over 11 times by clients who were upset and becoming aggressive. She noted that she had been punched and threatened in the past. One other respondent felt at risk three to five

times doing abuse intake investigations, attending unannounced to clients' homes and entering Portage Avenue and Broadway offices. The fourth respondent felt at risk one to two times when doing an apprehension.

Prior Training

Table 4A.2 illustrates how the students rated their previous level of personal safety training. Seven of the students had taken NVCI. Three of whom also attended other similar programs. One respondent indicated that she had completed Crisis Intervention Training through The Women's Resource Centre, another cited previous personal experience and another had discussions with a supervisor at a previous field placement.

Table 4A.2

Previous Training

(N=18)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all)	3 (16.7%)			1 (5.6%)	1 (5.6%)	5 (27.8%)
2	2 (11.1%)	2 (11.1%)				4 (22.2%)
3	2 (11.1%)		1 (5.6%)		1 (5.6%)	4 (22.2%)
4	1 (5.6%)	3				4 (22.2%)
5 (A lot of Training)		1 (5.6%)				1 (5.6%)

Relevance

As can be seen in Table 4A.3 over 72% of the students felt that this topic was very relevant. All male respondents rated relevance slightly lower than female respondents, a possible indication that women may feel more vulnerable than men and therefore prioritize issues pertaining to their personal safety differently.

Table 4A.3

Relevant to Well-Being

(N=18)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Relevant)						0
2						0
3						0
4	1 (5.6%)	1 (5.6%)		1 (5.6%)	2 (11.1%)	5 (27.8%)
5 (Very Relevant)	5 (27.8%)	7 (38.9%)	1 (5.6%)			13 (72.2%)

Confidence

Students' responses about their level of confidence can be seen below in Table 4A.4.

Many students may not have known how to answer this question as the majority of them answered neutrally. I had anticipated that male respondents might have been more confident but found that their responses were spread throughout the data. It does seem that to a small degree, older respondents were likely to feel more confident than their younger counterparts. This may have to do with their prior experiences.

Table 4A.4

Confidence

(N=18)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Confident)				1 (5.6%)		1 (5.6%)
2	4 (22.2%)					4 (22.2%)
3	1 (5.6%)	5 (27.8%)	1 (5.6%)		1 (5.6%)	8 (44.4%)
4		2 (11.1%)			1 (5.6%)	3 (16.7%)
5 (Very Confident)	1 (5.6%)	1 (5.6%)				2 (11.1%)

Hoping For

Students were asked what they were most hoping to get out of the training program.

Three respondents did not answer this question while eleven answered very similarly that they wanted new practical ideas about how to prevent and manage potentially volatile situations in order to enhance their personal safety. One respondent wanted to do role playing with an aggressive client, another wanted to learn new ways to approach and talk with clients, another wanted to learn how to be more aware of their surroundings and another wanted to be more aware of standards so he could say no if asked to take unnecessary risks.

Current Knowledge

Table 4A.5 shows how students rated their current knowledge about their professional personal safety. Eight respondents rated themselves the same for confidence and knowledge perhaps suggesting that there could be a correlation between one's perceived knowledge and confidence levels. Seven respondents rated themselves higher on confidence than they did on knowledge. Perhaps this was due to modesty with respondents not wanting to say they have a lot of knowledge and then being proven wrong. Since measuring confidence is subjective they could not be proven wrong therefore were more liberal with their rating. Similar to the findings with regard to confidence, those who were younger generally rated themselves less knowledgeable than those who were older.

Table 4A.5

Knowledge

(N=18)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (No Knowledge)						0
2	5 (27.8%)	3 (16.7%)	1 (5.6%)	1 (5.6%)		10 (55.6%)
3		2 (11.1%)			1 (5.6%)	3 (16.7%)
4	1 (5.6%)	2 (11.1%)			1 (5.6%)	4 (22.2%)
5 (A lot of Knowledge)		1 (5.6%)				1 (5.6%)

Knowledge Based Questions

To conclude the pre-test, students were asked nine knowledge-based questions which would be asked again at the end of the training program in order to compare their scores and determine whether or not their knowledge of this issue increased. The first two questions were quite general where they could list up to four cues that a client is becoming potentially violent, and four things they could do to avoid a confrontation. The next three questions could be answered with a True or False response and again had to do with general understanding of this issue. Finally a case scenario was presented followed by four questions which would allow the students to demonstrate if they could identify risk factors and preventative measures. Their scores can be seen below in Table 4A.6.

Table 4A.6

Scores for Knowledge-Based Questions on Pre-Test

(N = 18)

Score	Frequency
6/9	2 (11.1%)
7/9	9 (50.0%)
8/9	6 (33.3%)
9/9	1 (5.6%)

Post-Test

At the end of the training program's final session, students were asked to complete a post-test (Appendix H). They were asked many of the same questions as in the pre-test in order to determine if there were any notable changes. They were also asked additional questions to discover if and in what ways they benefited from the program, to elicit their feedback about various aspects of the program and their degree of satisfaction. Two program participants did not complete a post-test so the following data comes from sixteen respondents whose demographics are summarized below in Table 4B.1.

Table 4B.1

Demographic Information from Personal Safety Program Participants in Post-Test

(N=16)

	Male	Female	Total
21-30 Years	1 (6.3%)	6 (37.5%)	7 (43.8%)
31-40 Years	2 (12.5%)	6 (37.5%)	8 (50%)
41-50 Years	0	1 (6.3%)	1 (6.3%)
Total	3 (18.8%)	13 (81.3%)	16

Relevance

Responses can be seen in Table 4B.2. In comparing this data from this question in the pre-test (Table 4A.3), I found that eleven responses stayed the same, two increased by one point and three decreased. Two of them decreased by one number which could be

due to the ambiguity of the rating system however one dropped two numbers which leads me to believe that that respondent did not find the training program relevant to them or at least less relevant than they had expected. Nevertheless, their responses remain quite high.

Table 4B.2

Relevant to Well-Being

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Relevant)						0
2						0
3	1 (6.3%)	1 (6.3%)				2 (12.5%)
4			1 (6.3%)	1 (6.3%)	1 (6.3%)	3 (18.8%)
5 (Very Relevant)	5 (31.3%)	5 (31.3%)			1 (6.3%)	11 (68.8%)

Confidence

Responses to this question can be found below in Table 4B.3. When comparing this data to the data collected in the pre-test (Table 4A.4), there were five respondents whose confidence stayed the same, eight whose confidence increased and three whose confidence decreased. The noted increases may have occurred because the training program gave those students new information which helped them to develop their skills thus increased their confidence. Another possibility may be that they did not learn very much from the program which was re-assuring to them therefore increasing their level of

confidence. Either way, I would see this increase in confidence as beneficial. I am not certain why the noted decrease might have occurred but believe that it might not be a bad thing. Perhaps these respondents learned that this issue was more serious or more important than they had initially realized and therefore they have more to learn about it. These realizations can affect confidence levels.

Table 4B.3

Confidence

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Confident)						0
2				1 (6.3%)		1 (6.3%)
3	2 (12.5%)	3 (18.8%)			1 (6.3%)	6 (37.5%)
4	4 (25%)	3 (18.8%)	1 (6.3%)		1 (6.3%)	9 (56.3%)
5 (Very Confident)						0

Benefits

The frequency of the students' responses can be seen below in Table 4B.4. What must be noted here however is that these benefits were mistakenly not defined for the students therefore, further conclusions are limited. For instance, one of the aims for the program was to improve participants' attitudes. This was thought to mean that they would have a better understanding about anger and potentially hostile situations which would give

them a better attitude (or way of thinking) about their clients and their situations which would better enable them to successfully diffuse difficult situations. Because this was not made clear to the students and I do not know how they defined their “change in attitude” it is impossible to know if what was to be measured was measured.

Table 4B.4

Benefits from Training Program

(N=16)

Responses	Frequency
New knowledge pertinent to field placement.	11 (68.8%)
New techniques, skills and approaches that can be applied during field placement	13 (81.3%)
Change in attitude that will help during field placement.	8 (50%)
Other	0
Not sure	0
None	0

Expectations Met?

These responses can be seen below in Table 4B.5. One respondent did not feel that their expectations were met while seven indicated that they were neutral about the degree to which the program met their expectations and eight indicated that they were at least somewhat satisfied. The low ratings could be due to the fact that the program was designed to start with the basics for students new to child welfare. Those with significant child welfare experience would not have benefited from this as much.

Table 4B.5

Expectations Met?

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all)						0
2		1 (6.3%)				1 (6.3%)
3	5 (31.3%)	1 (6.3%)		1 (6.3%)		7 (43.8%)
4	1 (6.3%)	2 (12.5%)	1 (6.3%)		2 (12.5%)	6 (37.5%)
5 (Exceptionally)		2 (12.5%)				2 (12.5%)

Pre and Post-Program Knowledge

Students were asked to re-rate their pre-program knowledge to determine if their responses had changed perhaps due to over or under-estimations of this issue. Their responses can be seen below in Table 4B.6. When compared to the data from Table 4A.5 in the pre-test, seven respondents maintained the same rating, seven rated their knowledge from before the program higher on the post-test than they did on the pre-test and two rated their knowledge from before the program lower on the post-test than it had been on the pre-test.

Students were also asked to rate their current level of knowledge which can be seen below in Table 4B.7. When compared with Table 4B.6, seven respondents rated their level of knowledge before and after the training program the same, whereas the level of knowledge increased for the other nine respondents.

Table 4B.6

Post-Test Pre-Program Knowledge

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (No Knowledge)				1 (6.3%)		1 (6.3%)
2	2 (12.5%)	2 (12.5%)				4 (25%)
3	2 (12.5%)					2 (12.5%)
4	2 (12.5%)	3 (18.8%)	1 (6.3%)		2 (12.5%)	8 (50%)
5 (A lot of Knowledge)		1 (6.3%)				1 (6.3%)

Table 4B.7

Post-Test Post-Program Knowledge

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (No Knowledge)						0
2						0
3	1 (6.3%)			1 (6.25%)		2 (12.5%)
4	4 (25%)	2 (12.5%)	1 (6.3%)		2 (12.5%)	9 (56.3%)
5 (A lot of Knowledge)	1 (6.3%)	4 (25%)				5 (31.3%)

Knowledge Based Questions

Students were asked the same nine knowledge-based questions as they had in the pre-test. Their past and current scores can be seen below in Table 4B.8. Overall there is a noted increase which would seem to imply that the program did increase participant knowledge.

Table 4B.8

Scores for Knowledge-Based Questions

(N = 18 on pre-test and 16 on post-test)

Score	Frequency on Pre-Test	Frequency on Post-Test
6/9	2 (11.1%)	1 (6.3%)
7/9	9 (50%)	2 (12.5 %)
8/9	6 (33.3%)	5 (31.3%)
9/9	1 (5.6%)	8 (50.%)

Program Content

Students were asked a series of questions related to the program content. Their responses can be seen below in Tables 4B.9, 4B.10 and 4B.11. It would seem that they felt that the content for this training program was well developed, appropriate for their skill level and culturally appropriate and sensitive. It is concerning that three students did not feel that the program was culturally appropriate and sensitive as it was developed with this in mind. Perhaps there were some differences with regard to cultural expectations and biases among the students.

Table 4B.9

Coherent and Well Developed Content

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Coherent)						0
2						0
3	1 (6.3%)	2 (12.5%)		1 (6.3%)		4 (25%)
4	5 (31.3%)	2 (12.5%)			1 (6.3%)	8 (50%)
5 (Very Coherent)		2 (12.5%)	1 (6.3%)		1 (5.3%)	4 (25%)

Table 4B.10

Content Appropriate for Skill Level

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Appropriate)						0
2						0
3	1 (6.3%)	1 (6.3%)		1 (6.3%)		3 (18.8%)
4	4 (25%)	3 (18.8%)			2 (12.5%)	9 (56.3%)
5 (Very Appropriate)	1 (6.3%)	2 (12.5%)	1 (6.3%)			4 (25%)

Table 4B.11

Content Culturally Appropriate and Sensitive

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Appropriate)				1 (6.3%)		1 (6.3%)
2	2 (12.5%)					2 (12.5%)
3	1 (6.3%)	1 (6.3%)			1 (6.3%)	3 (18.8%)
4	2 (12.5%)	4 (25%)	1 (6.3%)		1 (6.3%)	8 (50%)
5 (Very Appropriate)	1 (6.3%)	1 (6.3%)				2 (12.5%)

Respondents were asked what they found about the program to be the most and least helpful. In many cases, respondents shared more than one response. Their responses can be seen below in Table 4B.12. Five respondents did not answer the question about what was least helpful, one of whom said everything was helpful. With regard to role plays, additional comments were made. For instance one respondent thought that the role plays with social workers were the most helpful whereas the role plays with students were the least helpful because some of the students did not want to participate. For those who thought that group brainstorming was not helpful, two identified specific subjects that were not helpful, one being the discussion around macro and micro issues and the other being who might be most dangerous and under what circumstances.

Table 4B.12

Most and Least Helpful Program Components

(N=16)

Program Component	Frequency Most Helpful	Frequency Least Helpful
Role Plays	8	3
Physical Escape Manoeuvres	7	0
Practical Tips and General Discussions	5	0
Personal Safety Video	1	0
Panel Discussion	1	0
Lectures	0	2
Group brainstorming	0	3
Readings	0	1
Police not showing up	0	1

Finally, respondents were asked to share any further thoughts about the content of the program. All but one respondent offered some additional feedback. Again, there was some mixed response pertaining to the role plays. One student indicated that they did not like forced participation in the role plays, whereas five students would have liked more role plays and practice with de-escalation tactics and NVCI. Five students indicated that the program was very good with one stating that all social workers should have this training and another feeling that what they learnt about their personal safety could be adapted to their everyday life as well. One student indicated that the handouts would be

good for future reference. Three students indicated that the content was somewhat redundant with U of M courses and one suggested that it could have been condensed. One student indicated that there was too much lecturing assuming that all clients are violent and another suggested that the presenter should have stated that physical violence does not occur everyday.

The Trainer and Group Processes

The students were asked a series of questions dealing with the skills and attributes of the trainer. These questions were asked for personal interest and in an attempt to separate issues that may have had to do with the trainer and not the training program itself.

Detailed data from this area of inquiry can be found in Appendix M. In summary however, the students' responses were quite favourable. The most notable weakness was my inability to stimulate interest or create an enjoyable learning environment for some of the students. This will be an issue to seriously consider in the future.

Students were asked to identify any barriers to their participation and learning in the program. Their responses have been summarized below in Table 4B.13. It was unfortunate to learn that one student felt that some members of the group were not courteous to others. As it is extremely important for participants to feel safe and respected in this type of program, I would have attempted to address this issue had I been aware of it at the time. Should the program be offered again in the future it would seem to be very worthwhile to see if it could be offered in a two day workshop format to avoid fragmentation and to minimize the student's time away from their field placement.

Table 4B.13

Barriers to Learning

(N=16)

Barriers	Frequency
No data	5 (31.3%)
None	3 (18.8%)
Too much time away from field placement	4 (25%)
Personal shyness/anxiety about doing role plays	1 (6.3%)
Fear of coming into contact with someone who is angry	1 (6.3%)
Some members of group not courteous of others	1 (6.3%)
Too far from university	1 (6.3%)
Classmates did not want to do role plays	1 (6.3%)
Sessions too spread out	1 (6.3%)

Students were given the opportunity to provide further comments about the training. All but four of the students made quite favourable remarks. Those four provided no data. A couple students noted that it was excellent to have someone in the field with personal stories to do this training. Two students indicated that the group processes were helpful so that the students could learn from one another. The program itself was viewed as interesting, informative and very good and one student stated that the size of the group and the location for the program was good.

Satisfaction and Recommendations

The final section of the post-test asked students three final questions about how many of the five training sessions they were able to attend (responses in Table 4B.14), if they would recommend the program to other social work students (responses in Table 4B.15) and overall how satisfied they were with the training program (responses in Table 4B.16). The attendance at the program was quite good; however, the program was designed in a way that each session built on the previous session. It was unfortunate that any of the students had to miss any of the sessions. This was a disadvantage of having to spread the program out so much rather than having a two day workshop. Over 80% of the students would recommend this program to other students and were generally satisfied with the program. I believe that these are good indicators of the overall value of the program.

Table 4B.14

Attendance at the Training Program

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 out of 5 sessions						0
2 out of 5 sessions						0
3 out of 5 sessions		1 (6.3%)				1 (6.3%)
4 out of 5 sessions	3 (18.8%)	1 (6.3%)	1 (6.3%)		1 (6.3%)	6 (37.5%)
5 out of 5 sessions	3 (18.8%)	4 (25%)		1 (6.3%)	1 (6.3%)	9 (56.3%)

Table 4B.15

Recommend to other Social Work Students

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all)	1 (6.3%)					1 (6.3%)
2		1 (6.3%)				1 (6.3%)
3				1 (6.3%)		1 (6.3%)
4	4 (25%)				1 (6.3%)	5 (31.3%)
5 (Definitely)	1 (6.3%)	5 (31.3%)	1 (6.3%)		1 (6.3%)	8 (50%)

Table 4B.16

Overall Satisfaction with the Training Program

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Satisfied)						0
2	1 (6.3%)	1 (6.3%)				2 (12.5%)
3				1 (6.3%)		1 (6.3%)
4	4 (25%)	1 (6.3%)			2 (12.5%)	7 (43.8%)
5 (Very Satisfied)	1 (6.3%)	4 (25%)	1 (6.3%)			6 (37.5%)

Final Recommendations

Finally, students were asked if they had any further recommendations that they could make for the future delivery of this program. Many of the responses had previously been identified, perhaps by different students. Four students did not provide any response to this question and three suggested that the program was too long. Four students had thought there should be more role playing while one asked not to be forced to do role plays explaining that some students learn better through observation than participation. Two students would have liked to have heard from more social workers in the field who may have different experiences and styles. Four students wanted more opportunities to learn about and practice assessment and interventions. One student suggested that there should have been less brainstorming and another suggested the elimination of the discussion regarding why people get angry. One student suggested that a counsellor should have been available after the sessions as the topics could open old wounds for some and the debriefing process may not be the safest arena to deal with them. Lastly, one student indicated that this program should be offered at CFS agencies and most definitely for new students. Overall the students' feedback is very valuable and should be seriously considered should this program be offered again in the future.

Follow-Up Post-Test

Six weeks after the program ended, students completed a follow-up post-test (Appendix I) to gather additional information after they had had sometime to put into practice what they may have learned from the training program. Because of the wealth of previous

experience, it now seems that this six week follow-up was not particularly necessary or that a longer period of time may have captured more significant information. I received 15 completed follow-up surveys from the eighteen students who had participated in the Personal Safety Training Program. The demographics of the fifteen respondents can be seen below in Table 4C.1. It should be noted that the three individuals who did not return a follow-up survey had completed a pre and post-test. Therefore, the two individuals who did not complete a post-test, did complete this follow-up survey.

Table 4C.1

Demographic Information from Personal Safety

Program Participants in Follow-Up Post-Test

(N=15)

Age of Respondents	Male	Female	Total
21-30 Years	1 (6.7%)	4 (26.7%)	5 (33.3%)
31-40 Years	2 (1.3%)	7 (46.7%)	9 (60%)
41-50 Years	0	1 (6.7%)	1 (6.7%)
Total	3 (20%)	12 (80%)	15

Benefits

Like in the post-test, students were asked what benefits they received from the training program. Their responses can be seen below in Table 4C.2. Six respondents answered the same as they had in the post-test whereas seven varied their responses. I am not certain why there were so many variations except to suggest perhaps that participants had forgotten the specifics about the program and how they may have benefited. I would like

to think that the new information, skills and attitude that they may have gained had simply become part of who they are and their usual repertoire of work in child welfare. Please recall the previous discussion advising that as these benefits were not explicitly defined for the students' we can not be sure if what was to be measured was measured.

Table 4C.2

Benefits from Training Program

(N=15)

Responses	Frequency
New knowledge pertinent to field placement.	8 (53.3%)
New techniques, skills and approaches that can be applied during field placement	8 (53.3%)
Change in attitude that will help during field placement.	9 (60%)
Other (Review of Safety Info.)	1 (6.7%)
Not sure	1 (6.7%)
None	0

Negative Effects

Table 4C.3 shows the negative effects identified by the students. As mentioned earlier, I would agree that it was unfortunate that the program could not have been offered differently so as not to take as much time away from students' field placement. With regard to the student being frightened and having to consider whether or not she was suited to child welfare work, I would like to clarify that efforts were taken not to frighten the students or over-sensationalize the risks however raising awareness was one of the

aims of the program. As child welfare work is not for everyone, it may not be a bad thing that this student is thinking about her career choice.

Table 4C.3

Negative Effects of the Training Program

(N=16)

Negative Effects	Frequency
No data	6 (37.5%)
None	7 (43.8%)
Too much time from field placement	2 (12.5%)
Some stories were frightening and had to think about whether or not working in child welfare work was worth the risks.	1 (6.3%)

Experience

Students were asked if they had had the opportunity to put some of the theory from the training program into practice in their field placement and if so, to indicate how often. Eleven respondents answered that they had not while three responded that they had on one to two occasions and one individual responded that they'd done so more than eleven times.

Others Providing Personal Safety Training

Students were asked if others provided them with the opportunity to discuss issues pertaining to their personal safety and if so, because of those discussions, they felt that the training program was not necessary for them. Nine (60%) respondents indicated that

they had had other opportunities to discuss personal safety issues, whereas five (33.3%) answered in the negative and one (6.7%) provided no response. Twelve respondents answered the second part of this question. Their responses can be seen below in Table 4C.4. I would hope that one of the benefits from this training program was that it prompted discussions between students and their field instructions about safety issues.

Table 4C.4

Training Program Required

(N=12)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Training Program Not Required)	1 (8.3%)					1 (8.3%)
2		1 (8.3%)				1 (8.3%)
3	1 (8.3%)	2 (16.7%)				3 (25%)
4	1 (8.3%)	1 (8.3%)			1 (8.3%)	3 (25%)
5 (Training Program Very Much Required)		2 (16.7%)	1 (8.3%)		1 (8.3%)	4 (33.3%)

Training Topics

Students were provided with a list of the topic areas addressed during the program and asked to identify the three topic areas which were the most and least important for them in their field placement. The results from this data can be seen below in Table 4C.5.

There seems to be mixed opinions about some of the topic areas where it was identified as the most and least important by different respondents. At the same time, there is some consensus on a few of the topic areas that in general were found to be the most or least important. I would suggest that the topic areas that were identified as being the least

important should not be eliminated altogether from the program but perhaps should be presenting differently so that they could be more helpful. For instance, seven students identified working with the police as the least important. This may have been because on the morning of their presentation, the police had to cancel so I presented the information on their behalf. I am certain that I did not do as well as they could have.

Table 4C.5

Most and Least Important Topic Areas

(N=15)

Topic Area	Most Important	Least Important
Overview of CFS, clients, theories of anger, public image etc...	1	9
Risk factors and Risk Assessment	4	4
Stages of Escalation and Crisis Theory	6	4
Working with the Police	2	7
The Frequency, Range and Severity of Assaults	0	7
Assertiveness and Confronting Clients	7	1
Communication and Helping Skills	6	1
Safety Precautions during Home Visits	8	0
Safety Precautions for in the Office	0	5
Safety Precautions for in the Community and Travelling	2	1
Physical Escape Manoeuvres	5	0
Self-Awareness	3	1
Agency and Student Policies and Relevant Laws	1	2

Recommendations

Students were asked what recommendations they would make for the future of this program. Three students did not provide any response while seven indicated that the program should be shorter and perhaps in a one to two day workshop format. One student thought that there was too much brainstorming and another suggested that the program was not very engaging and needed more interactive tools with less theory. One student wanted more role plays while another wanted no role plays and stated further that some students hate role plays and should not be forced to participate. One student suggested more training around physical escape manoeuvres and another shared that practical safety tips were helpful as often not thought of by students. One student thought that students with prior training should have the option not to go while another stated that the program attendance should be mandatory and should be reflected on the students' evaluations. Finally, one student stated that the location was perfect and the course could help other people in the workplace as well.

Importance

The students were asked to rate how important this training is for social work students. Their responses can be seen below in Table 4C.6 which can be compared to Table 4A.3 from the pre-test and Table 4B.2 from the post-test where students were asked how relevant personal safety training was for social workers. Overall, the numbers are quite similar as most respondents' ratings stayed consistent or fluctuated between two numbers. There was one respondent who initially rated this issue as very relevant on the pre-test but then became neutral on the post and follow-up post-test. This respondent's

view about the relevance of this issue seems to have been negatively affected by their participation in the program.

Table 4C.6

Importance of Personal Safety Training Program

(N=15)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Important)						0
2						0
3	1 (6.7%)					1 (6.7%)
4	3 (20%)			1 (6.7%)		4 (26.7%)
5 (Very Important)		7 (46.7%)	1 (6.7%)		2 (13.3%)	10 (66.7%)

Satisfaction

Students were asked overall how satisfied they were that this program met their personal safety training needs. Their responses can be seen below in Table 4C.7 and can be compared to their responses to this question on the post-test (Table 4B.16). The numbers are fairly similar with possible discrepancies because not all of the same respondents completed both surveys and the ambiguity of the rating system. Two respondents did however drop by two numbers, reasons for which I am not aware.

Table 4C.7

Overall Satisfaction with the Training Program

(N=15)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Satisfied)						0
2	1 (16.7%)					1 (13.3%)
3	2 (13.3%)	2 (13.3%)		1 (6.7%)		5 (33.3%)
4		3 (20%)			2 (13.3%)	5 (33.3%)
5 (Very Satisfied)		3 (20%)	1 (6.7%)			4 (26.7%)

Field Instructors Survey

To conclude the formal evaluation component of the Personal Safety Training Program, I asked the field instructors to complete an evaluation form six weeks after the end of the program. I received eleven completed surveys from sixteen field instructors, which is a response rate of 68.8%.

Benefits to Field Instructor

The field instructors were asked how they benefited from the program. Their responses can be seen below in Table 4D.1.

Table 4D.1

Benefits to Field Instructors

(N=11)

Potential Benefit	Frequency of Response
Shared responsibility for preparing student(s) for their field work.	5 (45.5%)
Student(s) better prepared for their field work.	4 (36.6%)
Increased awareness and information about this topic area.	1 (9.1%)
None	2 (18.2%)
No data	2 (18.2%)
Not Sure	0
Other	0

Benefits to Student

Field instructors were asked how they believe their student(s) benefited from their participation in the training program. Their responses can be seen below in Table 4D.2.

When compared to student responses it seems that the field instructors noticed more of an increase in knowledge, techniques, skills and approaches whereas students noted more of a change in their attitude. This is not surprising given the ambiguity of the terms used and that field instructors may not be aware of subtle changes in their student(s) attitude.

Table 4D.2

Benefits to Students

(N=11)

Potential Benefit	Frequency of Response
New knowledge that is pertinent to field placement.	9 (81.8%)
New techniques, skills and approaches that they can apply during field placement.	8 (72.7%)
Change in attitude that will help them during field placement.	3 (27.3%)
Other (Opportunity to spend time with other students placed at WCFS)	1 (9.1%)
None	0
Not sure	0
No data	0

Negative Effects

Table 4D.3 illustrates how the field instructors believe that their students may have been negatively affected by their participation in this training program. Their responses were very similar to the students' responses.

Table 4D.3

Negative Effects of Training Program

(N=11)

Negative Effects	Frequency
No negative effects	5 (45.5%)
A lot of time away from field placement	2 (18.2%)
Overlap of data from other agency training	1 (9.1%)
Lack of focus as delivered over 6 weeks instead of a block of time.	1 (9.1%)
No data	3 (27.3%)

About the Trainer

For the purpose of my own interest and learning and to attempt to differentiate between issues pertaining to the trainer and the training program, the field instructors were asked about the information/communication they had with the trainer and how responsive the trainer was to them. Detailed information about their responses can be viewed in Appendix M, where the students' feedback about the trainer has also been summarized. In short, their responses were somewhat mixed which would require further attention in the future because it is imperative that the field instructors feel that they are working together with the trainer of such a program.

Relevance

Like the social work students, the field instructors were asked how relevant they think personal safety training is for social work students at WCFS. Their responses are as follows in Table 4D.4. The majority of the respondents felt that the training was at least somewhat relevant. One of the field instructors however, who answered neutrally, stated that much of the information that the students were given was material that they had gotten during student orientation. This is certainly new and very important information for me.

Table 4D.4

Relevance of Personal Safety Training for Students at WCFS

(N=11)

Responses	Frequency of Response
1 (Not at all Relevant)	0
2	1 (9.1%)
3	1 (9.1%)
4	3 (27.3%)
5 (Very Relevant)	5 (45.5%)
No data	1 (9.1%)

Program Content

Field instructors were asked, from what they knew about the program content, if they felt that it was relevant and appropriate to the students' training needs. Their responses are below in Table 4D.5. The majority of respondents felt that the program content was relevant and appropriate.

Table 4D.5
Relevance and Appropriateness of Program Content

(N=11)

Responses	Frequency of Response
1 (Not at all Relevant)	0
2	1 (9.1%)
3	2 (18.2%)
4	3 (27.3%)
5 (Very Relevant)	4 (36.4%)
No data	1 (9.1%)

Training Topics

Like the students, the field instructors were given a list of the topic areas covered in the training program and were asked to identify which were the three most and least important. Their responses can be seen below in Table 4D.6. Three respondents indicated that they could not pick least important topic areas stating that they were all important and fit well together and one field instructor provided no response. Otherwise,

there was a diverse response. Assertiveness and confronting clients, stages of escalation and crisis theory, and communication and helping skills were most frequently identified as most important by both the students and field instructors while the frequency, range and severity of assaults, and working with the police were identified as least important by both groups.

Table 4D.6

Most and Least Important Topic Areas

(N=11)

Topic Area	Most Important	Least Important
Overview of CFS, clients, theories of anger, public image etc...	2	2
Risk factors and Risk Assessment	5	0
Stages of Escalation and Crisis Theory	5	1
Working with the Police	0	3
The Frequency, Range and Severity of Assaults	0	5
Assertiveness and Confronting Clients	5	0
Communication and Helping Skills	4	1
Safety Precautions during Home Visits	3	0
Safety Precautions for in the Office	0	1
Safety Precautions for in the Community and Travelling	0	1
Physical Escape Manoeuvres	1	2
Self-Awareness	3	3
Agency and Student Policies and Relevant Laws	0	2

Recommendations

Field instructors were asked what recommendations they would make for the future of this program. All but one of the field instructors commented at this time. It should also be noted that previously throughout this survey, many of the field instructors suggested that the entire program was helpful and that it should not be changed. Not unlike the students, the biggest issue among the field instructors seems to have been the scheduling and length of the training program. Three field instructors thought that the program was too long taking too much time from the students' field placement. One thought that it should have been spread out more so that students did not miss so much concentrated time from their field placement while another thought it should have been offered in a block of time instead of spread out.

With regard to program content, two respondents suggested that there should be more practical work with less theory which could be covered by others. Another thought that the program should continue to use the panel discussion, self-defence training, role playing and the video while another stated that they had received very good feedback about the program from their student who found the role plays to be very helpful.

One field instructor suggested that an interview or pre-group questionnaire be administered to the students to determine whether or not the program would benefit them and suggested that field instructors should have been more involved. A different field instructor had commented that it had been good to involve field instructors prior to program delivery.

One field instructor stated that he/she had reviewed the hand-outs provided to the students and found them to be of great benefit stating that they would be good for the students and all social workers and another stated that the program would be great for all new social workers as it was very relevant and important.

Recommend for Next Year and for WCFS Employees

Field instructors were asked if they would recommend that this program be offered again to students the next year and if they would recommend this program for employees at WCFS. Their responses are below in Table 4D.7. They answered quite positively for both.

Table 4D.7

Program Recommended for Future Social Work Students and WCFS Employees

(N=11)

Responses	Recommended for Social Work Students Frequency of Response	Recommended for WCFS Employees Frequency of Response
1 (Not at all Recommended)	0	0
2	0	0
3	3 (27.3%)	3 (27.3%)
4	2 (18.2%)	3 (27.3%)
5 (Strongly Recommended)	5 (45.5%)	4 (36.4%)
No data	1 (9.1%)	2 (18.2%)

Final Comments

To conclude this survey, the field instructors were asked to provide any further comments with regard to this training program. Three field instructors made the following three comments:

- It is about time that someone has put a Personal Safety Training Program forward;
- Trainer may want to meet students again in the spring to re-visit issues and determine if they ran into situations requiring use of the skills and knowledge gained in the training program; and
- A two day workshop would be better as the program could be completed in a less intrusive time frame.

Certainly the feedback about the training program by the social work students and the field instructors has been very valuable and will be seriously considered should the program be delivered in the future.

Discoveries from the Survey of WCFS Social Workers

As mentioned previously, an important component of my research was surveying the front line staff at WCFS (Appendix K) because it was believed to be important to gather more comprehensive and localized data than what was had been readily available.

Demographics

Respondents were asked for demographic information which can be seen in Table 5.1.

Respondents indicated their years of experience working in child welfare (less than five years, from five to ten years or over ten years), their gender, the primary community they service (core area or inner-city, suburbs, rural or more than one of these communities) and their primary role within the agency which were classified as follows:

- Family Services;
- Intake which includes those in the After-Hours and Crisis Response Units;
- Indirect Services which includes those in the Foster Home Department and Adoption Units; and
- Non Protection which would include those in Family Preservation/Reunification, Permanency Planning and Community Development.

When I administered this survey in June 2001, I failed to get similar demographic information about the agency's front line social workers from which I could make comparisons. At this time, that information is not available therefore it is impossible to confirm if the survey respondents are representative of the agency staff as a whole.

Table 5.1

Demographic Breakdown of WCFS Survey Respondents

(N=52)

Primary Role	Primary Area	Female			Male			U/K	Total
		< 5	5-10	>10	<5	5-10	>10	>10	
Family Services	Core	8 15.4%	4 7.7%	1 1.9%			1 1.9%		14 26.9%
	Suburbs	1 1.9%		1 1.9%	2 3.8%	1 1.9%	1 1.9%		6 11.5%
	Rural	2 3.8%							2 3.8%
	Mixed	1 1.9%		1 1.9%					2 3.8%
Intake	Core	1 1.9%	1 1.9%	1 1.9%					3 5.8%
	Suburbs								0
	Rural								0
	Mixed	1 1.9%	2 3.8%	1 1.9%		1 1.9%			5 9.6%
Indirect Services	Core			1 1.9%	1 1.9%				2 3.8%
	Suburbs			1 1.9%					1 1.9%
	Rural								0
	Mixed		1 1.9%	6 11.5%					7 13.5%
Non Protection	Core		1 1.9%		1 1.9%			1 1.9%	3 5.8%
	Suburbs		1 1.9%						1 1.9%
	Rural		1 1.9%	1 1.9%					2 3.8%
	Mixed		3 5.8%				1 1.9%		4 7.7%
Total		14 26.9%	14 26.9%	14 26.9%	4 7.7%	2 3.8%	3 5.8%	1 1.9%	52 100%

What is evident from this data is that female respondents with more years of experience tend to move away from the most direct and possibly riskiest positions. None of the fourteen female respondents with less than five years of experience worked in Indirect Services or Non Protection. Seven of fourteen with five to ten years of experience and nine of fourteen with over ten years of experience did work in these capacities. This trend makes it somewhat difficult to draw firm conclusions about the following data as it is impossible to know if noticed differences have more to do with primary role within the agency or years of experience in the field.

Physical Assaults

Table 5.2 illustrates that there had been six physical assaults of WCFS social workers in the past 12 months. All six assaults were with female staff who had worked for less than ten years. There were no assaults for those in Indirect Services. Those in Non Protection were assaulted more than those in the other categories. I am not sure why this would have occurred except that perhaps these roles are riskier than I would have originally thought or perhaps they have had different training and/or different skills than the others. Those in Family Services were proportionately physically assaulted more than those in Intake, which is also somewhat of a surprise.

With regard to primary communities serviced, analysis is difficult because I did not obtain consistent information about where the assaults occurred and/or where the “offender” resided, especially with regard to those who indicated that they worked primarily in the mixed areas. However the data suggests that workers who work

primarily in the rural area faced increased risk (more than double) than those in the mixed and core areas. There were no assaults for those who worked primarily in the suburbs.

In addition to the frequency of assaults, it is also important to consider the severity of assaults. Respondents were asked to briefly describe the incidents. Five of the physical assaults were described as follows by the respondents (a sixth assault was not described):

- Social worker was meeting with an eleven year old boy in his group home. He became agitated and tried to grab the social worker. He was restrained but not before he spit on her;
- Social worker went with police to do an apprehension. The mother got past the police officers and punched the social worker in the face. She was charged with the assault and began working with a different social worker;
- A female child pushed a social worker;
- A child pushed social worker; and
- A female client slapped worker twice on the back. She was charged with the assault.

From this data, we can deduce that none of the assaults resulted in serious injury to the social worker. Three of the five described assaults involved the social worker being pushed or slapped by a client. It would seem that the other two situations could have been much more serious if appropriate supports had not been in place. It seems noteworthy that three of the five identified assailants were children.

Table 5.2

Physical Assaults

(N=52)

	None	Once	Twice	Total (at least once)
Female	37 (71.2%)	4 (100%)	1 (100%)	5 (100%)
Male	9 (17.3%)	0	0	0
Gender Unknown	1 (1.9%)	0	0	0
Less than 5 Years	16 (30.8%)	2 (3.8%)	0	2 (3.8%)
5-10 Years	13 (25%)	2 (3.8%)	1 (1.9%)	3 (5.8%)
Over 10 Years	18 (34.6%)	0	0	0
Family Services	22 (42.3%)	2 (3.8%)	0	2 (3.8%)
Intake	7 (13.5%)	1 (1.9%)	0	1 (1.9%)
Indirect Services	10 (19.2%)	0	0	0
Non Protection	8 (15.4%)	1 (1.9%)	1 (1.9%)	2 (8.8%)
Core Area	20 (38.5%)	2 (3.8%)	0	2 (3.8%)
Mixed Area	16 (30.8%)	1 (1.9%)	1 (1.9%)	2 (3.8%)
Suburbs	3 (5.8%)	1 (1.9%)	0	0
Rural Area	3 (5.8%)	1 (1.9%)	0	1 (1.9%)
Total	47 (90.4%)	4 (7.7%)	1 (1.9%)	5 (9.6%)

Felt Threatened

Respondents indicate that they felt threatened at least 52 times. The responses can be seen in Table 5.3. It was not surprising to note that the frequency of these incidents was much higher than physical assaults described earlier. Nearly 60% of respondents had indicated that they had not felt intimidated or threatened by their clients within the past 12 months. I would have thought that this number would have been lower with more social workers more regularly feeling threatened during their contact with clients. Upon further thought, I realized that my initial feelings may have been wrong in part because of the specific and short time period that I asked about and that a high number of social workers work in Indirect Services and Non Protection. Also those in Family Service may have had the same clients for a number of years. The familiarity and the potential development of a working relationship may reduce risk and the use of or perceived use of threatening overtures. Also because many of the respondents had quite a lot of experience in the field of child welfare, they may have a high threshold for risk and not easily perceive their clients as threatening. And of course, an obvious possible explanation is that the majority of the agency's clients do not pose a risk to social worker's personal safety and as such, do not act or come across in a threatening manner.

From the data, it again looks as though gender is a factor where females were more than four times as likely as males to report feeling intimidated or threatened at least once. As the literature suggests, and I would agree that this has to do a lot with how men and women perceive risk. Hearn in Fawcett et al. (1996) writes that men tend to have a much narrower definition of risk than women and they do not often consider the uncertainty or

threat of violence. Also because women are often considered “softer targets” than men, they are likely threatened and intimidated more often.

With regard to years of service, those with less than five years of experience felt threatened or intimidated at least once, twelve times as often as those with more than ten years of experience and a little more than those with five to ten years. Again, it is difficult to be certain if this difference relates to the number of years having worked in child welfare or their current role within the agency. I would suspect that those who are new to this type of work and perhaps somewhat wary of their skills and their clients would come across as more vulnerable making them easier targets for threatening and intimidating behaviour plus they may have a lower threshold for perceived threats.

Those who worked in Family Service and Intake were equally as likely to be intimidated or threatened at least once. They were slightly more likely than those who worked in Non Protection and five times more likely than those who worked in Indirect Service. Non Protection workers were threatened or intimidated more often than I would have anticipated. Quite consistently, and not surprising, those in Indirect Services report a lower rate of incidents. Again this is likely because their duties involve less risk and they have more years of experience from which to draw on.

With regard to primary community serviced, both those who worked in the rural and core areas were threatened or intimidated to the same degree at least once. This was twice as often as those who worked in the suburbs and one and one-half times as often as those in

mixed areas. This difference may have a lot to do with a social worker's perception of what is a safe or unsafe community which can then get transferred to a specific situation or client.

In addition to the frequency of these types of incidents, the severity of the threat or perceived threat must also be considered. Many of the respondents provided a brief description of the incidents which led them to feel threatened. The described incidents can be summarized as follows:

- About eight social workers stated that their clients made direct verbal and immediate comments to them suggesting they may be at risk. For example, during a home visit, the client closed and blocked the door and threatened to "beat the shit" out of the social worker who was able to successfully talk herself out of the situation. Another social worker did a home visit with the RCMP present. The male client indicated that he'd thought of taking a gun and shooting the social worker. When reminded that the RCMP were there, he replied that it did not matter because he was a good shot;
- Several social workers commented about times when their clients made fairly direct verbal future oriented threats towards them. For example, teenaged clients regularly threatened their social workers that gang members or other people they knew could and would hurt or kill them;
- Several social workers commented about times when their clients made indirect verbal threats towards them. In these instances, they heard clients say things like: they knew where the social worker lived; they better not find social worker in a bar; and they would pay for what they were doing;

- A couple of social workers also received threats to them through indirect means. For example a client told her mental health worker that she wanted to kill her social worker. Another client sent her social worker threatening emails; and
- Four social workers commented on incidents where clients did not issue a direct threat but the social worker felt threatened due to their behaviour and/or body language. For instance a social worker felt very intimidated by a man who stood over and glared at her. Another social worker felt intimidated by clients who left her repeat phone calls and frequently slowly drove by her office.

Not all respondents provided information about the “offender” but the majority of those who did, indicated that the “offender” was an adult male. Although it is impossible to know for sure, we can surmise that many of the threats made were likely not intended to be followed-up on but rather stated impulsively in what may have been an emotionally charged situation. Noteworthy is that a number of the threats seemed to have the potential to be quite serious and that the respondents often felt threatened or intimidated by their clients’ body language as well as direct verbal comments. It is important to remember that, according to Scalera (1995), “in some instances, the threat of violence - although never fulfilled - can be just as devastating to the staff as an actual assault” (p. 339). Due to a number of various factors, people respond differently to threats. These differences should always be respected.

Table 5.3

Felt Threatened

(N=52)

	None	Once	Twice	Three Times	Four Times	Five or more Times	Total (at least once)
Female	22 (71%)	7 (87.5%)	5 (100%)	4 (100%)	0	4 (100%)	20 (95.2%)
Male	8 (25.8%)	1 (12.5%)	0	0	0	0	1 (4.8%)
Gender Unknown	1 (1.9%)	0	0	0	0	0	0
Less than 5 Years	6 (19.4%)	5 (62.5%)	3 (60%)	1 (25%)	0	3 (75%)	12 (57.1%)
5-10 Years	8 (25.8%)	2 (25%)	2 (40%)	3 (75%)	0	1 (25%)	8 (38.1%)
Over 10 Years	17 (54.8%)	1	0	0	0	0	1 (4.8%)
Family Services	12 (38.7%)	0	2 (40%)	1 (25%)	0	3 (75%)	12 (57.1%)
Intake	4 (12.9%)	0	2 (40%)	1 (25%)	0	1 (25%)	4 (19%)
Indirect Services	9 (29%)	1 (12.5%)	0	0	0	0	1 (4.8%)
Non Protection	6 (19.4%)	1 (12.5%)	1 (20%)	2 (50%)	0	0	4 (19%)
Core Area	11 (35.5%)	5 (62.5%)	2 (40%)	2 (50%)	0	2 (50%)	11 (52.4%)
Mixed Area	12 (38.7%)	2 (25%)	2 (40%)	1 (25%)	0	1 (25%)	6 (28.6%)
Suburbs	2 (19.4%)	1 (12.5%)	1 (20%)	0	0	0	2 (9.5%)
Rural Area	6 (6.5%)	0	0	1 (25%)	0	1 (25%)	2 (9.5%)
Total	31 (59.6%)	8 (15.4%)	5 (9.6%)	4 (7.7%)	0	4 (7.7%)	21 (40.4%)

Verbal Assaults

With regards to verbal assaults, the highest frequency (42.3%) of responses was that social workers had been verbally assaulted one to five times in the last 12 months. Again, a large number of social workers are not doing protection work and have stable caseloads which may account for the 23.1% of respondents who indicated that they had not been verbally assaulted at all in the past year. Four (7.7%) respondents stated that they had been verbally assaulted twenty or more times in the past twelve months. This data can be viewed below in Table 5.4. What should be noted is that this question (as well as the other questions) did not account for how many different clients have verbally assaulted the individual social worker. It is possible that a social worker can have one or two clients who are verbally assaultive on a frequent basis which may have a different effect on the social worker than having a number of different clients who are verbally assaultive to them at different times.

The high frequency of verbal assaults on social workers is not surprising and consistent with the literature. As mentioned previously, Wigmore (1993) writes that in 1993 the Canadian Union of Public Employees conducted a survey of its members. They found that 69% of workers had been verbally abused. Rey (1996) has found the incidence of verbal abuse to be even higher at 88%. These high numbers for verbal assaults are quite concerning as, Atkinson (1991) reminds us that social workers are emotionally affected by verbal attacks from clients and at times may have to go through the same stages of resolution as those who have been physically attacked.

Consistent with the previous data, females were more vulnerable than males to being verbally assaulted as females reported being verbally assaulted one and one-half times more than males. Those with less than five years of experience were verbally assaulted more often than those who worked from five to ten years and more than twice as often as those who have worked for over ten years. It is not possible to say if this was because of their years of experience or their current positions within the agency.

With regard to primary role within the agency, Family Service Workers were proportionately verbally assaulted more often than the others. They were verbally assaulted one and one-half times as often as those in Non Protection and Intake and over twice as often as those in Indirect Services. I was somewhat surprised that those in Non Protection reported being verbally assaulted more often than those in Intake however the numbers are fairly close and given the small sample size perhaps distinct conclusions can not be drawn. With regard to communities serviced, I found that those who worked primarily in the rural area were verbally assaulted slightly more often than the others.

Table 5.4

Verbal Assaults

(N=50)

	None	1-5 Times	6-10 Times	11-20 Times	Over 20 Times	Overall (at least once)
Female	7 (58.3%)	18 (81.8%)	8 (88.9%)	3 (100%)	4 (100%)	33 (86.8%)
Male	4 (33.3%)	4 (18.2%)	1 (11.1%)	0	0	5 (13.2%)
Gender Unknown	1 (8.3%)	0	0	0	0	0
Less than 5 Years	1 (8.3%)	9 (40.9%)	6 (66.7%)	0	2 (50%)	17 (47.1%)
5-10 Years	2 (16.7%)	8 (36.4%)	2 (22.2%)	3 (100%)	1 (25%)	14 (38.7%)
Over 10 Years	9 (75%)	5 (22.7%)	1 (11.1%)	0	1 (25%)	7 (14.2%)
Family Services	1 (8.3%)	14 (63.6%)	6 (66.7%)	0	2 (50%)	22 (60.9%)
Intake	3 (25%)	2 (9.1%)	1 (11.1%)	2 (66.7%)	0	5 (13.9%)
Indirect Services	5 (41.7%)	3 (16.3%)	1 (11.1%)	0	0	4 (11%)
Non Protection	3 (25%)	3 (13.6%)	1 (11.1%)	1 (33.3%)	2 (50%)	7 (14.2%)
Core Area	4 (33.3%)	11 (50%)	6 (66.7%)	0	1 (25%)	18 (47.4%)
Mixed Area	6 (50%)	4 (18.2%)	1 (11.1%)	3 (100%)	2 (50%)	10 (26.3%)
Suburbs	2 (16.7%)	5 (22.7%)	1 (11.1%)	0	0	6 (15.8%)
Rural Area	0	2 (9.1%)	1 (11.1%)	0	1 (25%)	4 (10.5%)
Total	12 (24%)	22 (44%)	9 (18%)	3 (6%)	4 (7.7%)	38 (76%)

Felt Afraid

Table 5.5 illustrates how often respondents reported feeling afraid in the past twelve months in the course of their work. Nearly 63% of respondents had felt afraid at least once. Rey (1996) explained that feeling afraid for personal safety during the course of their work is very tiring and difficult on social workers and the Alberta Union of Provincial Employees (1998) reported that workers are afraid of violence when carrying out their job responsibilities and as a result are becoming increasingly stressed and physically ill due to the tension.

Like in all other categories, females were more likely to feel afraid than males. Females report having felt afraid more than twice as often as males. The difference would be even more significant if we consider that males were more likely to feel afraid one to five times whereas nine female respondents had felt afraid six or more times.

Like in every other category, those who have worked for less than five years report feeling afraid more often than the others. This occurred 1.2 times more than those who worked for five to ten years and twice as often as those who worked for over ten years. Family Service Workers and those in Intake felt afraid nearly twice as often as those in Indirect Services and Non Protection. Those in the core and rural areas reported feeling afraid more often than those in the other categories. Those respondents seem to feel afraid over twice as often as those in the suburbs and just under twice as often as those in mixed areas.

Table 5.5

Felt Afraid

(N=51)

	None	1-5 Times	6-10 Times	11-20 Times	Over 20 Times	Overall (at least once)
Female	12 (63.2%)	20 (87%)	5 (100%)	3 (100%)	1 (100%)	29 (90.6%)
Male	6 (31.6%)	3 (13%)	0	0	0	3 (9.4%)
Gender Unknown	1 (5.3%)	0	0	0	0	0
Less than 5 Years	3 (15.8%)	10 (43.5%)	3 (60%)	1 (33.3%)	1 (100%)	15 (46.9%)
5-10 Years	5 (26.3%)	8 (34.8%)	2 (40%)	1 (33.3%)	0	11 (34.4%)
Over 10 Years	11 (57.9%)	5 (21.7%)	0	1 (33.3%)	0	6 (18.8%)
Family Services	5 (26.3%)	12 (52.2%)	3 (60%)	2 (67%)	1 (100%)	18 (56.2%)
Intake	2 (10.5%)	4 (17.4%)	1 (20%)	1 (33.3%)	0	6 (18.8%)
Indirect Services	6 (31.6%)	4 (17.4%)	0	0	0	4 (12.5%)
Non Protection	6 (31.6%)	3 (13%)	1 (20%)	0	0	4 (12.5%)
Core Area	4 (21.1%)	12 (52.2%)	3 (60%)	2 (67%)	1 (100%)	18 (56.2%)
Mixed Area	9 (47.4%)	6 (26.1%)	2 (40%)	0	0	8 (25%)
Suburbs	1 (5.3%)	3 (13%)	0	0	0	3 (9.4%)
Rural Area	5 (26.3%)	2 (8.7%)	0	1 (33.3%)	0	3 (9.4%)
Total	19 (37.3%)	23 (45.1%)	5 (9.8%)	3 (5.9%)	1 (2%)	32 (62.7%)

Relevance

Forty-four respondents (84.6%), spread throughout demographic variables, indicated that they felt that the issue of personal safety is relevant for social workers at WCFS. Their responses can be seen below in Table 5.6.

Table 5.6

Relevance of Personal Safety for Social Workers at WCFS

(N=52)

1 Not Very Relevant	2	3	4	5 Very Relevant	No data
1 (1.9%)	2 (3.8%)	3 (5.8%)	8 (15.4%)	36 (69.2%)	2 (3.8%)

Preparation by U of M and WCFS

Table 5.7 shows how respondents feel that the U of M BSW program prepares new social workers for the personal safety risks that they may face. Surprisingly, fourteen respondents indicated that they did not know or provided no data suggesting that this question was flawed perhaps because these respondents did not attend the U of M BSW program. A further flaw in this question is that the responses would likely be based on the social workers' personal experience in the program which may have been a number of years ago and not necessarily reflective of the current U of M BSW program. Because of the large skew in the data, further demographic analysis was not completed.

Table 5.7

How Well U of M BSW Program Prepares Students for Risks

(N=25)

1 Not Very Well	2	3	4	5 Very Well
25 (65.8%)	6 (15.8%)	6 (15.8%)	1 (2.6%)	0

Keeping in mind the limitations posed by this question, the majority of the respondents indicate that the U of M BSW program does not adequately prepare social work students for the personal safety risks that they would face in the workplace. Twenty-seven of the respondents offered the following suggestions as to what the BSW program could do better.

The majority of the respondents indicated that there should be a class specifically designed to address personal safety issues or that these issues should be covered in an existing class such as Interpersonal Communication Skills (IPCS). They suggest that the classes should have people from different workplaces sharing their experiences with concrete examples and scenarios about the real personal safety risks that social workers face. The students should also learn about Non-Violent Crisis Intervention (NVC), self-defense, stress management and communication/de-escalation skills that more truly model life and in particular how to work with angry and resistant clients. They should learn how to identify, minimize and manage risky situations and general personal safety tips. Students also have to learn about their personal rights and limitations. They do not have to do everything, it's not their job to accept abuse and their safety comes first. One

respondent indicated that all social work students should have a field placement in a front line position as these are the positions that open up to new graduates who are typically not well prepared for the experience.

Another respondent indicated that they did not know what else the U of M could do that would not taint or bias students' attitudes towards the clients they would be serving. This last point is really a very interesting and valid issue.

Table 5.8 shows that respondents feel that WCFS also does not adequately prepare new employees for the personal safety risks that they will face in the workplace. Again, this question is flawed as respondents may not have been aware of current agency practices and likely based their response on their own personal experience which may have been some time ago. Thirty-six (69.2%) respondents offered suggestions as to what WCFS could do better.

Table 5.8

How Well WCFS Prepares New Employees for Risks

(N=52)

1 Not Very Well	2	3	4	5 Very Well	Do not Know	No Data
25 (48.1%)	11 (21.2%)	9 (17.3%)	1 (1.9%)	2 (3.8%)	3 (5.8%)	1 (1.9%)

Most of the respondents indicated that the agency should offer a Personal Safety Training Program such as NVCI, self-defense training and/or training by Winnipeg Police Services. This training should be offered during an initial orientation and could include: information and greater awareness about the real life scenarios that social workers may encounter; how to recognize, minimize and manage the risks; how to work with angry and hostile clients; and how to respond to emergency situations. One respondent felt that a training manual would be helpful.

In addition to formal training, eight respondents suggested that new employees should work closely with a “buddy” or a more experienced social worker and/or those new employees should receive ongoing direct information about personal safety issues from their supervisors and other front-line staff. One of the respondents suggested that the agency must not assume that new workers are aware of the risks that they will face, but rather discuss it openly. With this ongoing training, new employees should learn and feel that they must take care of themselves, ask for help and call police when needed.

There seemed to be an overall feeling that there must be greater support and recognition of the risks faced by social workers at WCFS. Further suggestions included: an improved Critical Incident Policy and Health and Safety Committee; access to appropriate tools such as cellular phones and personal alarms; working towards lowering caseloads; and developing a better working relationship with the police which would include the agency initiating criminal charges against clients and community members when appropriate.

The suggestions and feelings cited by the respondents are not unlike those found throughout the literature and are consistent with my personal feelings and beliefs. It is however important to note that many of the suggestions pertaining to what the U of M BSW program could do better are similar to the suggestions made about what WCFS could do better. It is clear to me that both organizations need to improve in this area but the changes should be done in a way that they complement one another and are not repetitive which could be a waste of valuable resources. Suggestions for a multi-faceted change to address this issue will be discussed later in this paper.

Training Program

Respondents seemed to offer strong support for WCFS to offer a Personal Safety Training Program. Their responses can be seen in Table 5.9. One of the respondents commented that he/she did not support the use of a Personal Safety Training Program because they often promote assaulting and restraining clients. Indeed, the teaching of and use of physical restraint has been cited in the literature as controversial and will be briefly discussed later in this paper. Respondents also provided information with regard to whether a training program should be offered on a voluntary or mandatory basis and how long such a program should be. Their responses are below in Tables 5.10 and 5.11.

Table 5.9

Should WCFS offer a Personal Safety Training Program?

(N=52)

1 Strong Disagreement	2	3	4	5 Strong Agreement	No Data
0	0	7 (13.5%)	8 (15.4%)	36 (69.2%)	1 (1.9%)

Table 5.10

Participation for Personal Safety Training Program

(N=45)

	Mandatory	Voluntary
Less than 1 Year of Experience	42 (93.3%)	3 (6.7%)
More than 1 Year of Experience	33 (73.3%)	12 (26.7%)

Table 5.11

Suggested Length for Personal Safety Training Program

(N = 44 for < 1 year and 42 for >1 year)

	½ day	1 day	2 days
Less than 1 Year of Experience	11 (25%)	5 (11.4%)	28 (63.6%)
More than 1 Year of Experience	19 (45.2%)	7 (16.7%)	16 (38.1%)

Over 93% of respondents thought that a Personal Safety Training Program should be mandatory for those with less than 1 year of experience. The number drops quite a bit but remains quite high for those with more than 1 year of experience. Over 63% thought that the program should be 2 days long for those with less than 1 year of experience and over 45% thought that it could be reduced to a ½ day program for those with more than 1 year of experience.

Respondents were asked to identify any training programs that they had accessed in the past which they had found helpful in addressing issues pertaining to personal safety.

They identified the following:

- Twenty respondents indicated that they had had some formal training largely NVCI but also from Winnipeg Police Services (WPS), Working Effectively with Violent and Aggressive Students, Jujitsu and private agencies. One respondent who had taken NVCI indicated that he/she had thought it was not very realistic;
- Eight respondents had indicated that they had some training which may have touched on the subject of personal safety issues such as training by WPS related to gangs, Competency Based Training, Introduction to Social Work at the U of M, martial arts and a Vicarious Trauma Workshop offered at Elizabeth Hill Counselling Service; and
- Four other respondents indicated that they had engaged in other safety activities, such as: read CFS safety protocols; engaged in informal dialogue with coworkers; did some independent research on the Internet; and read Javin de Becker's Book - The Gift of Fear.

Respondents were then asked if they themselves would be interested in further personal safety training. Their responses are in Table 5.12. Thirty-four (68%) of the 50 responses favoured participation in a training program which may be higher for this sample population compared to the agency employees as a whole as it is possible that those who are interested in the subject area were more likely to respond to the survey. There were no marked differences in regards to response and demographics.

Table 5.12

Personal Interest in Attending a Personal Safety Training Program

(N=52)

1 Not at all Interested	2	3	4	5 Very Interested	No Data
3 (5.8%)	4 (7.7%)	9 (17.3%)	11 (21.2%)	23 (44.2%)	2 (3.8%)

Respondents were asked to comment on what type of training would be of most interest to them.

- Over twenty respondents were interested in a training program similar to NVCII which would be offered by peers or police and include self-defense, different case scenarios and information about working with resistant clients and those struggling with mental health issues;
- Three respondents were interested in training programs that taught how to stay out of a violent situation (“not tackling a client”), mediation and conflict resolution;
- Six respondents were interested in reading a training manual;

- One respondent suggested training could occur during unit meeting discussions and two wanted hands-on information; and
- One respondent was interested in whatever was available.

Further Comments

Finally, respondents were encouraged to add any further comments. Fourteen (26.9%) of the respondents added further comments which are summarized below.

Two respondents commented that personal safety is an ongoing issue noting that as communities change the risks to social workers change as well. They noted of particular concern that gang members posed a significant risk for those working at WCFS. One respondent indicated that there needs to be increased security in the workplace which could include cameras outside the building and another respondent indicated that two-way radios are better than cellular phones. It was suggested that staff and supervisors should both attend training in this area so that everyone is aware of the risks and so that social workers are encouraged to ask for certain safety measures and not sent out alone to high risk situations.

A male respondent indicated that he thought female social workers were more at risk than males and that overall social workers need great skills in empathic listening and patience in order to more successfully respond to a crisis. Another social worker responded that if social workers respect others then they will be respected and that if they do not look like a victim then they won't be. I believe this to mean that potential offenders will look for

vulnerabilities so risk is decreased if a social worker presents him/herself in an assertive, competent and professional manner demonstrating safe working practices.

Two respondents added very relevant cautionary comments about a Personal Safety Training Program. One was concerned not to make new workers too fearful about situations that they can handle and the other recognized that training in and of itself can not mitigate all risks. They suggest that a “blame the individual worker” philosophy may develop if too much emphasis is on the individual’s need to educate themselves to prevent assaults.

The most predominant feeling throughout these additional comments came from seven respondents who seem to feel that this is a very worthwhile topic but are concerned that the management of WCFS does not take the issue of personal safety for social workers very seriously. They suggest that the work done by WCFS with regard to this issue is simply tokenism and that it will not be taken seriously until someone is seriously hurt or killed. One of these respondents indicated that if they had previously known about the risks associated with child welfare work, then they would not have come to work for WCFS.

Additional information pertaining to the respondents’ degree of satisfaction with how the agency has responded to critical incidents in the past is not part of my formal studies but was asked in this survey at the request of WCFS’s Department of Human Resources and Quality Assurance Team. There were five respondents who provided responses in this

area. One respondent was generally satisfied, feeling that he/she was able to debrief with a co-worker and a supervisor who listened while the four other respondents were not satisfied and did not feel appropriately supported. The data has been summarized further in Appendix N. Also, throughout this survey, respondents provided information about personal safety risks that are not directly related to violent behaviour from a client. These risks are important to note, but not a focal point for this paper. They can include issues such as stress due to workload, dangerous travelling conditions, and contact with contagious diseases. Further information about these and similar issues can be found in Appendix O.

Summary

I believe that the data derived from this survey and the additional comments provided by the respondents reinforce the position that personal safety for social workers at WCFS is a real and serious problem and that social workers feel the need for additional resources, support and training in this area. It is important to note that these strong feelings exist although the actual frequency of assaults on social workers is quite low.

There seemed to be some strong scepticism that the agency will not be responsive to this issue as it has not been so in the past and there seemed to be feelings of hopelessness and poor staff morale. Also very important to note is that several respondents offered some very important cautions about such training programs which would need to be addressed during any personal safety training.

Discoveries from the Survey of Canadian Child Welfare Agencies

To gather information about personal safety issues from child welfare agencies throughout Canada, I conducted a survey (Appendix L) from which I received thirty-six responses. In this survey I tried to capture information pertaining to the agencies' demographics, experience with personal safety incidents, personal safety training and other ways that they may address this issue.

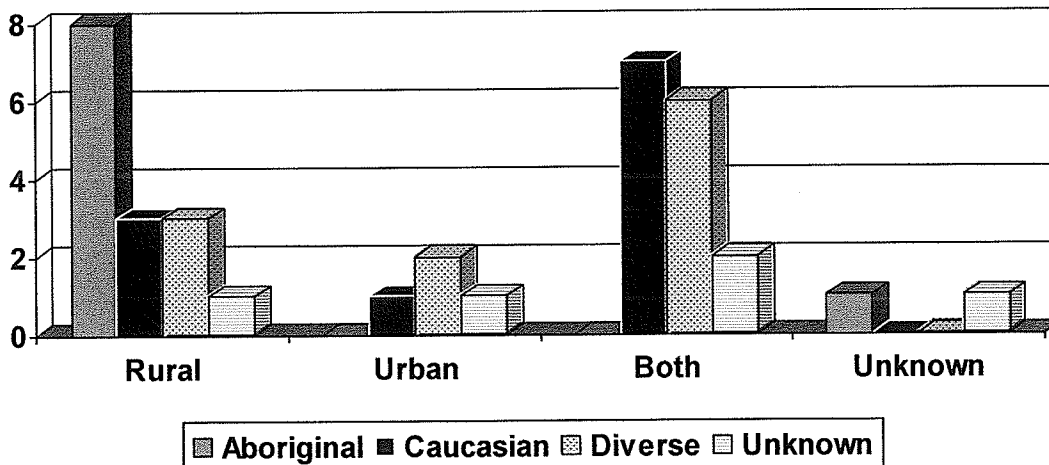
Demographics

Figure 6.1 illustrates the diversity of the agency demographics showing the primary communities served (rural, urban, both or unknown) and if the people they serviced were primarily aboriginal, caucasian, diverse communities or unknown.

Figure 6.1

Demographics of Surveyed Canadian Child Welfare Agencies

(N=36)



Data Collection and Statistics

I hoped to learn from the respondents whether or not they collected data about personal safety incidents and if they would provide a summary of that data. Fifteen respondents provided their comments about data collection.

The majority of the respondents indicated that incident reports are completed when an assault or threat occurs. The reports are made to supervisors or Workplace Health and Safety Committees. With rare exception, the incidents are not tabulated or analyzed as a whole. However one agency used them to identify risks and develop ways of proactively reducing assaultive incidents. Several respondents also noted that their records are likely incomplete as many social workers do not take the time to complete them. Reports are kept confidential however, if appropriate, are shared with the police for charges. One respondent indicated that reports are not completed because dealing with this issue is simply part of the job for child welfare social workers.

There were twenty comments about the frequency and severity of personal safety incidents. Some of the information was very specific and detailed whereas others provided more general informal observations. Because the respondents are believed to be knowledgeable about the incidents that occur within their agencies, the informal general comments were worth noting.

Many agencies indicated that incidents are sporadic and rare. However they can and do occur and can be quite extreme. Respondents indicated that verbal abuse and threats are

more common than physical assaults. Several of the agencies provided specific information about the frequency and severity of incidents involving the personal safety of their social workers. A sample of some of their comments are as follows:

- In the past six months there has been one verbal threat to harm a social worker, a social worker was burned with a cigarette, and a client was verbally threatening and physically intimidating towards management;
- An agency in Alberta provided a province-wide graph showing the number of various types of incidents per region for each quarter since 1994. It is summarized as follows:

In 1994 there were 6 physical assaults, 28 threats and 8 verbal assaults.

In 1995 there were 5 physical assaults, 19 threats and 1 verbal assault.

In 1996 there were 10 physical assaults, 23 threats and 3 verbal assaults.

In 1997 there were 18 physical assaults, 34 threats and 10 verbal assaults.

In 1998 there were 9 physical assaults, 47 threats and 9 verbal assaults.

In 1999 there were 13 physical assaults, 49 threats and 15 verbal assaults.

In 2000 there were 11 physical assaults, 46 threats and 15 verbal assaults.

In the first quarter of 2001 there were 4 physical assaults, 10 threats and 3 verbal assaults;

- One incident of physical assault in the past five years;
- From June 00 - June 01, 15 reports had been made which involved violence or threats of violence towards social workers; and
- A community lost an RCMP officer who was attending to a domestic violence call. (I presume this implies that an RCMP officer was killed while attending to a domestic

violence call and that the respondent included this information feeling that it was relevant for child welfare social workers. I would concur because child welfare workers are often involved in situations where domestic violence is an issue. As a result of this particular incident, the respondent indicated that the agency had sent a memo to all of their social workers, reminding them of their vulnerability and to be careful in these high-risk situations.)

From the literature, comments from others and my own experience, I believe that critical incidents are often ignored or minimized by child welfare social workers and managers. I suspect that the numbers of actual verbal assaults and threats are higher than reported by many of the respondents and even the incidents of physical assaults may be somewhat higher. I found a mixed response with regard to threats, physical intimidation and verbal abuse. It seemed that some respondents treated them as serious issues whereas others did not. It should be noted that victims of threats, physical intimidation and verbal abuse may perceive the incident as extremely risky and may in fact be quite traumatized by the incident. If the agency does not take it seriously then that negates the victims' feelings and can potentially cause much internal and external conflict and difficulties for them. Also, it is impossible to know the actual intent or seriousness of these actions by a client. We are doing our profession a huge disservice by minimizing these incidents when they could in fact have been very serious incidents where people could have been hurt or even killed. Although many agencies reported fairly low numbers pertaining to actual critical incidents, they seemed to recognize the ongoing risk for a serious incident.

A few of the agencies and in particular, the province of Alberta are much more diligent about tracking personal safety incidents however, they are also limited by only having the data provided to them by the individual social workers. It seems that the agencies that keep good records of incidents generally have higher numbers of assaults and threats to report. This begs the question, do they encounter more violence which motivates them to be more diligent about maintaining data in this area or is their data, because of their diligence simply more reflective of the violence encountered by child welfare social workers? The later is more likely the case because there seems to be no reason why those agencies should experience more violence against their social workers than other jurisdictions.

Training Programs

Of the thirty-six respondents, only seven did not offer some sort of personal safety training for their staff. Of those seven, only a few suggested that it was not necessary. Several indicated that they were not aware of any relevant training available in their communities and two respondents indicated that they presumed that social workers are already adequately trained through their university studies. Three respondents indicated that there is a laissez-faire approach to this issue which may change should a serious incident occur and one respondent indicated that it was not an issue for their staff as they work in a small community where everyone knows everyone else.

Those who indicated that they did offer personal safety training were asked to describe what it entailed and how it was offered. Several of the respondents had a training manual

for their new employees to read and others provided on-the-job training through supervision. Some offered brief training at the time of their initial orientation whereas fifteen respondents offered a fairly comprehensive one to three day program which seemed very similar to the program that I had developed for WCFS social work students and NVCi. The personal safety training programs were mandatory with the exception of a couple of agencies who offered voluntary workshops.

Respondents were asked whether or not their Personal Safety Training Programs were evaluated and if so, to share the results from that evaluation. Six respondents commented on this issue. Formal evaluation were not completed but one respondent shared that the Crisis Prevention Institute collects evaluation forms after each NVCi course however the data/outcomes are not known by the child welfare agency. The other respondents indicated that although formal evaluations had not been completed they believe that staff have appreciated the programs and have found them to be very helpful.

Other Safety Measures

To conclude the survey, respondents were asked to identify other ways, besides a training program, that their agency prepares social workers for dealing with personal safety risks. Their comments were consistent with recommendations made throughout the literature, data collected from WCFS social workers and my own perceptions. Their responses have been summarized as follows:

- Twenty-five comments were made stating that social workers are encouraged to take police and/or another social worker with them when working in a potentially risky

situation and that clients who pose a significant safety risk to social workers should be met with at an office rather than in the community;

- Thirteen respondents stated that social workers are encouraged to consult with their supervisor before attending to a potentially risky situation and to ensure that office staff know where they are going and when they plan to return;
- Eleven comments were made suggesting that social workers are to carry cellular phones with them so that they can call for assistance if required;
- Nine respondents suggested that office buildings have appropriate security and are set-up in a way to promote personal safety;
- Eight respondents have relevant policies, procedures, first aid material and Health and Safety Committees to address all existing and potential personal safety issues; and
- Several respondents commented on issues pertaining to the individual social worker's readiness. They ask applicants during job interviews if they have considered how to stay safe; they advise staff that their home phone numbers should be blocked and never released; and that they should always read file information which should clearly identify any personal safety risks for the social worker.

Summary

It should be noted that the wide range of responses and the trends that emerged from the respondents were distributed throughout the sample hence there did not appear to be any significant relationships between the information provided by the respondents and where they worked or who they serviced. However, several of the respondents seemed to imply that because they serviced small communities where the social workers and their clients

are familiar with one another, they face fewer personal safety risks therefore this issue was not a priority for their staff. I also found it quite interesting but also very concerning that several respondents acknowledged the relevance of this issue and the need for specific training and resources to increase the safety for social workers but that they lacked the resources. Also of concern was that several respondents indicated that this issue would likely be addressed further only after a serious incident occurred.

It would seem from this data that the majority of child welfare agencies throughout Canada consider the personal safety of social worker to be an important issue worthy of specific training and further measures in order to minimize the effects of potential risk factors. However, it could be that those who did not view this as a worthwhile area of study simply did not respond to the survey. There was quite a range in how agencies addressed this issue from their record keeping, training and security measures. Some of the agencies seem to do very little whereas others seem to demonstrate their commitment to the safety of their staff by implementing comprehensive personal training programs along with maintaining accurate records, safety protocols and security measures. These agencies could certainly serve as a model for others.

Time to Ponder

Three pre-dominant issues were derived from this research and will now be discussed. The first is looking at the overall relevance of this issue for social workers. The second is an examination of how various demographics play a role in who is most likely to be involved in a personal safety incident. The third is the appropriateness and effectiveness of a personal safety training program to, at least in part, address this issue for social workers while considering that agencies must also explore other means to create a working environment that is conducive to minimizing personal safety risks.

Relevance

There have been factors which have led me to wonder whether or not personal safety for social workers is a very relevant issue. These factors include:

- In my experience formal training was not available. University courses and text books/readings did not cover this issue and WCFS did not offer any specific training or information;
- There are relatively few serious incidents of physical assaults on social workers, particularly in Canada; and
- Several of my colleagues and my Faculty Advisor were sceptical.

Despite these factors I maintained a strong conviction that personal safety for social workers, particularly in child welfare, is a very relevant issue which needed to be addressed further. This led me to this research where I found that:

- Many authors wrote that social workers and social work students are often being physically or verbally assaulted and threatened. As can be seen in the literature review, they cite varying frequencies. For instance, according to Wigmore (1995), The Canadian Union of Public Employees conducted a survey in 1993 where they found that 66% of respondents had been subjected to an aggressive act in the past two years. It happened three or more times to 55% of them. Tully et al. (1993) surveyed 121 social work students and found that 26% of them experienced some type of violence in their field placement including 13% who had been physically attacked;
- Despite a small response rate to the survey, WCFS social workers reported six physical assaults in the past twelve month period. The assaults were minor in nature but a couple of them could have been more serious if safety measures had not been in place. In addition, 39% of survey respondents had felt threatened and 73% had been verbally abused in the past twelve months. Although threats and verbal assaults are not necessarily personal safety issues, they can be traumatic for the individuals involved particularly if there is a perception that those behaviours may lead to further violence;
- Three of the 18 students who participated in my Personal Safety Training Program had previously been exposed to a number of potentially volatile situations where they had felt threatened and had been verbally and physically attacked as social work students; and
- Child welfare agencies throughout Canada report varying frequencies of violent incidents against social workers. The most comprehensive data came from the

province of Alberta who reported that from 1994 – 2000 there were between 72 physical assaults, 246 threats and 61 verbal assaults.

To some, the numbers found in this research may seem low and may prove justification for the sceptics but there are a number of other issues that must also be considered.

Firstly, there are inherent difficulties in quantifying personal safety issues. Defining violent behaviour is quite subjective and is often done inconsistently which makes comparisons and analysis difficult. In addition, Johnson (1999) writes that there is a tendency for social workers to under-report incidents involving their personal safety.

This may occur because social workers:

- accept violence (particularly verbal assaults, verbal threats and physical intimidation) as part of their job;
- may feel that an incident is reflective of their skills and therefore are embarrassment or ashamed;
- are burdened by their workload and lack of resources so do not have the time to prioritize the completion of incident reports; and
- may have reason to believe that there will be no action taken or additional support or benefits offered to them after completing a critical incident report.

In addition, there may be times when social workers complete incident reports but their managers do not have the time, skill, resources, inclination or motivation to effectively deal with them. Given these factors, I would suspect that the number of physical and verbal assaults and threats made against social workers is higher than we are aware.

Secondly, whether we look at the actual number of incidents reported or if we factor in the tendency for under-reporting, we are still left with a subjective issue which is, how much risk are we prepared to accept? Many might feel that six reported physical assaults in a twelve month period (none of which resulted in serious injury or death) for WCFS front-line social workers is an acceptable standard of risk in the field of child welfare. I would argue that we must always look for ways to reduce this risk as even one physical assault is too many.

Thirdly, although not a focal point for this practicum, many authors including Atkinson (1991), Newhill (1995) and Scalera (1995) have commented on the sometimes devastating effects of workplace violence on social workers. If traumatic events are not dealt with appropriately, social workers can develop severe psychological trauma. The Alberta Union of Provincial Employees (1998) reports that their workers are afraid of violence when carrying out their job responsibilities and as a result are becoming increasingly stressed and physically ill due to the tension.

Finally, throughout this research, most people seemed to agree that personal safety for social workers is a relevant issue. I found that:

- Within the survey administered to the front-line social workers at WCFS, 84.6% of respondents indicated that personal safety was a relevant issue for staff at WCFS;
- On the pre-test, post-test and follow-up post-test, social work students who participated in my Personal Safety Training Program consistently indicated that they thought that this was a relevant issue (100%, 87.5% and 93.3% respectively);

- When I surveyed the students' field instructors, 72.7% of them felt that a personal safety training program was relevant for social work students at WCFS;
- In 2003 WCFS administered a survey via email to all workers at WCFS asking them to identify among a list of about six training topics, what they would be most interested in attending. Managing Aggression was on the list and rated the highest with 90 respondents identifying it as a priority. This was significantly higher than the other training topics which received between thirty-five and seventy-two votes each. As a result of this survey, WCFS offered two (two day) workshops with Dr. Fox, of which approximately 230 staff attended; and
- In the survey to Canadian child welfare agencies, only seven of the thirty-six respondents did not offer some sort of personal safety training for their staff. Of those seven, only a few seemed to suggest that it was not necessary.

Although I believe that this data supports the view that personal safety is a relevant issue, it was likely that those most interested in this issue were most likely to respond to the surveys and may not be representative of all social workers or Canadian child welfare agencies.

Gender Differences and other Demographic

Throughout this practicum there emerged some general themes about how gender and other individual and demographic issues impact on the issue of personal safety for child welfare social workers. It is however not my intention to perpetuate stereotypes and would caution that there are likely many exceptions to these generalizations. It must also

be noted that due to small sample sizes the data from my research may be limited in its ability to be generalized.

The literature indicates that men, particularly young men, are more likely to respond violently in a difficult situation (Atkinson, 1991; Newhill, 1995; and Tedeschi and Felson, 1994). I suspect this is accurate but was not substantiated in my research where mothers and children were most often identified as physical assailants by WCFS social workers. This incongruence may have occurred because child welfare workers work with more mothers than fathers. This may be due in part because some men are absent from their children's lives or because according to Milner in Fawcett et al. (1996), social workers allow men, especially dangerous men, to disappear while they direct their focus solely onto the mothers. This may be due in part to the stereotypical views of men's and women's roles within the family or because women are generally thought to be less intimidating and potentially violent. Despite this finding, that women and children are more likely to be physically assaultive; WCFS social workers identified having felt intimidated or threatened most often by men. This suggests two not mutually exclusive possibilities. One is that when men are present in the situation, they more often tend to resort to intimidating and threatening tactics. The other is that social workers may perceive men to be the most threatening even if their behaviours are not that much different than that of women and children suggesting that their perception differs from reality.

What did initially strike me as unusual was the high numbers of children (mostly

teenagers and/or children in care) who were violent, aggressive or threatening towards social workers. In hindsight this should not have been a surprise given many of the children's backgrounds and situations. Ivanoff et al. (1994) explain that children are involuntary clients who often do not understand what is going on and may have a lot of fear and anxiety about being separated from their families. Older children, with experience with the system may be very angry and try to manipulate the system. They are essentially a very powerless group who have very little control over their own lives. Furthermore, Hudson and Levasseur (2002) point out that children in care are more complex and have more demanding care needs than they had in the past. Fox (2004) explains that children, unlike adults, have a very limited vocabulary and are not skilled at putting their thoughts into words therefore they communicate primarily with their behaviour.

Throughout my research, I also set out to determine if there was an increased rate of violence against social workers in particular communities (rural, suburban or core areas). In the survey administered to the front-line social workers at WCFS, I found those who worked primarily in the rural areas were physically and verbally assaulted and felt threatened or intimidated a little more often than the others. However those who worked in the core area, felt afraid the most. Several rural respondents from the survey administered to child welfare agencies throughout Canada stated that their workers faced decreased personal safety risks because they work in small communities where social workers and community members are familiar with one another.

One final and perhaps most significant characteristic of a client who is most likely to be violent towards a child welfare social worker is their degree of involuntariness. As has been noted previously by many authors, including Compton and Gallaway (1989), Ivanoff (1994), Newhill (1995), Rooney (1988), Rooney (1992) and Royse et al. (1999), many clients of child welfare agencies are involuntary in that they have not sought services from a social worker but have had services imposed upon them. These involuntary clients may resent being forced into involvement with a social service agency and respond by showing hostility or aggression toward the social worker who is perceived as the threatening source. In these instances, the child welfare social worker is perceived as an agent of social control rather than a potential helper. This perception will increase the personal safety risks for the social worker. The interesting component of this issue is that there may be things that the child welfare agency and individual social worker can do to decrease the client's degree of involuntariness and therefore the personal safety risks as well. These issues will be explored further later in this paper.

There are several issues to consider with regard to who is most likely to be victimized. They include gender, years of service, role within the agency and degree of assertiveness. With regards to gender, the literature that suggests that female social workers are more likely to be the victim of workplace violence than male social workers. Women are often more vulnerable because:

- they are often smaller and physically weaker than men therefore viewed as more vulnerable and less likely and able to physically defend themselves or retaliate;
- due to socialization and social work training, women may not prioritize the need for

- their own safety and therefore put themselves at increased risk; and
- they may use a submissive communication style which can increase their personal risk.

Interestingly, Fox (2004) states that safety is essentially gender neutral. She suggests that social workers do not have to be strong or male to be safe but rather have adequate thinking and moving skills. Women may be perceived by potential assailants as vulnerable and therefore may be more likely to be victimized. However rather than being escorted by a male, they simply have to portray that they are able to work in a competent and safe manner. This relates to their ability to respond to clients in an appropriate, assertive and confident manner.

Overall, the findings from this research tend to support the view that female social workers are more likely than male social workers to experience workplace violence. When surveyed, the front-line social workers at WCFS report having experienced six physical assaults in the past year. All of these assaults involved female social workers. Female social workers were also four times more likely than males to report feeling intimidated or threatened at least once, were verbally assaulted one and a half times more often and felt afraid over two times more frequently. It should be noted however that male and female social workers may have responded differently from one another in the survey because they tend to define risk much differently. Hearn in Fawcett et al. (1996) states that women tend to have a broader definition of risk and more often consider the uncertainty or threat of violence.

Interestingly, the WCFS critical incident reports from 1998-2001 do not support the view that female social workers are more likely to be victimized than male social workers. In the eight reports, one social worker's gender was not identified, two were male and six were female (in one report, two female social workers were assaulted). Although I do not know the precise ratio of female to male social workers during that time frame, I believe that there were proportionally more men than women who submitted an incident report. I have no reasonable explanation for this finding except to share that Wigmore (1995) cites a study about nurses with similar findings. She suggests that this may occur because men file more reports or because they are more frequently involved in higher risk situations.

With regard to years of service, I assumed that those with less experience would be most at risk. This was confirmed as those with less than five years felt threatened or intimidated, were verbally assaulted and felt afraid a little more often than those with five to ten years of experience and quite a lot more than those with ten or more years of experience. Interestingly though, there were more physical assaults on those with five to ten years of experience than those with less than five years.

I had assumed that working in an Intake capacity would be the riskiest with Family Services, Non Protection and Indirect Service following. This assumption is based on my belief that those in Intake and Family Services are working with more involuntary clients than the others. I found that my assumptions were only somewhat accurate. Clearly working in Indirect Services poses the least risk. I was somewhat surprised that those in Non Protection and Family Services experienced and/or perceived as much risk as they

did, particularly when compared to those in Intake. Overall, their responses to having been threatened, verbally assaulted, and feeling afraid were quite similar. With regard to physical assaults, three assaults occurred with two individuals who worked in Non Protection, two others in Family Services and one in Intake. I would wonder if those in Intake have a higher tolerance for risk which may influence the accuracy of their self-reports or if they are more likely to ensure that safeguards are in place for themselves. The conclusions are limited as those with more experience were often employed in what would be thought of as less risky roles within the agency so it is difficult to tease out if the differences are due to the social worker's role within the agency or their years of service. It is likely a combination of both of these factors.

Another very interesting and important point made by several authors is that probably more important than any other demographic or characteristic for keeping safe is a social worker's attitude and ability to engage with clients in a respectful and assertive manner.

Compton and Gallaway (1989) write that,

People who are assertive verbally and nonverbally say what they think and feel while being sensitive to the rights of others. Assertive people try to satisfy their needs and wants without dominating, manipulating, abusing, or controlling others assertiveness is the most responsible way to show concern for another person, and it is probably the most efficient way of solving a problem. The results of assertiveness, therefore, are usually positive (pp. 327 & 328).

Fox (2004), Kaplan and Wheeler (1983), Royse et al. (1999) and Sheafor et al. (1997) concur and suggest that assertiveness is the most effective means of decreasing the risk of violence whereas passivity and aggressiveness can escalate a potentially violent situation. Some people are naturally good at being assertive where others may need additional

training, coaching and practice to develop these skills. This is why a component of the Personal Safety Training Program that I developed included information about assertiveness and confronting clients with the opportunity to practice during role plays.

Personal Safety Training Program and other Aspect of Agency Safety Plan

Personal safety is a relevant issue for all child welfare social workers and social work students. Regardless of an individual's characteristics, no one is immune to potential personal safety risks therefore it is indeed an issue that must be addressed by child welfare agencies and child welfare social workers. Many authors, including Atkinson (1991), Fox (2004), Infantino and Musingo (1985), Phillips and Leadbetter (1990), Rey (1996) and Scalera (1995) identified personal safety training as an effective way of addressing this issue. However, it was also noted that personal safety training should not be offered in a vacuum but as one part of an agency's overall safety effort.

Over 40% of Canadian child welfare agencies who responded to my survey offered comprehensive personal safety training to their staff while others offered brief training at the time of employee orientation, on-the-job training and/or a training manual. It seemed that only seven (19.4%) agencies did not offer some sort of training and that only a few of those seemed to suggest that it was not necessary. Within WCFS, 84.6% of front-line social workers who responded to the survey indicated that the agency should offer a personal safety training program for it's social workers.

As has been discussed previously the social work students who participated in my

Personal Safety Training Program identified on the post-test that they benefited in the following ways from their participation in the program:

- 81.3% learned new techniques, skills and approaches that could be applied during their field placement;
- 68.8% learned new knowledge pertinent to field placement; and
- 50% experienced a change in attitude that would help them during their field placement.

Similar benefits for the students were noted by the field instructors and when comparing data on the students' pre, post and follow-up post-tests. It should be noted that terms such as "attitude" and "approaches" were not defined for the respondents therefore they may have been reporting on something somewhat different than what had been intended.

The most commonly cited negative effects of the training program were that it took too much time away from the students' field placement and that it would have been better if the program had been offered in a block of time instead of over the course of six weeks. I would agree with these points and if some of the logistics could have been worked out, the program could have been delivered differently.

Several students also commented that there was too much theory, lecturing and group brainstorming. It seems they would have preferred more practical information and opportunities to practice. A couple of respondents also suggested that there was some overlap with regard to material covered in the U of M BSW program and WCFS student

orientation. These are very relevant issues that would have to be explored further should this program be delivered again. I was not surprised that some of the students had made that first comment. It had been my hope that many of the theoretical components of the program would have been interesting and interactive, however, a few of the students seemed bored and difficult to engage. I suspected that this was due to the fact that they were busy and tired social work students and also that the program was designed for students new to this issue whereas many of these students had a fair bit of prior experience. The finding that there was some overlapping of material was unexpected. It may explain why the students were less than enthusiastic at times. This is a very significant concern because although review and repetition can be helpful, it can also be a tremendous waste of time and resources. Careful thought and decision making is crucial to ensure that students are getting the most of what they need, when they need it.

There was a mixed response from several of the respondents with regard to role plays. Several respondents did not like the role plays and resented that they were forced to do them. They suggested that some students learn better by observing than doing. Conversely, a few students thought that the role plays were very helpful especially those with other social workers because some of their fellow students refused to participate in the role plays. Fox (2004) believes that role playing is a critical component of learning and practicing skills that may not come naturally or easily to some people. Perhaps students should have been given the option to only observe the role plays. Although this may have limited their learning, at least it would not have taken away from the other students who genuinely wanted to work through the role plays.

One noteworthy comment was made by a WCFS social worker responding to the survey of front-line social workers. That individual stated that he/she was not interested in a personal safety program because such programs promote restraining and assaulting clients. Throughout this research, the use of physical restraint has been identified as controversial. Firstly, Breggin (1999) defines restraint as the use of force or the threat of force for the purpose of controlling the actions of a person. This can include: “take downs”, “therapeutic holding”, and other physical interventions. The Department of Labor, Health and Human Services, Education and Related Agencies (1999) states that there has been 142 documented deaths from restraint in the past decade and estimated that there is actually between 50 and 150 deaths each year as a result of the use of physical restraint. Several authors including, Breggin (1999), and Fox (2004) feel that using physical restraint is largely unnecessary if staff use effective helping skills and have a healthy therapeutic relationship with their clients. The training program described in this practicum acknowledged criticisms levelled at physical restraint. Such techniques were omitted from the program content. A few escape manoeuvres were included so that students would learn how to get away if they were to get bit, kicked, hit or grabbed. This is one major difference between this program and NVC. Students’ feedback with regard to learning these escape manoeuvres was quite positive and since this part of the training only took about one hour, it should be a part of any personal safety training program.

There were a few concerning isolated comments that must be mentioned. One student mentioned that he/she felt that that presenter should have been clearer that assaults on social workers do not occur everyday. Although efforts had been made to accurately

portray the risks, serious thought should be given to identify other ways to ensure that the appropriate message is delivered to and received by all program participants. Another student indicated that he/she was now somewhat afraid of working with people who might be potentially dangerous and thus reconsidering if he/she wants to work in child welfare. Although it was not the intent to scare the students, the program did aim to raise awareness. It may not be a bad thing that it raised these kinds of questions for at least this one student because I believe that there are risks involved in child welfare work (as there are risks in everything) and that students need to be aware of these risks before they make career decisions. At the same time, it was hoped that the increased awareness would be offset by increased knowledge, skills and confidence. Another student indicated that the issues raised in this program were quite sensitive and that a counsellor should have been available for them. Again, I was aware of this risk and had thought addressed it appropriately by offering group debriefing sessions during each training session and encouraging students to speak with me, their field instructors or their field liaison workers, before, after or between sessions. They were also advised that the U of M offers counselling for its students which they could access if needed. I am not sure what more could have been done to address this issue but since it is a serious issue further consideration should be made to ensure that all of the students participating in such a program are aware of and feel comfortable accessing appropriate supports.

I believe that as a result of their participation in the Personal Safety Training Program, the students gained new knowledge and skills, a better attitude and increased confidence which will better equip them for their work in child welfare. On the post-test, 81.3% of

students indicated that they were satisfied with the training program and would recommend that it be offered to social work students in the future. Similarly, 63.6% of field instructors would recommend it for social work students and WCFS staff. The risks, recommendations, suggestions, and criticisms made throughout the literature, by the program participants, field instructors and others should be seriously considered to always ensure that the best possible training can be in place for our new social workers. It would be my hope that all new child welfare social workers would receive appropriate personal safety training as they begin their careers and on an ongoing basis.

As stated previously, Brendan Associates and ILR Inc. (1995) state that, "training should not provide safety preparation in a vacuum but as part of the overall agency safety effort" (p.4-1). The California Occupational Safety and Health Association (1998) would seem to agree stating that "using training as the sole safety program element, creates an impossible burden on the employee for safety and security for him or herself, co-workers or other clients" (p.3). They feel that relying solely on a training program can create a "blame the victim" mentality. Many authors and survey respondents have provided a number of suggestions that agencies should consider in their quest to create a working environment that is not only conducive to child safety and supporting families but also social worker safety and well-being. These objectives are tied very closely to one another because as Scalera (1995) writes, "social workers cannot effectively protect children or help families if they themselves are not safe" (p.337). The following chapter will discuss further the recommendations derived from this research.

Time for Change

The findings from this research suggest that some significant changes are in order. Changes could and should occur at many levels including societal and within families, post-secondary education, child welfare agencies, police departments and the provincial government. Changes really must be multi-faceted.

Societal and Within Families

As has been seen within the literature, violence against social workers occurs for many reasons. As a society, we have to pay attention to why people behave violently and make changes to produce communities which are safer and healthier. These changes could include better support for families, encouraging the media to stop sensationalizing violence and in general, stop accepting violence as part of life.

Our communities should be comprised of people who are empowered and assertive. That is, not passive and not aggressive. From a young age, children must learn the importance of effective problem-solving and anger management skills. We should not reward temper tantrums and aggressive acts. These changes could result in potential victims being less vulnerable and therefore less likely to be victimized and potential assailants would be less aggressive with additional skills to work through their feelings and problems therefore being less assaultive with others when in a difficult situation.

Parents cannot carry all of this responsibility by themselves. Raising empowered

assertive children is a great deal of work and many parents may need extensive supports that will work together to support them in their challenging role. Although there has already been a great deal of work done to support families, there is a lot more to do as there continues to be far too many children living in poverty and/or in abusive or neglectful homes and far too many children with preventable disabilities such as Fetal Alcohol Syndrome/Effects, Post-Traumatic Stress Disorder and Attachment Disorder. There must be more done to help parents overcome what may be getting in their way of being the best parents possible for their children. They may need financial or child care supports, parenting programs, assistance in overcoming issues from their past or perhaps mental health or substance abuse services. If child welfare social workers could play a role in ensuring that the kinds of necessary supports are in place for families, then families may begin to voluntarily approach child welfare agencies which would decrease the personal safety risks for social workers. Our social services system has a lot of work to do but I believe that positive changes have and will continue to occur.

Post-Secondary Education

It was my experience as a social work student and as a field instructor with the U of M BSW program that personal safety issues were inadequately addressed. It would seem that many social workers at WCFS had this same experience. It must be noted that they, like me, may have relied on outdated information as some students felt that the information presented in the Personal Safety Training Program overlapped with material from some of their classes. Before the following recommendations are considered, further information with regard to what is currently in place would be necessary. No data

was collected about the manner in which safety issues are treated in other social work programs across Canada, but given the similarities between programs, it is quite likely that the Manitoba experience is similar to that of programs elsewhere.

Many social workers had recommended that BSW programs offer a course specific to this issue. The course could raise students' awareness, thoroughly examine the many dynamics affecting people who are apt to become violent in a difficult situation and the best ways to communicate and intervene with those individuals in order to minimize risks and stay safe. Although I would certainly advocate that such a program would be beneficial for students, I am also aware of the challenges facing students and faculty with regard to curriculum space. There is a great deal to learn in order to become an effective social worker therefore students' time and resources must be very carefully utilized. I would suggest perhaps a two-fold alternative to this initial suggestion.

Firstly, Faculty of Arts' might consider offering a course similar to that described above but applicable to many students who may be working with the public in a human service capacity. The literature suggests that like social workers, nurses, psychologists, psychiatrists, teachers and other human service professionals are also the victims of workplace violence. Such a course may be of interest to a lot of students and may help them, early in their education, to make the best possible career decisions for themselves. It would be useful and appropriate if this course, although offered in Faculty of Arts', could be applied for credit in BSW programs.

In addition, I believe that BSW programs must consider threading information about personal safety issues throughout their core introductory courses. This does not necessarily need to take a lot of time out of existing curriculums which are no doubt already at capacity. In order to ensure that gaps do not continue to exist and that there is not an overlapping of information, the professors would need to communicate and work out a plan with one another. A start might be to suggest that in an introductory course, the professor draw attention to the fact that social workers are often working with involuntary clients who do not want their assistance or involvement and that this unwanted contact could spurn some hostility despite how approachable and helpful the social worker attempts to be. It would also be noteworthy to share that some clients have long histories of working with agencies and that those experiences may not have been positive for them so they may be carrying a lot of past resentment, hurt and pain. In a course about human behaviour, the professor could speak about the complexities of anger and violence which are further complicated by factors such as an individual's upbringing, personality, disabilities and substance abuse. A communications course could teach students how to approach clients in an assertive manner and how to manage hostilities while attempting to engage and case plan with the clients. In addition to these core courses, additional and more specific information should be provided in practice courses.

In addition to the classes for BSW students, field instructors must be directed to raise the issue of personal safety with their students with discussions about risk factors, agency policies and ways to assess, manage and respond to various risk factors. This direction could come from field liaison workers, through correspondence sent to field instructors

from the BSW programs and from courses such as the one required for all new field instructors at the U of M.

It is imperative that, regardless of where students did their field placements or who their field instructor was, that they graduate from any BSW program at least knowing that they may experience personal safety risks in the course of their work, that it is their right and responsibility to protect themselves as well as others, and with some beginning competencies with regard to how to manage those risks.

Child Welfare Agencies and Staff

As stated in the previous chapter, child welfare agencies must develop comprehensive safety plans in order to serve its clients well while minimizing the personal safety risks for their social workers. In developing such a plan, agencies should consider advice from Wigmore (1995), who states that preventative measures are most effective if they are specific to the situation and not just copied from another organization. She suggests that information about and analysis of previous assaults must precede major decisions about prevention programs and that steps employers adopt too easily, such as installing security devices or safety training programs, often raise questions without resolving them.

In order for agencies to carefully analyze the issues facing their social workers they would need accurate information directly from those social workers. Discussions between social workers and supervisors and managers would raise awareness, demonstrate to staff that they are valued and that there is a commitment for their safety

and give supervisors and managers a better understanding of the personal safety issues. Furthermore, staff should be encouraged and supported to complete critical incident forms whenever their safety was at risk. We must remember however, that individuals vary with regard to their perception and tolerance of risk. Although these differences must be respected the guidelines for completing critical incident forms may need to be clarified and not left completely subjective. Further consultation with social workers should occur to establish the appropriate parameters. However, as a starting point, I would suggest that reports should be made whenever:

- social workers are threatened or verbally abused by a client whom they felt to be out of control and potentially violent;
- social workers are physically assaulted by a client even if that assault was minor in nature and not injurious (for example being pushed, shoved or spit at); and
- social workers have been afraid for their safety even if that has nothing to do with a client (examples would include traveling on winter roads, caring for a child with HIV or walking in communities felt to be potentially dangerous).

Knowing that working in child welfare already contains a lot of paperwork, these forms should be easily accessible and quick and easy to complete. The forms and subsequent follow-up should identify factors that the social worker could have done differently to perhaps prevent or minimize the effects of the critical incident but should be done so in a respectful, non-blaming way. The forms should allow the social worker to identify how and by whom they would like to be supported as a result of the critical incident. Social workers should also be made aware of the standard processes that will occur once they

submit their report to their supervisor.

The information from these Critical Incident Reports should be read by the social worker's supervisor, and representatives from management and a Health and Safety Committee. In so doing, there should be follow-up to ensure that the affected individual(s) have received the appropriate supports required to address the incident. Furthermore, the data should be analyzed on an individual basis as well as collated to discover ways in which the risks could be minimized to reduce the potential that further similar incidents will occur in the future. It is through this analysis that agencies will learn what it is they should do to increase the safety for their social workers.

The following are general recommendations derived from this research and intended for child welfare agencies as a whole. WCFS may or may not be already implementing various components as suggested. Again, these recommendations should only be considered if they fit with the agencies' analysis of the issues faced by their staff.

A) As mentioned previously, the greatest personal safety risk factor for social workers is the degree of involuntariness of their client. Rooney (1992) reminds us that involuntary clients are the rule and not the exception and that although they differ from one another they share the fact that they did not willingly enter contact with the practitioner.

Individual social workers and child welfare agencies as a whole should strive for forming relationships with clients and communities which will reduce the personal safety risks for social workers. The following will discuss ways in which they may be able to do so.

From an agency perspective, Hudson (1999) suggests four community development functions which I believe may improve agency/client relationships thus reducing personal safety risks for social workers.

- Firstly, child welfare agencies (the entire agency, not just a small group) must be aware of the multitude of problems facing the families in the communities which they service (for example single parenting, poverty, and poor housing), document the situation and campaign for corrective measures;
- Secondly, child welfare agencies must offer services which not only aid in social networking for an individual client but also service the community of clients by offering services such as parenting programs and look at and work with the community as a whole with the understanding that improvements for all leads to improvements for each;
- Thirdly, community development efforts must be directly linked to direct service so that social workers and community members come to know one another creating the opportunity for trust to develop. Several respondents from the survey administered to child welfare agencies throughout Canada suggested that because they work in communities where social workers and clients are familiar with one another, the personal safety of social workers is not a significant issue for them; and
- Finally, agencies must resist the trend towards “creeping proceduralism” which refers to an increase in rules and procedures to tighten surveillance on families. This often means that social workers have little time to invest in building relationships so families are being more closely regulated and supported less.

Of further interest, Rooney (1992) suggests that there are parallel processes of which agency staff should be aware. He explains that, "similar interactional dynamics are repeated across several hierarchical levels of an organization. For example, organizational styles that emphasize compliance methods and distrust of staff may be reproduced in similar practitioner-client interactions. On the other hand, managers and supervisors who treat staff with respect, separate negotiables from non-negotiables, respect free choices in other areas, may find that practitioners are more likely to use empowering strategies with clients" (p.325). This issue has also been raised by several WCFS staff and should be seriously considered by agency administrators as they can directly and indirectly have a tremendous impact on client service and personal safety issues.

With regard to the individual social worker, he/she must learn how best to work with involuntary clients. Many authors have provided their suggestions.

- Firstly, social workers must be aware that many of the agency's clients are hostile because of their pre-conceived negative perceptions of the agency which often include that the social workers are nosy and insensitive and that the agency is unjust, disorganized, and punishing rather than helpful. They are often afraid of the threat of court action and may react to these feelings with anger, frustration, confusion and hostility. These feelings are not evidence of guilt, deviance or pathology but rather very normal reactions to the possible loss of control over their lives (Ivanoff et al., 1994; Rooney, 1988);
- Secondly, families who come in contact with child welfare agencies are often in need

of resources such as food, shelter and medical care. A social worker may be able to reduce a client's reluctance if he/she can help the client to meet these immediate needs. In order to do this, he/she will need to have access to various resources and/or use skills in brokering and advocacy for clients (Ivanoff et al., 1994);

- Thirdly, when attempting to engage with involuntary clients, social workers should try to use four specific clinical strategies which have been proposed by Rooney (1988) to help reduce the clients' expected response to involuntary service. He suggests that the social worker should avoid giving directives but rather offer choices; avoid one-sided communication but rather explore two or more sides to questions; not overemphasize new behaviours; and have contracts to restore freedom with specific behaviour changes noted. Ivanoff et al. (1994) and Rooney (1992) add that involuntary clients should have as much information as possible and be very clear about components of the case plan that are negotiable and those that are not as well as limits and boundaries with regard to confidentiality. Being empathic while firm around non-negotiable requirements requires a great deal of skill and patience on the part of the social worker;
- Fourthly, Rooney (1992) suggests that it is very important that work with involuntary clients is consistent with three primary goals which include: ethical practice including self-determination and appropriate paternalism; practice that is within legal guidelines and client protections; and practice that meets goals effectively. With this in mind, social workers must be committed to using the least restrictive practice methods possible to effectively meet practice goals; and
- Finally, social workers should be aware of a number of contracting strategies in order

to try to move the client into a somewhat voluntary case contract which will go a long way in helping families to make the necessary changes in their lives. The best strategy is referred to as the agreeable mandate strategy where the client may not agree with the problem as proposed but may enter into an agreement which they feel would be helpful. Another option is referred as quid pro quo where the social worker finds something that they can do for the client which will motivate them to do what is required. The third option is to eliminate the mandate strategy where clients may agree to do what they have to if only to get their file closed. If the worker and client cannot develop a contract, then the client has made a choice not to comply and would then be forced into an involuntary contract which is usually not very helpful or effective (Ivanoff et al. 1994 and Rooney, 1998).

Regardless of the efforts made by agencies and social worker to decrease the degree of involuntariness for clients, there may always be times when difficult situations become potentially volatile and further safety measures are required.

B) As discussed in the previous chapter, agencies should offer personal safety training for their staff. This should entail a mandatory two day training program for new staff members, which could combine the best components of the Personal Safety Training Program that I developed, Non Violent Crisis Intervention, Dr. Fox's program and information described above from Hudson and Rooney about community development and working with involuntary clients. Supervisors should be aware when new employees have not yet had this training and ensure that other appropriate safeguards are in place in

the meantime. A ½ day refresher course on personal safety should be offered every few years for all front-line social workers. In addition to this training, agencies should offer a training manual for staff to use as needed before or after their participation in a training program.

C) Organizations must ensure that the agency office buildings and parking lots are secure. This could mean having lights in the parking lot, security cameras by the entrances, secured doors, interview rooms with observation windows and panic alarms (Fox, 2004; Kaplan and Wheeler, 1983; Rey, 1996; Royse et al., 1999; Sheafor et al., 1997). In the survey completed by WCFS staff, one social worker indicated their wish that there were better security measures in place in his/her building and in the parking lots. Nine (25%) respondents from the survey administered to Canadian child welfare agencies indicated that this was one way that they tried to increase safety for their staff. While work environments must be designed with safety in mind, a balance must be achieved in order to ensure that offices do not come across as “fortresses” to clients. Offices must appear as welcoming, inviting and as respectful as possible to clients. “Fortresses” can increase client anxiety and negative perceptions thereby inadvertently increasing the personal safety risks for social workers.

D) Social workers must have access to appropriate safety tools at all times as they may not accurately be able to predict when they will need one. This could include the availability of a cellular phone, two way radios or panic button. The issue of carrying a cellular phone was raised by over 30% of the respondents from agencies across Canada

as a means to increase worker safety, was recommended by several front line social workers at WCFS and authors such as Cook, (1986), Kresnak (1998), Scalera (1995), and Wigmore (1995). I would caution social workers however that carrying a cellular phone should not give them a false sense of security. In an emergency they may not be able to access their cellular phone or it could take a while for help to arrive. Again, these measures must be subtle so as not to negatively impact on the client's views.

E) The agency's computerized and written client files must be designed to immediately highlight potential personal safety risks for social workers who should not meet with clients until they have at the very least reviewed those "red flags";

F) Another consideration has to do with staff resources and attitude. Many authors, WCFS social workers and other agencies throughout Canada have suggested that social workers:

- need to have more and better supervision with their supervisors who should not assume that social workers are aware of the risks they may face or how to appropriately manage those risks;
- should have access to experienced colleagues who could attend risky situations with them;
- need to have adequate time to review file information and develop cautious and safe case plans and work practices. This would include being able to offer clients appropriate services in a timely manner;
- need to be able to rely on a call back system where someone with the appropriate

skills will know when, where and how to look for them should they not return from a meeting when planned;

- need to be encouraged to trust their gut feelings and ask for help when they feel that it may be necessary or appropriate. It should be continuously reinforced that it is not okay for social workers to take unnecessary risks. The following remarks from Newhill (1995) are quite disturbing,

many violent incidents occurred because social workers felt that they should be able to handle situations alone, believing that asking for help meant they were inadequate practitioners. I have been told by several social workers that before a violent incident occurred, their 'gut feeling' told them that a situation was becoming dangerous, but they dismissed their feelings as silly or indicative of personal failure and did not ask for assistance (p. 635);

- should be encouraged and rewarded for staying on the front-lines. As discussed previously, all too often, social workers gain experience and then move to less risky more indirect services leaving inexperienced social workers to fill the more risky front-line positions; and
- Fox (2004) encourages social workers to: be aware and accepting of their career choice; be responsible for implementing skills taught in training; follow policies and procedures as set out by the agency; and be aware of and responsible for their attitude, mood, emotions, behaviours and self-control.

G) Also recommended within the literature, by WCFS social workers and agencies throughout Canada is the belief that child welfare agencies must have clear policies in place to address personal safety issues. These policies must be regularly reinforced with

staff and involve an active Health and Safety Committee. Policies and plans should include details about: how to assess, plan for and manage difficult situations; unit safety plans; the use of critical incident forms; and what to expect following a traumatic or critical incident. Those responsible for developing such policies must consider that there is a wide range with regard to how people perceive and respond to risky situations. Effective policies will appreciate and respect individual differences and not place individuals in uncomfortable parameters.

H) Child welfare agencies should develop strong working relationships with various collaterals but most notably the local police departments who at times respond to high risk situations with social workers. This was recommended by front line staff at WCFS, other child welfare agencies from across Canada and authors such as Scalera (1995). The difficulty however, is that it is impossible to always know when a situation is risky enough to warrant the use of police and social workers must know that if they do call for police assistance, that police may not be able to respond in a timely fashion or that their presence could actually further escalate a situation. It is very important that the police and child welfare agencies develop guidelines with regard to when social workers should be accompanied by police officers, their respective roles and responsibilities, and how they can best work together. The issue of laying criminal charges against a client who threatens or assaults a social worker must also be explored further. Some would suggest that this should be at the discretion of the individual social worker while others feel that the agency should make this decision. At times, even when the individual and the agency want charges laid, the police would not do so and perhaps the opposite has also occurred.

It is imperative that the two systems work better together and that there is a mechanism for better communication and response to one another's service needs.

Agencies must recognize that all safety measures that are put in place must be offered on an ongoing basis and continually evaluated to ensure that they are effective and considered in conjunction with the ongoing analysis of critical incident reports submitted by social workers. In order for these recommendations to be implemented effectively, most agencies would likely need to advocate and work with other sources (i.e.: government funding bodies) for additional funding. Unfortunately, several respondents from the surveys administered to Canadian child welfare agencies and WCFS staff shared their scepticism as they felt that their agencies would not take this issue seriously until someone got seriously hurt or killed in the course of their work. This scepticism was also apparent throughout some of the literature and according to Fox (2004), many agencies hire her to train their social workers only after a critical incident has occurred. I believe that this is unacceptable and that there are many benefits to responding to this issue in a preventative pro-active manner. Fox (2004) suggests that preparing staff for personal safety risks is like having a fire drill for children in a school. There may not be a fire but because there could be, it is important to plan, prepare and practice. Most people would not think it acceptable to tell school children that there could be a fire in the school, where the exits were or how to exit the building safely after a fire has occurred. I believe that dealing with personal safety issues is no different.

I recognize that I have identified many changes from many sources and that due to problem minimization and financial constraints they can not all be easily implemented. At the same time, I believe that even small changes can have dramatic effects so would encourage stakeholders to consider the above-noted recommendations and identify a strategic plan for addressing them. There may be some small-scale changes that could be implemented right away whereas some of the larger issues may take more time and further planning. I believe that it would be in everyone's best interest for strong advocates to keep bringing this issue to the forefront to insist on positive changes.

...In the End

My personal conviction that personal safety is a very serious and relevant issue for child welfare social workers was strongly supported throughout this research. With rare exception most authors, social workers, social work students and child welfare agency management concurred. There seems to be a genuine recognition that although the actual frequency of serious physical assaults is relatively low, the potential risks and the significant impact of aggressive and violent client encounters makes it a relevant issue.

Unfortunately, and this is largely my assumption, the issue that most often gets in the way is that of the lack of resources. Social workers and social work agencies must be empowered to advocate for safer working conditions which will ultimately assist them in providing the best possible service to their clients. The benefits would occur for everyone. As many authors have said, we can not continue to simply accept violence as part of the job. Although some agencies, including WCFS, have made some strides, they are inconsistent and largely remain quite inadequate.

A comprehensive plan must be developed by all parties involved, particularly child welfare agencies and schools of social work. Increased awareness and training would be very helpful in reducing the risks to social workers however should be but one component of an agency's comprehensive safety plan. Agencies must strive for creating a work environment that completely supports worker safety while providing the best possible service to clients. I believe that training and a supportive work environment

would significantly reduce the number of critical incidents that occur.

A lot of the literature has stated that this topic has largely been ignored and perhaps considered "taboo". I initially agreed with this however through this research found a lot of relevant information which suggests to the contrary that attention is being paid to this issue, but perhaps inconsistently. In fact it should be noted that, to my knowledge, when I began this research, WCFS offered no specific training for social workers, but over the last few years have offered NVCII and a two-day training seminar with Dr. Fox. Both of these training opportunities were appropriate and relevant. I am not sure what has precipitated this change at WCFS but would like to think that throughout my practicum, I was able to raise some awareness about this issue, which may to a small degree, have influenced some of the decision making. It is imperative that the momentum for change not stop with these training elements but a long term, comprehensive plan developed.

Authors such as Milner in Fawcett et al. (1996) and Wigmore (1995) seem to suggest that one of the reasons why this issue has been so largely ignored, is because men, who for the most part historically held management positions within child welfare agencies, had a narrower perspective on personal safety risks and did not prioritize personal safety as a relevant issue. In addition to seeing more attention drawn to this issue at WCFS, there has also been an increase in the percentage of females hired for management positions. I can not say for certain but simply suggest that this may not be a complete coincidence.

It should be noted that for the purpose of this practicum, I focused primarily on front-line social workers and social work students but did not mean to imply that others who work within child welfare agencies did not also face personal safety risks. Others, such as receptionists, supervisors, support workers, and volunteers all contribute greatly to the work that gets done in child welfare agencies and are at times at risk. Their work with clients may also contribute to an increased or decreased risk faced by the front-line social worker. These groups can not be ignored while agencies are considering their options with regard to implementing various personal safety measures.

I would expect that there would be many potential benefits if universities and human service agencies seriously considered this issue and implemented appropriate safety measures. The most notable benefit however would be that social workers would feel better about their work within the agency, which would undoubtedly result in better service to clients. In the child welfare context, better service to clients may result in lower incidences of child abuse and neglect which would have tremendous impact on many societal issues.

If the macro-level issues and recommendations that I have raised seem too idealistic, then I would suggest that at the very least the individual social worker consider what they can do themselves to create a safer work environment for themselves, their clients and colleagues. This is an issue where every small step will reap benefits. I applaud all of those who are considering the issues raised throughout this paper and would wish everyone increased personal safety.

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Appendix A

Social Work Student Personal Safety Training Program Agenda

Session 1

- 1:00 - 1:30 Introduction of program, trainer, participants and rules
- 1:30 - 1:50 Pretest
- 1:50 - 3:15 (includes 15 min. break)
- Overview of the agency's mandate, mission statement, vision and principles
 - Brainstorming of specific duties performed by CFS social workers
 - Brainstorming of how the agency is perceived by clients and public
 - Why would clients get angry/assaultive (general theories including political and macro factors and cultural differences)
- 3:15 - 3:50 Small group discussions with large group sharing
- Who are the agency's clients, who are involuntary clients and what challenges do they pose
 - Identifying the individual risk factors
 - Identifying other risk factors besides the individual client
 - How to assess risk factors before client contact
- 3:50 - 4:30 Debriefing

Session 2

- 1:00 - 1:20 Review and Debriefing
- 1:20 - 2:20 Panel Discussion with four experienced agency workers
- 2:20 - 2:40 Brainstorming and discussion regarding the frequency, range and severity of assaults
- 2:40 - 2: 55 Break
- 2:55 - 3:35 Small group discussions to promote greater self-awareness followed by debriefing
- people's experiences with anger
 - Imagining what it would feel like to have someone tell you how to parent or remove your child(ren) from your care.
 - what situations make you the most afraid for your safety
- 3:35 - 4:05 - Stages of escalation and Crisis Theory
- Signs of impending danger
- 4:05 - 4:30 Debriefing

Session 3

- 1:00 - 1:10 Review and Debriefing
- 1:10 - 1:50 - The challenges in confronting clients
- Discussion re: being assertive
 - Self- administered assertiveness survey
- 1:50 - 3:00 Review of communication and helping skills with involuntary, angry clients (how we look, what we say, how we say it)
- (includes
15 min.
break)
- 3:00 - 3:15 Personal space and eye contact exercise to explore comfort levels
- 3:15 - 4:00 Role Plays between students
- 4:00 - 4:30 Debriefing

Session 4

- 1:00 - 1:15 Review and Debriefing
- 1:15 - 3:15 Presentation from Winnipeg Police Services Member
(includes - home visiting (risks, assessment and precautions)
15 min. - travelling to visits
break) - working with the police
- 3:15 - 4:00 Further discussion regarding various safety precautions in the office,
community and while travelling.
- Video which reinforced above issues regarding various safety precautions.
- 4:00 - 4:30 Debriefing

Session 5

- 1:00 - 1:10 Review and Debriefing
- 1:10 - 1:40 Review of Legislation, Agency and School of Social Work Policies
What to expect after a critical incident
- 1:40 - 2:40 Physical Escape Manoeuvres
- 2:40 - 2:55 BREAK
- 2:55 - 3:55 Role plays with experienced “angry” social workers
- 3:55 - 4:30 Debriefing
Post-test/Evaluation

Appendix B

Letter to WCFS Field Instructors

August 28, 2000

Dear Winnipeg Child and Family Services, Field Instructor:

I would like to take this opportunity to introduce myself to those of you who do not know me, and to let you know about a program that I will be delivering to the social worker students placed at WCFS this upcoming school year. I have worked for WCFS as an Intake Worker for the past five years; I am currently a member of the North Abuse Intake Unit. I am also in the process of completing the Masters of Social Work Program at the University of Manitoba. For the past couple of years, I have been researching the topic of personal safety for social workers and social work students. It is my belief that personal safety is one of the critical issues facing social workers and students in the field of child welfare. I know that most clients do not pose a risk to social workers, however believe that there is always the potential that a situation can escalate and a worker's safety can be jeopardized. As a result of my research and personal convictions, I have developed a Personal Safety Training Program which I think will help to prepare student for some of the risks that they may face. I will deliver this Personal Safety Training Program to the social work students placed at WCFS as part of my MSW practicum.

I have not yet finalized all of the plans, but it is my intention to run this program to the social work students in mid October 2000. I have enclosed a draft copy of my training agenda for your information and consideration. As this agenda is only in draft form at this time, I would welcome any of your questions, comments or concerns. You will notice that the program is intended to run for 2 1/2 days.

For many reasons, it is important that this program be evaluated. The students participating in the program will be asked to complete a pre and post-test. I will also ask that all of the field instructors complete a survey one month after the program has ended. It is my hope that field instructors will be able to offer their comments and feedback around any benefits or issues that have arisen from the training program or about this topic in general. Please be assured, that all surveys will be kept absolutely confidential. Students, field instructors and agency administration will receive information regarding the conclusions drawn from the data gathered.

I will be attending the Student Orientation to introduce myself and this program to the students. I have shared my program ideas with Marg Paterson - Director of Human Resources, Billie Schibler - Student Liason Worker, Kevin Barkman - soon to be Health and Safety Director and Bruce Unfried - U of M Placement Coordinator and all seem to be in support of and enthusiastic about this program. In fact, it is my understanding that the agency expects, that if at all possible, that all social work students attend this training opportunity.

I would appreciate the opportunity to meet with all of you to further discuss this program, finalized details and attend to any questions or concerns that you may have. I would like to propose that we meet on Wednesday, September 20th from 9:00 a.m. until 10:30 a.m. at . If you are not available at this time, please let me know and we can make other arrangements.

I thank you in advance for your anticipated cooperation and support and look forward to working with you to prepare the social work students for their field work. Please do not hesitate to call me at if you have any questions, comments or concerns. Take care!

Sincerely,

Diana Renaud, B.S.W.

Appendix C

Follow-up Letter to Field Instructors

October 4, 2000

Dear Field Instructor:

As you know, for my Masters of Social Work Degree Practicum, I have researched and developed a Personal Safety Training Program for the social work students placed at Winnipeg Child and Family Services. This program has been designed to raise their awareness of the risks that they may face while placed at Winnipeg Child and Family Services and to help them gain knowledge and skills to prevent and appropriately manage volatile situations.

I am writing to you at this time to confirm the finalized details for this program. The program has been broken down into five sessions which will be held on Tuesday afternoons from 1:00 p.m. until 4:30 p.m. The dates for the five sessions are: October 17th, October 24th, October 31st, November 14th and November 21st. All five sessions will be held in Room 5 at the Winnipeg Education Centre (15 Chester). It is very important that all of the students attend all of the five sessions so as not to miss what could be very critical information. In addition to their attendance, active participation in discussions, exercises and role plays will be required in order for them to get the most out of this training opportunity.

It is also very important for the students' learning that you be prepared to follow-up with them in regards to issues pertaining to their personal safety. By your role modelling and support of safe work practises, your student will be better able to integrate the theory presented at the training program into their work routines and habits. If you have any questions or concerns about this training program or your student's participation within, please feel free to call me at

Sincerely,

Diana Renaud

Appendix D

Follow-up Letter to Field Instructors Whom I had not Met

October 4, 2000

Dear Field Instructor:

As you may know, for my Masters of Social Work Degree Practicum, I have researched and developed a Personal Safety Training Program for the social work students placed at Winnipeg Child and Family Services. This program has been designed to raise their awareness of the risks that they may face while placed at Winnipeg Child and Family Services and to help them gain knowledge and skills to prevent and appropriately manage volatile situations.

Although it was my hope to meet with every field instructor prior to the beginning of the program, it no longer seems to be feasible given everyone's busy schedules. I have however met with many of the field instructors and have received some very valuable feedback. Because we were unable to meet, I am writing to you now, to share more specific information about the program as well as the finalized details.

As way of introduction I have worked as an Intake Worker for Winnipeg Child and Family Services for 5 years. During this time, I have also provided field instruction to social work students and have been working towards my Masters of Social Work Degree. All of these opportunities led me to do some reflection on my early days in child welfare and how the School of Social Work and WCFS did or did not prepare me for this work. During this reflection, it occurred to me, that the social work students were not always prepared for some of the realities of child welfare work, particularly the risks that they would face to their personal safety. From this awareness, my MSW Practicum emerged.

I have enclosed a copy of the proposed program agenda for your information and consideration. I sincerely welcome any feedback or questions that you might have in regards to this agenda.

One of the things that you might notice throughout the program, is that I have left quite a lot of time for review and debriefing with the students. I felt that this was important because some of the students may find this material to be disturbing or it may conjure up some unresolved feelings and issues for them. I hope to be able to attend to these issues through the debriefing opportunities. However, if students require more individual attention, I will be prepared to stay with them after the session to do some further debriefing. I would encourage you, as their field instructor to check in with them from time to time about the training program as they may have some specific questions or concerns to talk about with you.

Another risk involved in this sort of training is for students to become very scared and intimidated by the work and/or the agency's clients. It is my hope to convey to the

students that personal safety is an issue that they must always be aware of, but that the actual incidents of serious altercations is not very common. I hope to normalize the angry responses that clients may exhibit when confronted by a social worker from Winnipeg Child and Family Services.

Another concern about delivering a program of this nature is on an opposite extreme where students are not afraid but rather develop an over-confident macho approach to their work. Students will be encouraged to pay attention to their "gut" feelings and that it is expected that they ask for help and/or do appropriate safety planning if they feel that there are significant risks to their safety.

It is my hope that with your knowledge of these risk and concerns, that we can work together to help students develop a healthy and appropriate understanding of the risks that they will face and options and resources available to them. This type of training can not occur over the five sessions and then be forgotten. It is very important that these issues be addressed on an ongoing basis throughout their field placement. You can help in this endeavour by role modelling and supporting safe work practises. Your student will then be better able to integrate the theory presented at the training program into their work routines and habits.

As you can see from the enclosed agenda, the program has been broken down into five sessions. These sessions will be held on Tuesday afternoons from 1:00 p.m. until 4:30 p.m. The dates for the five sessions are: October 17th, October 24th, October 31st, November 14th and November 21st. All five sessions will be held in Room 5 at the Winnipeg Education Centre (15 Chester). It is very important that all of the students attend all of the five sessions so as not to miss what could be very critical information. In addition to their attendance, active participation in discussions, exercises and role plays will be required in order for them to get the most out of this training opportunity.

You may also note from the agenda that students will be asked to complete a pre-test and a post-test. These tests are important for me to be able to evaluate the effectiveness of the program. In addition to the pre and post-test, all of the students and field instructors will be asked to complete a short survey approximately 1 month after the program has ended. These surveys will help me to be able to further evaluate the effectiveness of the program and perhaps to make recommendations for it's future implementation. All surveys will be kept completely confidential and anonymity will be maintained. All students and field instructors will have access to a final report of the program upon the completion of the data analysis.

At this time, I welcome any of your questions, concerns or feedback and thank you in advance for your cooperation and assistance in this matter. Please call me at as required.

Sincerely,
Diana Renaud

Appendix E

Letter to Students

October 4, 2000

Dear Social Work Student:

As you know, for my Masters of Social Work Degree Practicum, I have researched and developed a Personal Safety Training Program for the social work students placed at Winnipeg Child and Family Services. This program has been designed to raise your awareness of the risks that you may face while placed at Winnipeg Child and Family Services and to help you gain knowledge and skills to prevent and appropriately manage volatile situations.

I am writing to you at this time to confirm the finalized details for this program and to ask you to sign the attached form and return to me a _____ (through agency courier or fax at _____) by Wednesday October 11th. The program has been broken down into five sessions which will be held on Tuesday afternoons from 1:00 p.m. until 4:30 p.m. The dates for the five sessions are: October 17th, October 24th, October 31st, November 14th and November 21st. All five sessions will be held in Room 5 at the Winnipeg Education Centre (15 Chester). It is very important that all of you attend all of the five sessions so as not to miss what could be very critical information. In addition to your attendance, active participation in discussions, exercises and role plays will be required in order for you to get the most out of this training opportunity.

If you have any questions or concerns prior to the first session, please feel free to call me at _____. I look forward to getting to know each of you through this training opportunity. Take care!

Sincerely,

Diana Renaud

Appendix F

Student Participation Confirmation Form

Please return to Diana Renaud at _____ by Wednesday, October 11th. Forms can be sent through agency courier or faxed to _____).

Participant Confirmation Form

I, (name) _____, am aware that Diana Renaud is in the employ of Winnipeg Child and Family Services and has researched and developed a Social Work Student Personal Safety Training Program for social work students placed at Winnipeg Child and Family Services. She will offer this program to students as her practicum for her Masters of Social Work Degree.

The training program will be held in the afternoons (1:00 p.m. - 4:30 p.m.) of October 17th, October 24th, October 31st, November 14th and November 21st. All five sessions will be held in Room 5 at the Winnipeg Education Centre (15 Chester) and it is important that I not only attend all five of the sessions but that I be prepared to participate within the sessions.

It is my understanding that the purpose of this training program is to raise my awareness of the risks that I may face while placed at Winnipeg Child and Family Services and to help me gain knowledge and skills to prevent and appropriately manage volatile situations, however, the trainer does not assume responsibility for my safety in the field.

With these understandings, I agree to participate in this training and am able to attend all five sessions as planned. If I have any questions or concerns about this training program or my participation within, I will contact the trainer directly at _____

Signature

Date

Appendix G

Social Work Student Personal Safety Training Program

Student Pre-Test

Please answer all questions in this questionnaire but please be sure to provide only one response per question unless otherwise indicated. Please be assured that all of your responses will remain confidential but will be used to evaluate the effectiveness of the Personal Safety Training Program. If you require additional space for your responses, please feel free to use additional paper provided. If you have any questions or concerns about this questionnaire, please feel free to approach the trainer. Your cooperation is very much appreciated. Thank you!

Participant Number: _____ Date: _____
 Gender: Male ___ Female ___
 Age: 21- 30 ___ 31-40 ___ 41-50 ___ 51- 60 ___ 61 and up ___

 1.a. In a professional capacity, have you ever felt that your personal safety was at risk?
 yes no (if no, please skip forward to question 2.)

1.b. Please indicate how often you have felt that your personal safety was at risk when in a professional capacity.
 1-2 times _____ 3-5 times _____ 6-10 times _____ 11 or more times _____

1. c. If you are comfortable to do so, please briefly describe the types of incidents that you have encountered.

2. How much training or education have you had to prepare you for working within volatile situations? Please choose and circle one number for your response.

1	2	3	4	5
None at all				A lot of training

11. If you use force to defend yourself you will be arrested and charged with a criminal offence. Please circle the best response to indicate if you believe that this comment is

TRUE or FALSE.

12. Robberies and assaults happen without warning. Please circle the best response to indicate if you believe that this comment is

TRUE or FALSE.

Please read the following case scenario and respond to the following questions.

You receive a call from an anonymous female source regarding John Smith, 23 years of age and his 3 year old daughter, Jane. They reside in an isolated community about 20 minutes outside of city limits. They do not have a phone but do have 2 large and mangy-looking dogs. John is on social assistance and Jane does not attend any daycare or preschool. The caller does not know who Jane's mother is but reports that a lady often visits the home on the weekends. When the lady is there, she and John seem to drink a lot and they usually end up fighting with one another. The RCMP have often been called to intervene on these occasions. Jane is always very dirty, thin and always seems to have a cold. When John has been unsuccessful on his fishing and hunting expeditions, he has to ask his neighbours for food for Jane. A neighbour has recently seen Jane with a black eye and a bump on her head. The caller was worried that John might have hurt Jane and that she is being neglected. She wished to remain anonymous as she was afraid that John would find out that it was she who called and she was afraid for her safety as he has threatened her in the past.

Your job will be to assess Jane's safety and well-being while investigating the abuse and neglect allegations made by the source of referral.

13. With the information available from this case example, please identify the level of risk to your personal safety.

1 2 3 4 5
Very Low Risk Moderate Risk Very High Risk

14. From the scenario, please identify four factors which increase risk for your personal safety.

15. What are two of the steps that you could take to gather more information about John and Jane Smith in order to further assess the risks to your personal safety?

16. What four precautions could you take to help ensure your safety when attending to this intake?

Appendix H

Social Work Student Personal Safety Training Program

Student Post-Test

Please answer all questions in this questionnaire but please be sure to provide only one response per question unless otherwise indicated. Please be assured that all of your responses will remain confidential but will be used to evaluate the effectiveness of the Personal Safety Training Program. If you require additional space for your responses, please feel free to use additional paper provided. If you have any questions or concerns about this questionnaire, please feel free to approach the trainer. Your cooperation is very much appreciated. Thank you!

Participant Number: _____ Date: _____

1. As a social work student, placed at WCFS, how relevant do you think that personal safety training is for your well-being (emotional and physical health)?

1	2	3	4	5
Not at all relevant				Very relevant

2. At this time, how confident are you in being able to handle volatile situations in a professional capacity?

1	2	3	4	5
Not at all confident				Very confident

3. What benefits have you received from attending this training program?
Check as many as applicable.

- None
- New knowledge that is pertinent to field placement
- New techniques, skills and approaches that I can apply during my field placement
- Change in attitude that will help me during my field placement
- Not sure
- Other (please explain) _____

4. To what degree did the program meet your expectations? Did you get from the program what you were hoping for?

1	2	3	4	5
Not at all				Exceptionally

5. How would you rate your knowledge regarding your professional personal safety prior to this training program?
- | | | | | |
|--------------|---|---|---|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| No knowledge | | | | A lot of knowledge |
6. How would you rate your current knowledge regarding your professional personal safety now?
- | | | | | |
|--------------|---|---|---|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| No knowledge | | | | A lot of knowledge |
7. Please list four of the most important verbal and/or physical cues that can indicate that a client is extremely angry and potentially volatile.
- _____
- _____
8. Please list four of the most important things that you can do to avoid a physical or verbal confrontation.
- _____
- _____
9. Carrying pepperspray or a defensive weapon is a good way to protect yourself. Please circle the best response to indicate if you believe that this comment is
- TRUE or FALSE.
10. If you use force to defend yourself you will be arrested and charged with a criminal offence. Please circle the best response to indicate if you believe that this comment is
- TRUE or FALSE.
11. Robberies and assaults happen without warning. Please circle the best response to indicate if you believe that this comment is
- TRUE or FALSE.

Please read the following case scenario and respond to the following questions.

You receive a call from an anonymous female source regarding John Smith, 23 years of age and his 3 year old daughter, Jane. They reside in an isolated community about 20 minutes outside of city limits. They do not have a phone but do have 2 large and mangy-looking dogs. John is on social assistance and Jane does not attend any daycare or preschool. The caller does not know who Jane's mother is but reports that a lady often visits the home on the weekends. When the lady is there, she and John seem to drink a

lot and they usually end up fighting with one another. The RCMP have often been called to intervene on these occasions. Jane is always very dirty, thin and always seems to have a cold. When John has been unsuccessful on his fishing and hunting expeditions, he has to ask his neighbours for food for Jane. A neighbour has recently seen Jane with a black eye and a bump on her head. The caller was worried that John might have hurt Jane and that she is being neglected. She wished to remain anonymous as she was afraid that John would find out that it was she who called and she was afraid for her safety as he has threatened her in the past.

Your job will be to assess Jane's safety and well-being while investigating the abuse and neglect allegations made by the source of referral.

12. With the information available from this case example, please identify the level of risk to your personal safety.

1 2 3 4 5
Very Low Risk Moderate Risk Very High Risk

13. From the scenario, please identify four factors which increase risk for your personal safety.

14. What are two of the steps that you could take to gather more information about John and Jane Smith in order to further assess the risks to your personal safety?

15. What four precautions could you take to help ensure your safety when attending to this intake?

16. How coherent and well developed was the content?

1 2 3 4 5
Not at all coherent Very coherent

17. To what degree was the content appropriate for your skill level?

1 2 3 4 5
Not at all appropriate Very appropriate

26. How well was the trainer able to stimulate interest in the subject matter and stimulate an enjoyable learning environment? Please choose and circle one number for your response.

1 2 3 4 5
Not at all stimulating Very stimulating

27. How would you rate the group process/dynamics in supporting your learning?

1 2 3 4 5
Not at all supportive Very supportive

28. Please add further comments about the trainer and/or group processes.

29. Please describe any barriers to your participation and learning in this program:

30. Would you recommend this program to other social work students?

1 2 3 4 5
Not at all Definitely

31. Overall, how satisfied were you with this training program?

1 2 3 4 5
Not at all satisfied Very satisfied

32. What recommendations would you make for the future delivery of this program (trainer, location, content, teaching strategies etc....)

Thank you once again for your participation in this training program and your cooperation in completing this survey.

Appendix I

Social Work Student Personal Safety Training Program

Student Follow-up Survey

Please answer all questions in this questionnaire but please be sure to provide only one response per question unless otherwise indicated. Please be assured that all of your responses will remain confidential but will be used to evaluate the effectiveness of the Personal Safety Training Program. If you require additional space for your responses, please feel free to use additional paper. If you have any questions or concerns about this questionnaire, please feel free to call the trainer at . Please return the completed questionnaire by Friday, January 12th, 2001 in the enclosed envelope to Diana Renaud at . (via agency courier). Your cooperation is very much appreciated.

Thank you!

Participant Number : _____ Date: _____

1. What benefits do you believe that you received from participation in the training program? Check as many as applicable.

- None
- New knowledge that is pertinent to field placement
- New techniques, skills and approaches that I can apply during my field placement
- Change in attitude that will help me during my field placement
- Not sure
- Other (please explain) _____

2. Are you aware of any ways that you have been negatively affected by this training program. If yes, please describe:

3. Have you encountered a volatile situation which gave you the opportunity to put some of the theory, from the training program into practice?
Please circle YES or NO.

4. If yes, please indicate approximately how often this has occurred.
1-2 times _____ 3-5 times _____ 6-10 times _____ 11 or more times _____

5. Has your field instructor or professors provided you with the opportunity to discuss issues pertaining to your personal safety in field placement? Please circle YES or NO.

6. If yes, to question number 6, were these opportunities sufficient to suggest that the Personal Safety Training Program was not necessary training for you in your field placement?

1	2	3	4	5
Not at all sufficient				Very sufficient

7. The following is a listing of the topics addressed in the training program. Please circle the three most important topic areas for preparing students for their field work. Please put a line through the three least important topic areas for preparing students for their field work.

- Overview of CFS, clients, theories of anger, public image etc..
- Risk factors and risk assessment
- Stages of escalation and crisis theory
- Working with the police
- The frequency, range and severity of assaults
- Assertiveness and confronting clients
- Communication and helping skills
- Safety precautions during home visits
- Safety precautions for in the office
- Safety precautions for in the community and travelling
- Physical escape manoeuvres
- Self-awareness
- Agency and student policies and relevant laws

8. What recommendations would you make for the future of this program (program content, trainer, scheduling, location, group dynamics, teaching methods, etc.....)?

9. Overall, how important do you feel that Personal Safety Training is for social work students?

1	2	3	4	5
Not at all important				Very important

10. Overall, how satisfied were you that this program met your training needs, in regards to personal safety?

1	2	3	4	5
Not at all satisfied				Very satisfied

Thank you once again for your participation in this training program and your cooperation in completing this questionnaire. Results from this study will be shared with field instructors and students upon analysis of the data. If you have any ongoing questions or concerns about this topic or this training program, please feel free to call me at . Take care!

Appendix J

Social Work Student Personal Safety Training Program

Field Instructors - Follow-up Survey

Please answer all questions in this questionnaire but please be sure to provide only one response per question unless otherwise indicated. Please be assured that all of your responses will remain confidential but will be used to evaluate the effectiveness of the Personal Safety Training Program. If you require additional space for your responses, please feel free to use additional paper. If you have any questions or concerns about this questionnaire, please feel free to call the trainer at . Please return the completed questionnaire by Friday, January 12th, 2001 in the enclosed envelope to Diana Renaud at (via agency courier). Your cooperation is very much appreciated.

Thank you!

Field Instructor _____ Date: _____

1. What benefits do you, as a field instructor, feel that you received from this program. Check as many as applicable.

- None
- Increased awareness and information about this topic area
- Shared responsibility for preparing students for their field work
- Student better prepared for their field work
- Not sure
- Other (please explain) _____

2. Are you aware of any ways that your student(s) has benefited from her/his participation in the training program (ie: knowledge, skills, confidence, attitude, etc...)? If yes, please describe:

3. Are you aware of any ways that you or your student(s) have been negatively affected by this training program. If yes, please describe:

4. Did you receive adequate information about the program from the trainer?

- | | | | | |
|---------------------|---|---|---|---------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all adequate | | | | Very adequate |

5. How did the trainer respond to your questions, concerns, or suggestions?

1 2 3 4 5 Not applicable
Not at all responsive Very responsive

6. How relevant do you think personal training is for social work students at WCFS?

1 2 3 4 5
Not at all relevant Very relevant

7. From what you know about the program content, do you feel that it was relevant and appropriate to the students' needs?

1 2 3 4 5
Not at all appropriate Very appropriate

8. The following is a listing of the topics addressed in the training program. Please circle the three most important topic areas for preparing students for their field work. Please put a line through the three least important topic areas for preparing students for their field work.

- Overview of CFS, clients, theories of anger, public image etc..
- Risk factors and risk assessment
- Stages of escalation and crisis theory
- Working with the police
- The frequency, range and severity of assaults
- Assertiveness and confronting clients
- Communication and helping skills
- Safety precautions during home visits
- Safety precautions for in the office
- Safety precautions for in the community and travelling
- Physical escape manoeuvres
- Self-awareness
- Agency and student policies and relevant laws

9. What recommendations would you make for the future of this program (scheduling, involvement of field instructors, program content, trainer, etc....)?

10. Would you recommend that this program be offered to students next year?

1 2 3 4 5
Not at all recommended Strongly recommended

11. Would you recommend this program be offered to employees of WCFS?

1 2 3 4 5

Not at all recommended

Strongly recommended

12. I would welcome any other comments that you have in regards to this training program:

Thank you once again for your support and cooperation with this training program and for completing this questionnaire. Results from the study will be shared with field instructors and students upon analysis of the data. If you have any ongoing questions or concerns about this topic or training program, please feel free to call me at .
Take care!

Appendix K

Winnipeg Child and Family Services

Front-Line Social Worker Survey

June 10, 2001

Dear Colleague:

Re: Personal Safety Questionnaire

Although it is recognized that ALL staff at WCFS face risks to their personal safety, please note that the purpose of this questionnaire is specific to front line social workers, therefore supervisors, support workers and admin. support staff should disregard this request.

As some of you may know, in addition to being an Abuse Intake Worker for WCFS, I have been enrolled in the Masters of Social Work Program at the University of Manitoba. In this regard, I have been researching issues pertaining to the personal safety of social workers. At this time, I am interested in getting more information from social workers within WCFS in regards to personal safety issues. I would greatly appreciate it, if you would spend a few minutes completing the following questionnaire.

I certainly appreciate that you are extremely busy, however I feel strongly that time spent addressing issues pertaining to personal safety is extremely valuable. Using interdepartmental courier, please return the questionnaire to the Quality Assurance Team at the Ness Office by Wednesday, June 20, 2001. Your feedback will be very important for my research as well as for the agency as health and safety issues continue to be considered.

If you have any questions, concerns or comments about this questionnaire, please leave a message for me with Dorothy Shultz at [redacted] and I will get back to you as soon as possible.

I sincerely appreciate your participation in this questionnaire. Thank you and take care!

Sincerely,

Diana Renaud

Personal Safety for Social Workers at WCFS
Questionnaire

Unless otherwise specified, please answer each question by circling the one response which best pertains to you. Where applicable, please feel free to use additional paper for your responses.

1. How many years have you worked in Child Welfare?

less than 1 year 1-3 years 3-5 years 5-10 years more than 10 years

2. Gender: Male Female

3. In the past year, what has been your primary role within the agency?

Intake	Adoption	Permanency Planning
Perinatal Services	Family Service	Community Development
Foster Home Support	Family Preservation/Reunification	
Crisis Response Unit	After Hour Services	Other: _____

(Please specify)

4. In the past year, what type of community have you primarily been servicing (circle all that apply)?

Rural Suburban Core Area

For questions 5 through 7, please count each "assault" independently. For instance, if during contact with a client, you are threatened, verbally abused and physically assaulted, then you would count "One" for each of the three categories.

5a. In the past 12 months how often have you been physically assaulted during your contact with clients (i.e.: pushed, hit, spat at, something thrown at you etc....)?

None One Two Three Four Five or more

5b. If applicable, please briefly describe these incidences commenting on: the context of your contact with the client (ie: supervising a visit), who assaulted you (ie: male child, vicious dog), where (ie: office, client home), in what type of community (ie: rural, core or suburban area), and the nature and severity of the assault?

13c. For social workers with more than 1 year experience, the training program should be:

Mandatory or Voluntary
1/2 day or 2 days or _____ (other)

13d. If you disagree with 13a then please comment on why you feel that training is not necessary.

14a. Please identify any training programs or resources that you have accessed which have been helpful in addressing issues pertaining to personal safety.

14b. At this time, would you be interested in further training in regards to personal safety issues?

1 2 3 4 5
Not at all Very interested
interested

14c. If applicable, please comment on what type of training would be of most interest to you (ie: training program, reading material/manual, supervision etc....)

Additional Comments:

THANK YOU
for your assistance in completing and returning this questionnaire to the
Quality Assurance Team at the Ness Office by June 20th.

The data from this questionnaire will be analyzed and shared with agency management and can be made available to others upon request. There are a number of additional questions which may provide valuable information to the agency however does not fall within the scope of my research or this questionnaire. If you are interested in doing so, please respond to the following questions and provide any further comments or suggestions which I will pass on with the data from my research.

How did you respond when you felt threatened, abused or assaulted?

How did the agency respond to the incident?

Were you satisfied with the agency's response?

How could the agency have improved in it's response?

What could the agency do to further prevent or minimize the risks to WCFS employees?

Other comments?

Appendix L

Survey for Canadian Child Welfare Agencies

May 5, 2001

Dear Agency Director,

Thank you for this opportunity for me to introduce myself to you. For the past 6 years, I have been an Intake Worker for Winnipeg Child and Family Services. In addition to my employment, I have been pursuing my Masters of Social Work degree at the University of Manitoba. In this regard, I have been researching the issues pertaining to the personal safety of social workers, particularly in the field of child welfare. I feel that within Winnipeg Child and Family Services, new social workers are not always aware of the risks that they will face in child welfare and may be inadequately trained to assess and manage these risks. For these reasons I have recently developed and implemented a training program for social work students who were completing field placements within Winnipeg Child and Family Services.

At this time, it is my hope to gain further information about personal safety issues from child welfare agencies throughout Canada. I certainly appreciate that you are extremely busy, however I feel strongly that time spent addressing issues pertaining to personal safety is extremely valuable. I have developed and enclosed a questionnaire to facilitate further dialogue and data collection. I would appreciate it if you, or someone within your agency would respond to the questionnaire by either responding via email

(), mail in the enclosed envelope to
or call me at ' to arrange for a phone interview.

I appreciate your anticipated assistance in this matter and look forward to hearing from you or another representative from your agency. Please feel free to contact me if you have any questions or concerns. Again, I acknowledge your immense workload and would sincerely appreciate your prompt response to this letter and questionnaire.

Sincerely,

Diana Renaud, B.S.W.

Child Welfare Agencies Personal Safety Questionnaire

Name of Agency: _____ Name of Respondent: _____
Mailing Address: _____ E-mail Address: _____
_____ Phone Number: _____

1. Please briefly describe the community and population of which your agency services.
(ie: rural/urban, population, francophone, aboriginal, etc...)

2. Does your agency collect data in regards to incidents where social workers have been threatened or assaulted (verbally or physically) in the course of their work?
Yes No

If this data is readily available, could you please summarize the most recent findings or enclose relevant reports for consideration.

3. Does your agency offer training to social workers in regards to personal safety issues?
Yes No

If not, is there a reason why not (ie: not deemed necessary, inadequate resources, offered to social workers at another venue such as University etc...)

If yes, can you please briefly describe the program answering the following questions and/or if possible please forward any pamphlets/material which may further describe the program.

Who is the program intended for: _____
Is the program voluntary or mandatory: _____
What is the length of the program: _____
What is the content of the program

Has the program been evaluated? Yes No
If so, what have been the results/outcomes?

4. Beside a training program, are there other ways that your agency prepares and protects workers in regards to personal safety risks? If so, please describe

Thank you so very much for your time in completing and returning this questionnaire.
Take care!

Appendix M

Personal Safety Training Program Trainer Attributes

At the end of the Personal Safety Training Program, I asked the program participants a series of questions which dealt with the skills and attribute of me, the trainer. These questions were designed for my own personal interest and learning goals but also to tease out if there was interaction between how they felt about the trainer and how they felt about the training. There were six 1 – 5 scale questions. Students were asked:

- if the trainer was knowledgeable about the topic area (responses in Table AM.1);
- how well the trainer related to the group, answered questions and responded to the group (responses in Table AM.2);
- how well the trainer related course content to child welfare practice (responses in Table AM.3);
- how well the trainer used methods of presentation best suited to the content (responses in Table AM.4);
- how well the trainer was able to stimulate interest in the subject matter and stimulate an enjoyable learning environment (responses in Table AM.5); and
- if the group processes/dynamics supported their learning (responses in Table AM.6).

As it was the first time that I was in the role of instructing university students and the first time that I was delivering this particular program, I was anxious regarding my personal skills and attributes. From looking at the data, I found that the majority of the responses were quite favourable. Perhaps the most notable weakness was that a few of the students

reported that I was unable inability to stimulate their interest or create an enjoyable learning environment for them. These responses are certainly no surprise to me as I had been aware during some of the sessions, that some of the students appeared quite bored and it was at times very difficult to stimulate their interest and participation in the discussions. I am not sure, and the data does not necessarily help to clarify, if their disinterest had more to do with the program content, my skill in delivering the program or just where those students were at, at the time. This will be an issue to seriously consider in the future as I think that it is for this reason, that some people did not find the group process/dynamics as helpful as they could have been.

Table AM.1

Trainer Knowledge

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Knowledgeable)						0
2						0
3						0
4	2 (12.5%)	1 (6.3%)		1 (6.3%)	1 (6.3%)	5 (31.3%)
5 (Very Knowledgeable)	3 (18.8%)	6 (37.5%)	1 (6.3%)		1 (6.3%)	11 (68.8%)

Table AM.2

Trainer Relating/Responding to Group

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Responsive)						0
2						0
3						0
4	2 (12.5%)	2 (12.5%)		1 (6.3%)		5 (31.3%)
5 (Very Responsive)	3 (18.8%)	5 (31.3%)	1 (6.3%)		2 (12.5%)	11 (68.8%)

Table AM.3

Trainer Relating Course Content to Practice

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all)						0
2						0
3		1 (6.3%)				1 (6.3%)
4	3 (18.8%)	1 (6.3%)		1 (6.3%)	1 (6.3%)	6 (37.5%)
5 (Very Well)	2 (12.5%)	5 (31.3%)	1 (6.3%)		1 (6.3%)	9 (56.3%)

Table AM.4

Trainer Using Appropriate Methods of Presentation

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Poorly)						0
2						0
3	1 (6.3%)					1 (6.3%)
4	2 (12.5%)	2 (12.5%)			2 (12.5%)	6 (37.5%)
5 (Very Well)	2 (12.5%)	5 (31.3%)	1 (6.3%)	1 (6.3%)		9 (56.3%)

Table AM.5

Trainer Stimulating Interest and Enjoyable Learning Environment

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Stimulating)						0
2	1 (6.3%)	1 (6.3%)				2 (12.5%)
3	2 (12.5%)	1 (6.3%)		1 (6.3%)		4 (25%)
4	1 (6.3%)				2 (12.5%)	3 (18.8%)
5 (Very Stimulating)	1 (6.3%)	5 (31.3%)	1 (6.3%)			7 (43.8%)

Table AM.6

Group Process/Dynamics Supporting Learning

(N=16)

Response	Female			Male		Total
	21-30	31-40	41-50	21-30	31-40	
1 (Not at all Supportive)						0
2						0
3	1 (6.3%)	2 (12.5%)		1 (6.3%)		4 (25%)
4	3 (18.8%)	2 (12.5%)	1 (6.3%)		2 (12.5%)	8 (50%)
5 (Very Supportive)	1 (6.3%)	3 (18.8%)				4 (25%)

Students were asked to add any further comments about the trainer and/or group processes. I found it reassuring that all but four of the students made quite favourable remarks. Those four provided no data. A couple students noted that it was excellent to have someone in the field, with personal stories, to do this training. Two students indicated that the group processes were helpful so that the students could learn from one another. Other comments were that the trainer was helpful, organized, open to suggestions and comments, provided helpful information at a good pace, and provided good snacks and handouts. Comments about the program included that it was interesting, informative and overall, very good. One student stated that the size of the group and the location for the program was good.

When I surveyed the agency field instructors, I also asked them a couple of questions that were again mostly for my personal interest and learning goals. Firstly, they were asked if

they had received adequate information about the program from the trainer. As can be seen below in Table AM.7, there was quite a mixed response to this question. One of the respondents, who did not provide any data, indicated that they were unable to attend the information sessions. I know that I certainly worked hard to make myself available to meet or at least talk with all of the field instructors and all of the field instructors were sent a letter that I felt provided fairly comprehensive information about the program. I suspect that one issue may be that for some students, more than one field instructor was identified (ie: a social worker and his/her supervisor). The majority of the correspondence and meetings may have occurred with one of them and perhaps the other completed the survey, unaware of the information that had been shared with their counterpart. In the future, more thought and attention should be given to this issue as I did and continue to feel that it is imperative that the field instructors feel that they are working together with the trainer of such a program.

The field instructors were then asked, on a scale of 1 – 5 how the trainer responded to their questions, concerns or suggestions. Their responses can be seen below in Table AM.8. The majority of the field instructors with whom I had connected prior to the training program were very supportive of the program. I am very pleased to see that those who had discussed issues and concerns or made suggestions felt responded to.

Table AM.7

Information from Trainer

(N=11)

Responses	Frequency of Response
1 (Not at all Adequate)	0
2	2 (18.2%)
3	1 (9.1%)
4	2 (18.2%)
5 (Very Adequate)	4 (36.4%)
No data	2 (18.2%)

Table AM.8

Responsiveness of Trainer

(N=11)

Responses	Frequency of Response
1 (Not at all Responsive)	0
2	0
3	0
4	0
5 (Very Responsive)	5 (45.5%)
Not Applicable	5 (45.5%)
No data	1 (9.1%)

Appendix N

Additional Information from WCFS Social Workers for WCFS Purposes

As I prepared the survey to be administered to WCFS front-line social workers, the agency's Department of Human Resources and the Quality Assurance Team asked that I include some additional questions which may be of interest but not a part of my formal research. As per their request I asked respondents (if they were so inclined) to comment essentially on their level of satisfaction with regard to how the agency handled their personal safety incidents in the past. Five respondents provided their comments to this query.

One of the five respondents indicated that they had been satisfied with the agencies response. The respondent was able to debrief with a co-worker and a supervisor who listened. The other four respondents were not satisfied with the response from the agency or their supervisor in particular. One stated that the agency and supervisor are generally spectacularly unsupportive. Overall they seemed to feel that their respective supervisors were not empathetic or helpful as they were not available for debriefing or emotional support but were simply task orientated and/or extremely insensitive. The respondents would have appreciated opportunities for debriefing, guidance and agency direction to work with a partner. This laissez-faire approach occurred with regard to incidents which ranged from serious to minor in nature.

Appendix O

Other Risks Inherent in Child Welfare

The WCFS front-line social workers were asked to comment on other factors, besides a client related assault, which they felt jeopardized their personal safety. Overall, there were 22 respondents who made 37 comments on additional personal safety risks. The responses were fairly evenly distributed throughout the demographic sample and consistent with issues raised throughout the literature and my own personal experience/knowledge. A summary of their responses are as follows:

- Thirteen comments were made indicating that emotional stress was a major factor with regard to their personal safety. Social workers were feeling stressed by the intense responsibility of their positions, their high case loads and worry about the personal safety of themselves and their families;
- Nine social workers commented that they felt at risk due to issues related to their clients' environments. These included issues such as being in contact with Hep. C, HIV, lice and impetigo, unsafe housing conditions such as rickety stairs and community members who were under the influence of drugs and/or alcohol;
- Nine social workers cited concerns about the risks inherent in or around their physical work environments. For example, they commented on the poor air quality and high noise levels in their office due to over-crowding and the use of cubicles: that social workers are encouraged to work even if they are sick, therefore transmitting germs to their coworkers: the frequent vandalism to their cars: and physical attacks that occurred by community members in their parking lots; and

- Seven respondents were concerned about driving in the course of their work due to adverse road conditions, especially on rural roads and/or in the winter.

I would like to comment further on the first point made above. I have found that social workers who have children of their own are often worried about their children's safety. When clients say things like, "I know where you live" or "I'll get even with you", social workers often think about their own families. There are several things that social workers can do to protect their families and reduce their worry about their families although they may not do them because they had not thought of it. These are some of the things that were discussed in my Personal Safety Training Program. For instance, social workers should not carry personal identification with them when they are working. Clients can learn a lot about their family from standard pieces of identification. Social workers should not phone clients from their personal phones and their home phone numbers should be unlisted. Social workers can submit a letter to the Manitoba Public Insurance Company explaining the work that they do and the risks that they may face to ensure that community members can not gain private information about them by completing a license plate check which only costs \$10.00. Although usually not necessary, social workers could vary their route to and from work and watch that no-one is following them home. It is recommended that this be practiced particularly when a social worker meets with a very angry and hostile client at the end of the day when they will be next en route to their homes.

Agencies throughout Canada were not queried about other risk factors but one did state that their workers were often concerned about their safety due to road and travelling conditions and another stated that in addition to personal safety training, their staff received training with regard to Fire Prevention and Workplace Hazardous Materials. Several agencies indicated that they have individuals on site trained in CPR and Emergency First Aid. Furthermore, I should note that when the Winnipeg Police Services holds seminars on Personal Safety Training, they incorporate information about general safety for people on the streets and in their home.

Although these other risk factors were not an integral part of this practicum, I did feel that they were worth noting. The students who participated in the Personal Safety Training Program were given a number of handouts with regard to stress, burnout and communicable diseases. I would suggest that child welfare agencies be aware of and consider these issues when looking at personal safety issues as I believe that they are certainly related and will be conducive to creating a work environment where social workers feel valued and that their personal safety is being taken seriously.