AN EXPLORATION OF SOCIAL WORKER RISK IN THE FIELD WHEN WORKING WITH VULNERABLE ADULTS AND THEIR DESIRE FOR SAFETY TRAINING.

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AN EXPLORATION OF SOCIAL WORKER RISK IN THE FIELD WHEN WORKING WITH VULNERABLE ADULTS AND THEIR DESIRE FOR SAFETY TRAINING

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sienna Nicole Lynch
June 2017
AN EXPLORATION OF SOCIAL WORKER RISK IN THE FIELD WHILE WORKING WITH VULNERABLE ADULTS AND THEIR DESIRE FOR SAFETY TRAINING

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Approved by:

Rosemary McCaslin, Faculty Supervisor, Social Work
Janet Chang, M.S.W Research Coordinator
ABSTRACT

This study explored the risk that social workers face in the field while serving vulnerable adults to determine if there is need to implement mandated safety training based on social worker experiences and their desire for initial safety training. There needs to be a clear understanding of risks faced by social workers and their desire for safety training to implement safety standards and training for social workers across the board in social service agencies and academic institutions. There is minimal research currently on this topic and thus this study is paving the way for future research, as well as providing insight to risks faced by social workers who conduct field visits. This quantitative study presents different field situations that have put the social worker's personal safety at risk and desire for safety training based on their personal experience. The results show a desire and need for mandatory safety training prior to entering the field. The results show a positive correlation between years in the field and risks faced in the field. Additionally, there was a positive correlation between age and desire for field safety training. There were differences found in risks experienced and desire for safety training by gender, education and ethnicity. This study is the start to understanding safety risks faced by social workers in the field and suggests developing safety training policy to ensure social worker safety in the field in both social service agencies and academic institutions.
DEDICATION

To my son Kael and my brother Abel because without them would not be here. My sweet boy, I would have never started this journey of higher education, it is because of my love for you and what I feel you deserve that I am here. You have given me many challenges through the last 8 years, but I would not change it for anything because you taught me love and empathy at their purest forms, it has only made me a better person and overall a better social worker. To my sweet brother Abel, from the moment I met you, you taught me a humility that I had never experienced before. You were the first person I truly fell in love with, my first sweet love. You are the kind soul that showed me I was made to help others. Watching you grow into the young man you are has been an amazing gift that I am forever grateful for.
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CHAPTER ONE
INTRODUCTION TO SOCIAL WORKER RISK

Introduction

This chapter will introduce the risks social workers face in the field, as well as the importance of field safety training. Next, the chapter will cover why the study is being conducted, why it is important, what other professionals in the field are doing and what the possible implications may be from the study. The chapter will conclude with why this study is significant to the field of social work.

Problem Statement

Since the beginning of the social work profession, social workers have been putting themselves in harm’s way in one way or another when assisting their clients. Social workers are in the helping profession and therefore typically work with client’s when they are at their worst. Clients could be suffering from mental illness, have experienced trauma, be plagued by poverty and possibly homeless by the time of social worker intervention. All of these factors, plus many more can put a social worker’s safety at risk in multiple situations. Social work practice is heavily based on the person in environment theoretical perspective, which means that seeing clients in their home can be pivotal to their treatment (Lyter & Abbot, 2007). Going to a client’s home opens up a whole new barrage of risks for social workers: being targeted for representing a specific agency, driving an agency car, going into neighborhoods that could be dangerous, unexpected interactions with dogs/animals, clients may become
violent and exposure to health hazards in the home itself are just some of the safety concerns social workers face in this field.

Recently social worker safety has become an issue of concern for many people in the social work field; there is cause for concern from professionals ranging from the President of National Association of Social Workers (NASW) to social workers working directly with clients within the field. Recently, James J. Kelley, Ph.D., ACSW, LCSW President of the NASW wrote an article addressing the urgency of social worker safety and its implications for practice (Kelley, 2010). The NASW News recently published an article quoting NASW CEO Angelo McClain addressing social worker safety in the aftermath of a murdered social worker, “National Standards for safety are needed for social workers and social service employees” (Pace, 2015, p. 2). Social service agencies working with vulnerable adult populations are stressing the importance of field safety and training has been pushed before other employee trainings. Social service practitioners that work with vulnerable adult populations also express safety concerns while going out into the field. Currently, there is no state mandated formal safety training for social workers that serve vulnerable adults. There are no extra safety protocols to ensure their personal safety and social workers are lacking the supplies needed to assist them in keeping themselves safe.

When examining California Department of Social Service policy manuals it was found that California has mandated social worker safety training for social workers within Department Children and Family Services (DCFS), Child
Protective Services (CPS) division. Currently, CPS management decides within the individual county as to what will be taught in regard to safety depending on the need of that specific county (CDSS, 2014). Social worker safety is addressed and mandated by the state government when it comes to CPS social workers; the state government takes a different stance in regard to Adult Protective Services (APS) workers.

In the California Department of Social Services (CDSS) APS policies and procedures manual; social worker safety is not addressed at all and the manual has not been updated in 14 years (CDSS, 2002). This would leave safety up to individual counties supervisors’ discretion for safety training and policy formulation for agencies. This shows a clear divide in the treatment of social workers in regard to safety and risk. Social workers that work within each department both deal with clients in crisis, dangerous home environments, abuse cases and potential violence. There needs to be a clear understanding of risks faced by social workers and their desire for safety training in order to implement safety standards and training for social workers across the board in all departments at the state level.

**Purpose of the Study**

This study explored the risk that social workers face in the field while serving vulnerable adults to determine the need to implement mandated safety training based on social worker experiences and their desire for initial safety training. Bringing the risks social workers face in the field to light based on their
own personal experiences showed that there is real risk when serving this population. The study also explored participant desire for initial safety training before entering the field by the participants. Exploring social worker risk faced and their desire for training shows the need for agency and possible state level policy implementation. In addition, determining specific risks that social workers face in the field while serving their clients serves as a guide for training and possible policy proposal. For the purposes of simplicity and data collection this study focussed on social workers within an agency that serves vulnerable adult populations within the State of California.

The issue of safety has become even more prevalent within the state level after the recent events in the city of San Bernardino in December 2015. On December 2, 2015 gunmen armed with assault rifles went into Inland Regional Center; a county run agency that assists adults with developmental disabilities. The gunmen shot and killed 14 people and injured 17. This is an agency that works with vulnerable adult populations and often works closely with other local agencies that serve vulnerable adult populations. During the incident all government employees in the area had to be brought in from the field and accounted for. This incident does not relate directly to risk during a home visit, but it does bring awareness to the risk that social service practitioners could possibly face. This tragedy has made social worker safety a top priority for many social service agencies and validates the need to determine social worker risk in the field. Since this tragedy, social service government agencies have required
additional safety trainings but there is still no centralized statewide policy in place.

Exploring social worker risk faced in the field within an agency that works with vulnerable adult populations, determined that there is risk for social workers in regard to personal safety by surveying the social workers and management. This paints a clear picture of the safety issues social workers encounter, as well as starting point agency managers to implement policy based on local research specific to their needs. In addition to determining risk the participants were asked about their current level of safety training and their desire for initial safety training. Hopefully, showing real risks experienced by social workers and their desire for safety training will encourage other agencies to do the same and eventually implement a statewide policy.

Oregon currently has a State wide safety standard for their Office of Adult Abuse Prevention and Investigations Unit (APSS) and a Safety Coordinator Positon to oversee it. This position’s specific job is to create state wide policy in regard to safety, improve safety partnerships with law enforcement and other entities, safety awareness campaign, employee aftercare improvement, critical incident debriefing, development of ongoing training and other safety initiatives (APSS, 2015).

Implementation of a statewide safety policy and creating a safety coordinator position would be a long term goal, creating this position would greatly benefit the State of California and its social workers in this field. The
Safety Coordinator in Oregon did an extensive risk assessment of the state APSS workers and was able to show real risk faced by their workers. There is little research currently about social worker safety and this study will bring light to some of the issues social workers face specifically in the field. This study can serve as a starting point to a better understanding of personal safety procedure/training for social workers.

To address this issue, it was decided to survey agency social service practitioners and supervisors that work with vulnerable populations within an agency in regard to a risk they have faced in the field. The risk assessment covered; transportation risks, personal identification risks, community risks, risks exposed to inside/outside the home, risks faced due to client and family interaction and if they had any field training in school. These were broad topics that encompassed the specifics within risk. By addressing all of these risks, it showed what social workers that work with vulnerable adult populations specifically face when in the field. In addition, to assessing risk faced, the participants were also asked about what kind of training they have had and feel they need. The data source was from social workers and supervisors from an agency within the State of California that serves vulnerable populations. Surveys were taken by social workers that make home visits as a part of their client assessment process.

When measuring the risk that a social worker faces in the field to determine safety there were two main variables explored, experienced risk in the
field and social worker desire for safety training. For example, when assessing risk the study focused on different safety situations experienced by social workers in the field. One would had to look at what vehicle is being driven, the neighborhood the home is located in, has the social worker been assaulted, possible dangerous people present, are there animals present, etc. To address safety training desire the study addressed if the social workers have had safety training as well as if they think preliminary training would have helped them be more prepared to deal with the situations they have personally experienced.

Due to this research being exploratory in nature there were two variables explored, risks experienced and social worker desire for safety training. There was not an independent or dependent variable as this study is assessing the risks faced by social workers and based on this risk their desire for safety training. Risk experienced would be measured by how many situations the social workers been in and answer yes to. Desire for training would be measured by how many questions they answer yes to. Both would use interval/ratio levels of measurement and will use statistical/correlation analysis.

**Significance of the Study for Social Work**

The need to conduct this study arose from researcher attending multiple management meetings at current field placement where the issue of field safety was brought up. The knowledge of the specific risk factors social services practitioners (SSP) face while in the field, will let the agency know what their social workers face in the field and provide a possible guideline for putting policy
into place. This will centralize a policy rather than each office training for what they think is appropriate. This research will hopefully lead to training and policy within the agency that will help SSP’s and interns feel competent when in the field. This would enable practitioners to provide better service to their clients because they will be able assess and be prepared to handle risky situations while in the field. There is minimal research currently on this topic and thus this study would be paving the way for future research, as well as providing insight to risks faced by practitioners working in the field.

Having a risk assessment that led to agency safety training policy would make the initial meeting of the client and assessment process when interacting with a client an all-around more productive interaction. It would help the meeting process because the social worker would have assessed the risk, have a better gauge on situations occurring and how to handle them. They would feel more comfortable and competent to move onto the assessment process. In regard to assessment, the social worker would not only be able to assess the reason for the visit but they would also be able to assess if there was a risk interaction as well as be able to assess any hazards to themselves through the process. This would leave them feeling competent and comfortable to make judgments based on educated decision as well as training not just on gut instincts or fear.

Based on this research, agencies could implement an agency wide policy and hopefully could pave the way for other agencies to do the same. Surrounding counties could conduct their own risk assessment and hopefully implement their
own policy, leading to researchers and policy makers being able to gather and analyze data for all counties in California, and then implementing a mandated safety policy for social workers working in the field. The long term goal would be to have all states implement policy and eventually have federal legislature implemented for social workers nationwide. The first step in building policy around social worker safety in the field is to determine social worker risk and desire for safety training. This research addressed the question: “What types of risks do social workers working with vulnerable adults encounter and do social workers want safety training?”
CHAPTER TWO
LITERATURE REVIEW

Introduction
Social worker risk in the field has been looked over for some time and it is starting to be the focus of some organization’s training to ensure their workers can be as safe as possible. There are many personal safety risks a social worker can face when going to a client’s home and being aware of them is the first step in building policy in regard to safety for social workers. The gender or lack of experience of a social worker in the field may put them at further risk than other social workers in the field. Implementing safety training as early as Bachelors of social work level could lessen the risk of the workers in the field because they will be prepared earlier on. The main reason that home visits are a big part of the profession is because of systems theory and its focus on person in their environment. Commonly, it is a requirement of the assessment to see the client in their environment

Safety Risks
Social workers can be in immediate danger when working with clients, but since the odds are in favor of that not happening, they may have a false sense of security when interacting with clients. This false sense of security can leave them in a dangerous situation that they may not know how to deal with. In fact, literature shows that client violence against social workers does happen nationally and internationally so there is cause for concern (Newhill & Purnell
Hagan, 2010). Social workers are at risk for violence in the forms of verbal attacks, physical attacks that can result in hospitalization and in rare instances death (Harkey, n.d.). There seems to be no single reason as to why violence to social workers happens, but it is thought that the population social workers are serving is changing, providing services to younger, sicker and more assaultive clients than in the past years (Tully, Kropf, & Price, 1993).

A study conducted by the NASW in 2004 surveyed 10,000 social workers with a 50% response rate and found that 44% stated that they faced personal safety issues in their primary employment practice. In addition, 30% of those respondents felt their supervisors did not address their safety concerns adequately (Harkey; Newhill & Purnell Hagan, 2010). In another study of a sample of more than 1000 members of the NASW from California and Pennsylvania it was concluded that 78% felt that violence against social workers was a significant issue, 52% expressed they have worried about their own personal safety and 57% have experienced violence toward them at least once in their career. A study in 2006 by the NASW found that of a national random sample of social workers, 62% reported that they had been victims of physical or psychological abuse (Lyter & Abbott, 2007). By looking at these multiple studies over the years it can be concluded that social worker safety and risk of violence toward social workers is a real problem the profession has been facing for some time. It brings up the questions; why has nothing been done? Why is this taking so long? Do more people have to get hurt? Die?
Gender and Work Experience Risk

Both male and female social workers are at risk for violence but there seems to be discrepancies as to who is at more risk. Due to social work being a predominately female field it can be reported from research that they may be more prone to violence than men (Tully, Kropf, & Price, 1993). A recent study shows that men are more likely to experience client violence and have violent incidents more often than woman (Newhill & Purnell Hagan, 2010). It is unclear which gender is more prone to violence but it is clear that social workers employed by public agencies are more prone to violence than social workers employed by private agencies (Newhill & Purnell Hagan, 2010).

Studies show that social workers with the least amount of experience (0-5 years) are likeliest to experience violence (Tully, Kropf, & Price, 1993; Kelley, 2010). This can become problematic with insufficient training on home visits and safety. It was reported by Lyter and Abbot in 2000 that since social workers rarely receive specific home visit training, they adapt their own style by trial and error. This leads to five specific types of home visitor; the frightened avoidant type, the clueless type, the naïve/compassionate type, the bravado type and the informed type (Lyter & Abbott, 2007).

Safety Training

Both professional social workers and social work students will be in the field making home visits at one time or another. Social workers will be able to provide better services to their clients, if they are not afraid for their own safety,
by being prepared for different circumstances. Having the knowledge to assess and deal with safety issues can go a long way. If a general safety training were to be mandated and implemented then the chances of having informed social workers would rise. The implementation of this training could start at the BSW and MSW level and be implemented by the Council on Social Work Education; undergraduate and graduate degrees social workers must participate in field placement and thus they could leave school prepared (Tully, Kropf, & Price, 1993; Lyter & Abbott, 2007).

Social workers are expected to help people at their worst, typically on their own and it’s usually a learned skill due to lack of training across the discipline (Kelley, 2010). Safety is not something that is specifically covered in schools of social work extensively and social workers typically do not have proper self-defense training, conflict resolution or violence prevention resources (Kelley, 2010). Safety training could be learned both in school and in job placement; either way it would need to meet specific criteria. There would need to be training on specific procedure for safe home visits, what to do when encountering a health hazard and how to diffuse a dangerous situation (Harkey, n.d.).

To specifically deal with safety during a home visit social workers could have their own safety action plan, which would include what actions to take before leaving their agency and what preventative measure could be utilized in the field (Harkey, n.d.). This could cover risk assessment, street safety, use of agency safety devices (if there is access to them), de-escalation, decision
making when threatened or attacked, and use of self (Dunkel, Ageson, & Ralph, 2000). Social workers need to be trained in violence risk assessment and violence risk management so that they are able to either recognize or diffuse a situation if need be (Kelley, 2010). By properly training a social worker in risk management skills, they are then better prepared to handle difficult situations independently.

**Theories Guiding Conceptualization**

Social workers have been at some risk since the beginning of the profession, starting when Jane Addams serviced clients in the tenements of Chicago during the 19th century (Harkey, n.d). The concept of the home visit began with her efforts and was followed by the outreach concept of the “friendly visitors.” The home visit is essential when looking at social work practice in regard to systems theory and understanding person in environment (Lyter & Abbott, 2007). From a social work perspective, it is imperative to examine and take into account all systems that may affect the client positively and negatively. This translates into going to their home more often than not to gain a clear picture of their life and issues they face (Hepworth, Rooney, Dewberry Rooney, & Stom-Gottfried, 2013).

Conducting home visits ties in with the ecological perspective which is considered to be an off shoot or interpretation of systems theory. The ecological perspective tends to put more weight on the individual or family system and how they function within their environment (Zastrow & Kirst-Ashman, 2013). The
client’s home would be considered a part of their social environment. “The social environment involves the condition, circumstances, and human interactions that encompass human beings. Individuals must have effective interactions with this environment in order to survive and thrive” (Zastrow & Kirst-Ashman, 2013, p. 119). Going to a client’s gives the social worker a clear picture of how the client is living. The social worker may have received the referral due to home conditions or human interactions are possible causing the client to be unable to thrive or survive. Taking this perspective puts the social worker at risk in terms of personal safety at time. The home visit can put the social worker at risk due to the physical environment and/or the family relationships involved; verbal abuse, physical danger/violence and health issues are just some of the risks encountered. It is necessary to conduct these home visits to be able to do a complete assessment, especially with older adults and developmentally disabled adults because they could be home bound and their social environment could be causing them harm.

**Summary**

In summary, based on systems theory and ecological perspective the home visit seems unavoidable in the field of social work and making workers safety a priority is a must. There are many risks a social worker may face in the field; gender and work experience may or may not enhance ones risk. There are many safety risks that can happen when in the field and the odds are they will happen so it is best to be prepared. One of the best ways to be prepared is to be
CHAPTER THREE

METHODS

Introduction

This study identifying real life personal risks social workers face in the field while conducing home visits in an urban county in California and their desire for safety training based on their experiences. To gain a clear picture of what risks social workers faced in the field the subjects were social workers from an agency that serves vulnerable adult populations. To ensure accurate results, data was collected using an anonymous survey solicited to social workers within the agency. Subjects were solicited personally by the researcher, through fliers and surveys passed out personally by researcher in the agency. To ensure that human subjects were protected, anonymity and confidentiality was stressed by not requiring identifying information and providing informed consent. Data was collected and analyzed by the researcher and determined personal safety risks experienced within social workers working with vulnerable adult populations. Data was collected from social workers that conduct home visits as part of their assessment process while serving vulnerable adults. Conducting this research gives a clear picture of real life risks social workers face in the field within this agency.

Study Design

The purpose of this study was to assess the risk that social workers face in the field while serving vulnerable adults to determine the need to implement
mandated safety training based on social worker experiences and their desire for safety training. This was exploratory research as social worker safety in the field is a relevantly new concern within the field of social work and research based on social worker perspective is limited. The professional experiences of social worker risk factors they face in the field gives insight to possible unforeseen risk and the need for mandated initial training. This was a quantitative study that used a self-administered survey and interval/ratio measured responses as the tool to collect data from subjects.

A strong point to using exploratory research, quantitative approach with self-administered surveys was that the subjects could take it on their down time, it took minimal time and gave a clear cut picture of risks faced by the subjects in the field. This approach was also less invasive and insured the anonymity of the subjects. A limitation to using this approach was subject response. It was up to the subject to take the survey, some decided not to take it, some missed the deadline and this made getting all the data expected difficult. There may have been a problem with validity if the subjects do not answer truthfully or take the survey seriously.

This study explored the personal safety risk factors social workers face within the field while doing home visits within an urban county serving vulnerable adults. The question that was addressed is, “What types of risks do social workers working with vulnerable adults encounter and do social workers desire safety training?”
Sampling

This was not a random sample, as it is aimed at specific participants within an agency. The sample was obtained from Social Service Providers (SSP) from an agency within the State of California that serves vulnerable adult populations. The sample included SSPs that conduct field visits to client’s homes as a part of services provided. The researched handed out 50 surveys and received 33 back ending up with a sample size of 33. This sample was appropriate for this study because SSPs conduct home visits both unannounced and announced. This sample was chosen due to the access to participants within the agency that fit the criteria and safety is a top priority within the agency currently. In addition, this sample was chosen because of access to the participants due to management approval (see appendix A) and researcher access to sample because of past placement.

This research was geared towards participants that were actively in the field, many subjects have been in their positions for many years and have field experience relevant to this study. This study targeted voluntary social worker participation, that work within an agency that serves vulnerable adult populations therefore sample gathering was not an issue. The study included SSPs from this specific agency in an effort to have a reliable sample size.

Data Collection and Instruments

Quantitative data was collected via self-administered survey and took place from April 19, 2016 to March 4, 2017. Demographic data that was included
in the survey consisted of age, ethnicity, education level, gender and years in the
field. The level of measurement was nominal and interval because the
measurement tool included a yes/no answers and specific information as
age/years in the field. The variables were different specific risks experienced by
social workers and social worker desire for safety training. The variables were
analyzed using statistical and correlation analysis.

A quantitative approach has been taken, the subject was presented with a
specific risk factor and based on their experiences they answered if they have or
have not experienced these specific situations. Subjects were also asked
questions about previous safety training and their desire for safety training. Using
a nominal scale allowed the researcher to get a clear picture of what subjects
have experienced. The experienced risk assessment included 23 questions,
presenting 23 situations that could be measured for possible experienced risk.
The instrument also included 5 questions that covered different aspects of desire
for safety training to be measured.

For this study an instrument (appendix A) was created as there were none
found to measure social worker experienced risk and social worker
preparedness. The instrument was created by compiling risk factors social
workers face in the field from safety training presentations, personal
communication with SSPs and management within the agency. The instrument
poses risk factors one may face on the way to client’s home, approaching the
client’s residence, risk within the client’s home and leaving the client’s residence.
The instrument was pretested for reliability and validity by asking SSPs from the agency office to participate in a pretest run of the survey and ask them to provide feedback about the survey. Having them take the survey first helped gauge if there are validity and reliability issues with the instruments data collection function (appendix A).

The strengths with using a survey as an instrument provided clear cut data and nothing was left up to interpretation. It also gave the subjects time to participate when they have time to do so. The limitation of this instrument was that it was self-administered, subjects may not take it and possibly not be truthful.

**Procedures**

A packet was made consisting of a flier created with research information on it, informed consent, the survey/instrument and two raffle tickets. The researcher personally solicited participants in the agency office to participate, with the incentive of a raffle ticket to win a gift card. When participants completed the survey they put it in a locked drop box, separated their two raffle tickets keeping one and put one in a container provided. This insured anonymity, as the researcher pulled the winning ticket, the announced the winner by ticket number only and no names were used. The researcher then inputted data as it was collected and analyzed data after all data was collected.

**Protection of Human Subjects**

The identity of the subjects was kept anonymous and confidential because this was a survey that does not require personal identifying information. They
were able to take the survey from wherever they like and in private if they prefer. Before the subject took the survey they were provided with informed consent (appendix B). All data was kept in a locked box and only researcher had access to it, after research was concluded all data was destroyed.

Data Analysis

Conducting a risk assessment with social workers working with this specific population has shown the safety concerns the agency faces within the community they serve. The study presented different field situations that may have put the social worker’s personal safety at risk, based on their personal and professional experience the data has shown the specific personal safety concerns within the community. The data collected shows any association between the variables of experienced risk and desire for safety training. All data was manually entered into SPSS and then analyzed for statistical analysis and correlation. To find relationships between variables a correlation analysis was conducted for bivariate analysis. To compare the differences in overall personal risk faced by workers a T-test for independent samples was used for bivariate analysis. The researcher then looked over data for common themes in regard to personal experienced risk by SSPs and if safety training is desired based on their current level of training and experienced risk. This showed if the current safety procedures in place are preparing the SSPs for the risks they face specific to their community.
Summary

In summary, using an exploratory research design contributed to agencies that serve vulnerable adult populations as well as social work as a whole because there is very little research currently on this subject. Using social workers within this agency for the sample supplied data that represents working with a specific population within this community. To assess real life personal experienced risk for social workers a quantitative survey was the best option due to time and eliminating ambiguity. Soliciting participants in person ensured that enough data was collected and the survey was very accessible to the participants. Protecting human subjects was of utmost importance, this was done by not collecting identifying formation and giving informed consent. Data was collected and analyzed by researcher only to ensure privacy. The data was analyzed by both univariate and bivariate analysis.
CHAPTER FOUR

RESULTS

Introduction

Presented in this chapter will be the results of the statistical analysis conducted. A detailed report of the sample, descriptive statistics and results of inferential statistics analysis will be covered in this chapter. The first section will summarize results for descriptive analysis conducted including age, gender, and years in the social work field, ethnicity, level of education, risk factors experienced in the field and desired preparation for risk factors. The next section will consist of the inferential analysis results. The section will report statistically significant correlations, the mean, standard deviation, number of respondents for the risks faced in the field and preparation for risk.

Presentation of Findings

Descriptive Statistics

The presented study consisted of 33 participants (Table 1). Participants consisted of 22 females (67%) and 11 males (33%). Participants ranged in age from 29 years old to 70 years old. Thirty nine percent of participants were 27 to 40 years old, 39% were 41-54 years old, 9% were 55 to 70 years old, and four participants did not report their age (12%). Forty two percent of the participants identified as being Hispanic, followed by Caucasian (29%), Asian (13%), African American (10%), Native American (3%) and one individuals identified as other.
The participant’s number of years working in the social work field range from 1 year to 32 years. Forty-eight percent of participants have been in the field for 1 to 10 years, 39% in the field for 11 to 20 years and 13% for 21 to 32 years. Sixteen of the participants have a Bachelor’s degree (49%) and 17 participants have obtained a Master’s degree (51%).

Table 1. Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>FREQUENCY (N)</th>
<th>PERCENTAGE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>67</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27-40</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>41-54</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>55-70</td>
<td>3</td>
<td>9</td>
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<tr>
<td>Unknown</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Ethnicity</td>
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<tr>
<td>Hispanic</td>
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<td>42</td>
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<tr>
<td>Caucasian</td>
<td>9</td>
<td>29</td>
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<tr>
<td>Asian</td>
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<td>13</td>
</tr>
<tr>
<td>African American</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Years in SW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-10</td>
<td>15</td>
<td>48</td>
</tr>
<tr>
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<td>21-30</td>
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<td>13</td>
</tr>
<tr>
<td>Education</td>
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<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>16</td>
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</tr>
<tr>
<td>Bachelor’s Degree</td>
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<td>51</td>
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</table>
Table 2. Experienced Risk and Field Safety Training

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>FREQUENCY (N)</th>
<th>PERCENTAGE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altercation: Agency Employee</td>
<td>12</td>
<td>36</td>
</tr>
<tr>
<td>Altercation: Agency Vehicle</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Altercation: Neighborhood</td>
<td>12</td>
<td>36</td>
</tr>
<tr>
<td>Feared Neighborhoods</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Bit by Dog/Animal</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Chased by Dog/Animal</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Seen Drug Paraphernalia</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>Encountered Drug Deals/Dealers</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>Exposed to Meth/Drug Lab</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Health Risk: Illegal Drug Exposure</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Exposed to Weapons</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Threatened by Weapon</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Verbally Assaulted by Client</td>
<td>18</td>
<td>55</td>
</tr>
<tr>
<td>Phys. Assaulted by Client</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Phys. Assaulted by Family/Friend</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Verbally Assaulted by Family/Friend</td>
<td>21</td>
<td>64</td>
</tr>
<tr>
<td>Life in Jeopardy</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td>Harmed by Mentally Ill Client</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Exposed to Communicable Disease</td>
<td>26</td>
<td>79</td>
</tr>
<tr>
<td>Exposed to Parasites</td>
<td>26</td>
<td>79</td>
</tr>
<tr>
<td>Exposed to Pest Infestations</td>
<td>27</td>
<td>82</td>
</tr>
<tr>
<td>Exposed to Ammonia from Urine</td>
<td>32</td>
<td>97</td>
</tr>
<tr>
<td>Exposed to Ammonia from Urine</td>
<td>31</td>
<td>94</td>
</tr>
<tr>
<td>Exposed to Odors from Feces</td>
<td>32</td>
<td>97</td>
</tr>
<tr>
<td>Field Safety Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared by Bachelor’s Degree</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Prepared by Master’s Degree</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Prepared by Agency Prior to Field Work</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Safety training should be mandatory from agency prior to going into field</td>
<td>32</td>
<td>97</td>
</tr>
</tbody>
</table>

Table 2 presents specific risk experienced by social workers while in the field as well as, specific questions about field safety training. Table 3 presents
Table 3 presents specific risk experienced by 50% of participants in the study.

Twelve (36%) participants reported having been a target of altercation or violence due to being an agency employee. Nine (27%) participants reported having been a target for altercation or violence due to driving an agency vehicle. Twelve (36%) participants reported having been targeted for altercation or violence due to being in a specific neighborhood. Twenty (60%) participants reported there are neighborhoods in their community that they fear working in. Twenty (60%) participants reported that they hesitate on driving their personal vehicle due their license plates not being coded. Six (18%) participants report being bit by a dog or other animal. Twenty (60%) participants reported being chased by a dog or other animal.

Twenty five (76%) participants report being exposed to drug paraphernalia while in the client’s home. Thirteen (39%) participants reported encountering drug deals or having been in treat of drug dealers while conducting a home visit. Eight (25%) participants report encountering a methamphetamine or other drug lab while conducting a home visit. Six (18%) participants reported yes their personal health has been in jeopardy due to illegal drug exposure in client’s home, 26 (79%) reported no and 1 (3%) response was unknown.

Fifteen (45%) participants reported being exposed to weapons in a client’s home. Three (9%) participants reported being threatened by a weapon in a client’s home. Eighteen (55%) participants reported being verbally assaulted by a client. One (3%) participant reported yes to being physically assaulted by a client,
28 (85%) reported no and 2 (6%) responses were unknown. One (3%) participant reported being physically assaulted by a client’s family member or friend. Twenty one (64%) participants reported being verbally assaulted by a client’s family member or friend. Seven (21%) reported yes their life has been in jeopardy, 25 (76%) reported no and 1 (3%) response was unknown. Five (15%) participants report being harmed by a mentally ill client.

Twenty six (79%) participants reported being exposed to communicable diseases. Twenty seven (82%) reported having been exposed parasites such as scabies, lice and/or bed bugs. Thirty two (97%) reported being exposed to pest infestations such as fleas, roaches and/or rodents. Thirty one (94%) participants report being exposed to ammonia from human or animal urine. Thirty two (97%) reported being exposed to odors from human or animal feces.

Four (12%) participants reported that they were prepared by their Bachelor’s degree program to handle safety risks in the field. Five (15%) of participants reported that they were prepared by their Master’s degree program to handle safety risks in the field, 10 (30%) reported not being prepared and 18 (55%) in the sample did not have Master’s Degrees. Ten (30%) participants reported that they were prepared by their agency to handle safety risks prior to going out into the field to conduct home visits. Twenty Seven (82%) participants reported that based on their experience there should be mandatory field safety training included in college curriculum. Thirty two (97%) participants reported that
based on their experience there should be mandatory field safety given by their agency prior to going into the field.

Table 3. Risk Experienced by 50% of Participants and Lack of Preparedness

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feared Neighborhoods</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Hesitate Driving Vehicle b/c plates are not coded</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Chased by Dog/Animal</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Seen Drug Paraphernalia</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>Verbally Assaulted by Client</td>
<td>18</td>
<td>55</td>
</tr>
<tr>
<td>Verbally Assaulted by Family/Friend</td>
<td>21</td>
<td>64</td>
</tr>
<tr>
<td>Exposed to Communicable Disease</td>
<td>26</td>
<td>79</td>
</tr>
<tr>
<td>Exposed to Parasites</td>
<td>27</td>
<td>82</td>
</tr>
<tr>
<td>Exposed to Pest Infestations</td>
<td>32</td>
<td>97</td>
</tr>
<tr>
<td>Exposed to Ammonia from Urine</td>
<td>31</td>
<td>94</td>
</tr>
<tr>
<td>Exposed to Odors from Feces</td>
<td>32</td>
<td>97</td>
</tr>
</tbody>
</table>

Inferential Analysis

SPSS software version 23 was used to conduct the analysis. To simplify analysis variables were combined to create a summative score for possible risk factors and desired preparation for risk. Experienced risks and desired preparation for risk scores were recoded into two new summative variables that combined yes responses risk experienced and desired preparation for risk. To simplify analysis, descriptive variables for ethnicity were recoded into two new variables; social majority ethnicity and social minority ethnicity. Social majority ethnicity variable consisted of Caucasian participants, and social minority variable consisted of all other ethnicities of participants combined.
To examine the association between overall risk factors experienced in the field, desired preparation for risk, age and years in the field Pearson correlation analysis was used. This correlation analysis was conducted given that Pearson’s correlation test describes the strength and direction of linear direction between two variables. Table 4 presents the results of the correlation analysis. It was found that risk factors experienced was statistically significantly related to years working in the field of social work. Years working in the field was statistically and significantly related to risk factors experienced, and the correlation was positive ($r = .494, p < .01$). There was no statistically significant correlation found between risk factors experienced and age.

Table 4. Correlation Matrix of Study Variables

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years in Social Work</th>
<th>Risk Factors Experienced</th>
<th>Views on Field Safety Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Pearson</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Years in Social Work</strong></td>
<td>Pearson</td>
<td>.454*</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk Factors Experienced</strong></td>
<td>Pearson</td>
<td>-.160</td>
<td>.494**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>View on Field Safety Training</strong></td>
<td>Pearson</td>
<td>-.619*</td>
<td>-.317</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>29</td>
<td>27</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>31</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>27</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>
It was found that desired preparation for risk was statistically significantly related to age. Age was statistically related to desired preparation for risk, and the correlation was negative ($r = -.619$, $p < .05$). There was no statically significant correlation found between years in the social work field and desired preparation for risk.

To compare risk factors experienced and preparation for field safety with gender, education level and ethnicity independent sample t-tests were used. An independent sample t-test was used to compare risk factors experienced by females and males. There was a difference in means between females (M=11.37, S.D. = 3.65) and males (M=10.10, S.D. = 4.93) conditions; $t (27) = .79$, $p = .42$. The results show that females experience slightly more risk than males, however the difference was not significant. An independent sample t-test was used to compare desired preparation for risk by females and males. There was a difference in means between females (M=2.30, S.D. = .82) and males (M=2.20, S.D. = .45) conditions; $t (13) = .25$, $p = .81$. The results show that females slightly desired preparation for risk than males, however the difference was not significant.

An independent sample t-test was used to compare risk factors experienced by participants with Bachelor’s and Master’s degrees. There was a difference in means between participants with Bachelor’s (M= 10.47, S.D. = 3.87) and Master’s degrees (M=11.43, S.D. = 4.42) conditions; $t (27) = -.63$, $p = .54$. The results show that participants with Master’s degrees experienced more risk.
factors than participants with Bachelor’s degrees, however the difference was not statistically significant. An independent sample t-test was used to compare desired preparation for risk by participants with Master’s and Bachelor’s degrees. There was a difference in means between participants with Bachelor’s (M= 1.50, S.D. = .707) and Master’s degrees (M= 2.38, S.D. =.650) conditions; t (13) = -1.78, p =.099. The results show that participants with Master’s degrees desire preparation for risks faced in the field more than participants with Bachelor’s degrees, however the difference was not statistically significant.

An independent sample t-test was used to compare risk factors experienced between participants of different ethnicities. To do this the values for ethnicity were separated into two groups, making two new variables; majority and minority ethnic groups. The majority group consisted of Caucasian participants and all other participants were put into the minority group. There was a difference in means between participants in the majority (M=9.11, S.D. = 3.55) group and minority (M=11.75, S.D. = 4.14) group conditions; t (27) =-1.65, p= .110. The results show that participants in the ethnic minority population experience more risk than those in the ethnic majority, however the difference was not statistically significant. An independent sample t-test was used to compare desired preparation for risk and ethnicity. There was a difference in means between participants in the majority (M=1.80, S.D. =.447) group and minority (M= 2.50, S.D. =.707) group conditions; t (13) =-2.00, p= .067. The results show that participants in the ethnic minority population desired preparation for risk more
than those in the ethnic majority, however the difference was not statistically significant.
CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to discuss the implications of the present study. Limitations of the study, recommendations for social work practice, policy and future research will be presented in this chapter. The chapter will conclude with final thoughts about social worker safety in the field and social work desire for field safety training.

Discussion

The purpose of this study was to identify risks faced in the field by social workers when working with vulnerable adult populations in an urban environment and their desire for safety training. The results show that 60% of participants fear areas they work in and hesitate on driving their personal vehicles because their license plates are not coded for their privacy and protection. Coding social workers license plates could reduce fear while working in particular areas because their home address could not be looked up if there is a concern or altercation. Fifty five percent of participants have been verbally assaulted by a client and 64% of participants have been verbally assaulted by a friend or family member of a client while they are providing services in the field. The results indicate that being prepared for verbal altercation may improve the safety of the social worker.
Additional noteworthy findings are 79% of participants have been exposed to communicable diseases, 82% have been exposed to parasites, 97% have been exposed to pest infestations, 94% have been exposed to ammonia from urine and 97% have been exposed to odors from feces. The results show that exposure to elements in the client’s home is putting social worker personal health is at risk while conducting field visits. Social service agencies cannot to everything to ensure the safety of social workers while in the field but there is a clear starting point. Social service agencies can begin by coding their social workers plates, provide training on de-escalation techniques to prepare for verbal altercations and provide personal safety supplies such as hand sanitizer, disposable gloves, masks and booties to cover shoes. Additionally, social service agencies can provide training on how to prepare for exposure to elements in the home and how to sanitize when leaving the home before social workers are sent into the field. A significant result showed that 97% of participants feel that safety training provided by their agency should be mandatory before entering the field.

This study explored participant’s experienced risk, preparation for risk and desire for safety training. The results indicate that increased risks experienced are positively associated with increased years working in the field of social work. It is worthy to note that increased risks and increased years in the field had the strongest relationship. The findings also show that increased age are positively associated with increased desire for safety training. This could pose years in the
field and age have an association with desire for initial safety both in academia and on the job training due to risks experienced over time.

Another noteworthy result is that gender is associated with increased risk experienced and desire for safety initial safety training. The study found that females experienced more risks in the field than males, however the difference is not statistically significant enough to make an overall significant finding based on gender. The results are consistent with the research findings on females being more likely to experience risk in the field (Tully, Kropt & Price, 1993). The study found that females desire initial safety training at a higher rate than males. However, the difference is not statistically significant and therefore an overall significant finding based on gender and safety training was not found. This does show is females may be more concerned about being prepared for risk before going into the field than males.

Another positive relationship was found between level of education in regard to experienced risk and desire for initial safety training. The findings show that Masters level social workers experience more risk and are more prepared for risks faced in the field. However the differences were not statistically significant and an overall significant finding for education level, experienced risk and preparation for risk was not found. To the researchers knowledge this was the first time education level was measured in correlation to risks experienced in the field and preparation for risks experienced in the field.
Additionally, there was a positive relationship found between ethnicity in regard to experienced risk and desired preparation for risk. Results show that participants in the ethnic minority group experienced more risk and desired preparation for safety training at a higher rate than those in the ethnic majority group. However, the differences were not statistically significant and an overall significant finding was not found. This does show that people of color in the social work field experience more risk and therefore want to be more prepared for it. To researchers' knowledge this was the first time ethnicity was measured in correlation to risks experienced in the field and preparation for risks experienced in the field.

Limitations

Research on social worker risk faced in the field and their desire for safety training is currently very limited and therefore there are not many studies for comparison to the current study. The scores from the scales showed there is a correlation between, for example, gender and experienced risk in the field but this does not mean causation; this is a current limitation of the current study. Sample size is an additional limitation to the study. The sample size was small and limited to a certain area/office for the agency used which generalized results for this agency. If researchers had access to all offices within this agency the results may have told a different story in regard to risk and desire for training due to specific areas worked in being more dangerous. A larger sample size would have addressed this limitation.
Another limitation to this study may have been participant honesty, it appeared that some participants may not have answered survey honestly in an effort to protect their jobs and agency. Additionally, some participants appeared to not answer specific demographic questions to keep anonymity. When analyzing data for ethnicity and safety correlations, two new variables were created which generalized results for ethnic majority and minority participants. A larger sample size would have addressed this limitation as well. The current study was quantitative and this became a limitation. The researcher was unable to explore what risk meant to the participants, details of risks experienced and why they think safety training is important.

Recommendations for Social Work Practice, Policy and Research

It was the researchers hope that this study would show the need for mandatory safety training based on risks experienced in the field by social workers. Results indicate there needs to be safety training improvements in neighborhood and vehicle safety, as well as preparedness for verbal altercation and personal health risk provided by social service agencies prior to entering the field. Additionally, the results indicate that there were significant relationships between years working in the social work field and risks experienced, as well as age and desire for safety training.

Results show that the longer someone is in the field and as they age, they experience more risk and their desire for safety training increases. The current study shows that there is real risk in the social worker field and ambivalence to it
may not be the way it should be approached by individuals, agencies and the social work field in general. The experiences and viewpoints of more seasoned social workers should not be ignored and safety training should be focused more in college curriculum as well as agency field preparation. The present study can help guide organizational leaders in social service organizations and academic institutions on ways they can address and improve safety training for social workers in the field given the results indicate a relationships between years in the field, age, gender, education level and ethnicity to experienced risk and desire for risk preparedness.

The current study shows that there is risk involved in this profession and can assist in mandating safety training policy prior to entering the field by both social service agencies and academic institutions. This study shows the desire for preparedness for risk and should not be ignored by larger intuitions, local government and state government. Social workers want to be safe, safety training does not guarantee their safety but it does prepare them for situations they may face as well as how to handle to them. Additionally, mandated safety training does not allow for the false sense of safety many social workers feel because risk is presented initially to social workers entering the field.

Social workers will continue to help their client’s at their worst and often times it will be in their homes. This has been the theme of social work since the beginning of the field and will not be changing. Risk faced by social workers and their desire for safety training needs to be researched further. This could be done
with a qualitative study utilizing a larger sample size to obtain a better understanding of social worker experienced risk as well as desire for safety training. A qualitative study would be very beneficial to understand specific risk situations the participants have been in, how they handled it, how it affected them and what was their level of preparedness. An exploratory study that has access to funding, participants and time could do wonders for the field of social work in regard to understanding risks and safety for social workers. This research could lead to the implementation of state and even federally mandated safety training for social workers in the field.

**Conclusion**

In conclusion organizational and academic leaders have a lot of ground to cover as they learn about social worker safety in the field. Findings from this research show that there is safety risks when going into the field and social workers desire safety training. It is now up to leaders in academia, as well as social service organizations to develop and implement strategies that will improve the safety of social workers in the field.
APPENDIX A

DATA COLLECTION INSTRUMENT
Social Worker Field Safety Survey

Demographics:

1. Age______
2. Years In the Field______
3. Education Level: ___Associates ___Bachelors ___Masters
4. Ethnicity: ___Caucasian ___African American ___Hispanic ___Asian ___Native American ___Pacific Islander ___Other
5. Gender: ___Female ___Male ___Other

Possible risk in the field:

6. Have you been targeted for altercation or violence because you are an agency employee?  
   ____yes ____no
7. Have you been targeted for altercation or violence because you were driving an agency vehicle?  
   ____yes ____no
8. Have you been targeted for altercation or violence because you were in a specific neighborhood?  
   ____yes ____no
9. Are there neighborhoods in your community you are scared to work in?  
   ____yes ____no
10. Do you hesitate on driving your personal vehicle due to your license plates are not coded?  
    ____yes ____no
11. Have you been bitten by a dog or other animal? ____yes ____no
12. Have you been chased by a dog or other animal?  
    ____yes ____no
13. Have you seen drug paraphernalia while in a client’s home?  
    ____yes ____no
14. Have you encountered drug deals or been in threat of drug dealers while conducting a home visit?
15. Have you encountered a methamphetamine or any other kind of drug lab while conducting a home visit?  
   ____yes   ____no

16. Has your personal health been in jeopardy due to illegal drug exposure while conducting home visit?  
   ____yes   ____no

17. Have you been exposed to weapons in a client’s home?  
   ____yes   ____no

18. Have you been threatened with a weapon by a client?  
   ____yes   ____no

19. Have you ever been verbally assaulted by a client?  
   ____yes   ____no

20. Have you ever been physically assaulted by a client?  ____yes  ____no

21. Have you ever been physically assaulted by a client’s family members or friends?  
   ____yes   ____no

22. Have you ever been verbally assaulted by a client’s family members or friends?  
   ____yes   ____no

23. Has your life ever been in jeopardy?  
   ____yes   ____no

24. Have you ever been harmed by working with a mentally ill client?  
   ____yes   ____no

25. Have you been exposed to communicable diseases?  
   ____yes   ____no

26. Have you been exposed to parasites such as scabies, lice and/or bed bugs in a client’s home?  
   ____yes   ____no

27. Have you been exposed to pest infestations such as fleas, roaches and/or rodents?  
   ____yes   ____no

28. Have you been exposed to ammonia from human or animal urine?
29. Have you been exposed to odors from human or animal feces?
   ____yes ____no

Field Safety Training:

30. Do you feel you were prepared by your Bachelors’ degree program on how to handle risks in the field?
    ____yes ____no

31. Do you feel you were prepared by your Master’s degree program on how to handle risks in the field?
    ____yes ____no ____NA

32. Did you feel you were prepared by your agency to handle these situations in regard to field safety prior to going out into the field?
    ____yes ____no

33. Based on your personal experiences in the field, do you believe there should be field safety training included in college curriculum?
    ____yes ____no

34. Based on your personal experiences in the field, do you believe there should be field safety training required by your agency before going out into the field? ____yes ____no

Developed by Sienna Lynch
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to examine the risks faced by social workers in the field when working with vulnerable adults and to determine their desire for mandated field safety training. The study is being conducted by Sienna Lynch, a graduate student, under the supervision of Dr. Rosemary McCaslin, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the risks faced by social workers in the field when working with vulnerable adults to determine the need for mandated field safety training.

DESCRIPTION: Participants will be asked a few questions on current level of safety training, risks experienced in the field, perception of personal need for field safety training and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 5-10 minutes to complete the survey.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McCaslin (909) 537-5307.

RESULTS: Results of the study can be obtained from the Paine Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here: [ ]

Date [ ]

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REFERENCES


*NASW mental health section connection*(1).


