Home Visits in a Violent World

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ABSTRACT. Given the merits of home visitations, the social work commitment to community outreach, and the very real risks of harm posed by a violent society, there is a surprising lack of information on safe conduct of home visits. Clinicians often deny risks, behaving in ways that are incautious and reckless, thus placing them in further jeopardy. Newcomers to the profession are sometimes "shamed" by their superiors if they express fear. This paper examines the perceptions and experiences of home visiting, coupled with the lack of policy and training on the conduct of home visits. Ideas are presented to guide supervisors and agencies in their efforts to maximize their home visitor effectiveness, protect clinicians, and minimize liability. doi:10.1300/J001v26n01_03

KEYWORDS. Safety, violence, social work, risk liability, home visits

Social workers and other clinicians conducting home visits have been victims of threats and attacks, some of which have resulted in fatalities. Given the merits of home visitations, the social work commitment to community outreach, and the very real risks of harm posed by a violent society, there is a surprising lack of information on safe conduct of home

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visits. This lack of emphasis coincides with increasing concern as the number of home visits is not only increasing for social workers but also for other professionals such as visiting nurses; hospice workers; representatives of the criminal justice system; workers providing wrap-around, early intervention or geriatric services; and those involved in community-based psychiatric services.

A review of the literature reflects minimal research addressing the topic of dangers in the field and efforts to enhance worker safety. There is no national-level, central database that consistently and comprehensively records data about injuries to social workers. Thorough understanding is limited by the fact that any conclusions drawn must be made by piecing together fragmented data. As such, the most surprising information about the topic of safety and home visiting is the *lack* of information.

The existing literature indicates that a number of social workers have sustained injuries in the line of duty, and some have lost their lives on the job (Associated Press, 2006; Dunkel, Ageson, & Ralph, 2000; "Slaying Shakes Social Work," 1998; Macdonald & Sirotich, 2001; Newhill, 1992, 1995, 1996; Norris, 1990; Occupational Safety and Health Administration New Release, 1996; Rey, 1996; Schultz, 1987; Shields & Kiser, 2003; Spencer & Munch, 2003; Tully, Kropf, & Price, 1993; Weinger, 2001; Winerip, 1999). As the world becomes more violent, and as clients continue to be placed in the least restrictive environments, the threat to social workers continues to increase (Newhill & Wexler, 1997; Snyder, 2004; Spencer & Munch, 2003). The noted potential for violence is recognized; however, as Scalera (1995) strongly emphasized: "We can no longer view the threat of violence as 'part of the territory'. . . To accept that notion resigns us to the belief that there is nothing more we can do to protect our own workers" (p. 339).

Many social work clients reside in high-crime areas and are regularly exposed to dangers in their environments. In some instances, efforts have been made to address the risks to clients; however, much less has been done to address similar risks to workers. These incidents are not limited to densely populated, low-income urban locales; a number of workers have been assaulted, some fatally, in upper middle class neighborhoods (Landers, 1993).

THE EXPERIENCES OF SOCIAL WORKERS

Newhill (1995, 1996, 2003) has been in the vanguard, helping to lead social workers in the United States in a more concerted examination of

this issue. In studying a sample of over 1000 members of the National Association of Social Workers (NASW) from California and Pennsylvania, she discovered that 78% of the social workers sampled agreed that violence toward social workers was a significant issue; 52% indicated they sometimes worry about safety; and 57% revealed they had experienced one or more types of client violence during their careers (including property damage and attempted or actual attacks).

Schultz (1987) reported similar concerns among social workers from West Virginia. Of 150 social workers studied, two-thirds reported at least one incident of physical violence. Griffin, quoted in a *New York Times* article, reported "Social work gets more dangerous every year" (as cited in Dillon, 1992). In 1996, the Occupational Safety and Health Administration Guidelines noted that, even in light of the probable underreporting of incidents, health care and social service workers have a high incidence of assault injuries (OSHA, 1998). Rey (1996) asserted that, in response to the decline in social service resources and the increase in client powerlessness, violence against social workers has increased each year.

A more recent study by Ringstad (2005) reported that 62% of a national random sample of social workers (members of NASW) reported they had been victims of psychological or physical abuse. Baines (2004), studying a sample of Canadian social workers, found a similar increase (61%) in violent acts against social workers. This is particularly alarming given the increase in home visiting not only among social workers but among other helping professions as well.

HOME VISITS IN A VIOLENT WORLD

Ever since the 19th century, when Jane Addams was visiting homes in Chicago, there have been reports of threats to worker safety (Dillon, 1992). In spite of reported dangers, social workers have regarded client outreach–including the home visit–as essential to the person-in-environment perspective on service. The present role of home visiting as a social work function was born from the early context of the "friendly visit" (Hancock & Pelton, 1989). However, contrary to the history of professional services from other providers, the role of social work included both service and investigative functions. For example, child protection workers, in particular, have engaged in investigation in order to determine the extent to which the child's circumstances in the household were consistent with a safe and healthy environment. Frequently, the two functions–investigation and service–are confused as interchangeable. As a

result, the public may misinterpret a social work visit that is intended to be purely therapeutic as investigative, or in some way punitive (Newhill & Wexler, 1997). Indeed, unlike nursing and psychiatry, perceptions of social work as the profession of "baby-snatchers" may increase worker vulnerability to danger. The increase in home outreach to psychiatric clients as they move into community settings has also increased the risks confronting social workers.

Considering the social work commitment to making home visits, there is a surprising lack of literature on the proper planning and conduct associated with increased safety for a social work home visit. Beder (1998) noted, "If the visitor is distracted by danger or fear, the effectiveness of the visiting program will be compromised" (p. 521). Yet there are few guidelines designed to maximize positive outcomes and minimize safety risks to the worker. Rather than planned action, most supervisors would agree that "if any situation is identified as unsafe for the clinician, they must leave the home" (Miller & Duffey, 1993, p. 40). Wasik and Bryant (2001), in offering a more detailed listing of guidelines, still rely on the common sense approach to risk reduction and safety–"retreat"–or removing oneself from the site of the risk.

Home Visitor "Styles"

Lyter and Abbott (2000) reported that since social work home visitors rarely receive formal training on conducting a home visit, they often develop their own style, based on trial and error. Based on interviews and discussions with hundreds of social workers and social work students, Lyter and Abbott (2000) identified five specific types of home visitor: (1) the *frightened/avoidant type* who have considerable fear about the risks that might lie in the home visit milieu, and often avoid making visits altogether or rush the visit in order to mitigate their own anxiety; (2) the *clueless type* who appear disinterested and avoid discussion of safety policies and practices, and who move about with abandon, often becoming interested only after an incident occurs to them or to a colleague; (3) the *naive/compassionate type* who believe that because they are compassionate, all people will recognize their desire to do good, and who may believe that their kindness gives them a protective shield, or risk may be the necessary price to pay for serving humankind; (4) the *bravado type* who boast about their ability to handle, without fear, any situation, who see themselves as invincible; and (5) the *informed type* who attempt to be well informed about risks and consistently exercise safe practices of social work.

Social Worker Response: Ambivalence

A lack of consistent acknowledgment and reporting of incidents demonstrates the depth of ambivalence and the resistance of the profession to dealing with this in a rational way. To promote safety awareness and to gather further information, the authors organized a safety forum on a university campus, inviting the social work community to participate; surprisingly, given the phenomenon of ambivalence, the response was so enthusiastic that a number of workers had to be turned away due to space limitations. A range of views was encountered during this late 1990s forum. Given the noted safety risks and intense feelings about incidents, social workers varied widely in their response to the question of when and how, if at all, to address safety issues. Some workers enthusiastically embraced efforts to promote social worker safety, some expressed disdain, and others appeared indifferent. One agency administrator, for example, commented about not wanting to alarm staff workers by discussing safety issues.

Along with ambivalence about and resistance to this subject, underreporting of incidents seems to be common. Norris (1990) cited one study in which only 9% of incidents were reported in a formal way to the appropriate authority in the agency. In an anonymous survey conducted by Lyter and Abbott (1998), 34% of a sample of 39 students reported they had been threatened by a client in their field placements, two-thirds of the students reported being fearful of clients, and three students noted that they had actually been physically assaulted. This last finding was particularly alarming since only one formal report of an assault had been made to the field director, indicating that students did not consistently share this sort of information. Students expressed "compassion" and "commitment" as the primary rationale for "not reporting" incidents.

In the Norris study (1990), some workers indicated that violent incidents were unique isolated events that occurred so infrequently that they did not deserve mention, or that, conversely, violence was so common that it should be expected as part of the job and, thus, did not deserve mention. Other workers saw no specific gain related to reporting incidents. In fact, many found that in the aftermath of an incident, families, friends, and colleagues were more helpful than management, who were often rated as not responding effectively. These findings were similar to those reported by Lyter and Abbott (1998).

Concerns about the client can create hesitance about acknowledging and reporting safety violations. Some workers believe that acknowledgment of danger distances workers from their clients, and creates a wedge

of wariness. Others fear the reporting of a threatening or violent incident may expose the client to harm or to possible criminal charges. In some instances, workers' feelings of sympathy for the offender influence their decision not to report; in other instances, workers fear the offender might retaliate (Norris, 1990). Leaders in the profession fear that publicity about dangers will discourage new recruits from entering the field of social work. Not wanting to unnecessarily alarm practicum students and new workers, agency managers often hesitate to acknowledge threats to worker safety. Lastly, social workers fear the risk to reputation (Griffin, as cited in Hiratsuka, 1988). Even worse to some is the risk of becoming the target of laughter or ridicule. One field liaison, for example, reported that when she expressed concern about personal safety in making site visits, a colleague "snorted with a tone of disdain," even though the territory in which she was traveling was identified by one survey as the second most dangerous city in the United States (Morgan Quitno Press, 1998).

Denial and Shaming

The profession initiates newcomers into its cultural beliefs and practices. To that end, seasoned professionals are often questioned about safety issues by the neophytes entering the field. Some respond by providing information or a point of view about handling danger, while others avoid and deny the topic, out of discomfort or ignorance. One message that has been communicated, in a form of indoctrination, is the "scolding" or the "shaming" message. In this scenario, if a trainee expresses fear or hesitation about working in or making home visits in high-crime areas, the trainer who is using the shaming response will chide or admonish the trainee, implying that to show fear is to bring shame upon oneself. The subtext of this message is that the social worker who is truly committed overlooks risk factors, fears not for self, and retains the clients' interests and needs as paramount. The scolded newcomers quickly learn that they will not embarrass themselves again by asking such a seemingly foolish question.

Organizational Response

Agencies too reflect this ambivalent and, at times, avoidant approach. A safety survey of agencies used for field placement in one geographic region on the East Coast reported findings from approximately 200 agencies (Lyter & Martin, 2000). Of those, only 18% reported that they had a formal written agency safety policy. Clearly, the agencies were not fully

prepared to provide direction to their workers, or, consequently, to students in training. "The profession [in general] has been slow to acknowledge the danger," noted Hiratsuka (1988, p. 3). To date, there is no national initiative to catalogue data on violence against social workers. The Massachusetts Chapter of NASW has, however, made significant contributions in this regard. After an incident of violence against social workers there, Massachusetts social workers developed a useful safety policy (Committee for the Study and Prevention of Violence Against Social Workers, 1996) and have initiated a data collection effort to encourage formal reporting of incidents. When they found there was little help available from the professional associations, they pursued research on their own, and campaigned to promote awareness of this topic.

Professional Responsibility and Vicarious Liability

In developing increased promotion of safety, two key catalysts are available to drive the initiative: professional responsibility and vicarious liability. The former–professional responsibility–is demanded by the NASW Code of Ethics (1999) and the NASW Standards for Social Work Personnel Practices (1990). The latter–vicarious liability–is driven by our litigious society and resulting increase in malpractice cases, accompanied by a growing interest in risk management strategies (Houston-Vega & Nuehring with Daguio, 1997; Nuehring & Houston, 1992).

Professional responsibility demands not only that line workers be concerned about safety, but supervisors and agency personnel also have a responsibility to inform their colleagues, including peers and/or supervisees, about safety-related issues. The NASW Code of Ethics (NASW, 1999) does not specifically address the issue of safety; however, it does require workers to be competent and supervisors to educate and train their supervisees in areas relevant to practice as well as to assign cases within the area of supervisees' expertise. The Code also requires supervisors to be competent in their areas of supervision. The NASW Standards for Social Work Personnel Practices (NASW, 1990) require supervisors and agency administrators to provide appropriately trained/competent staff for the tasks at hand. A liberal interpretation would include the idea that staff be informed about safety risks and sufficiently trained to respond to challenging situations, coupled with opportunities to discuss and process any acts of violence or threats to safety that they may have experienced.

The concept of shared responsibility or vicarious liability is not a new one. It is a term growing out of English common law. Vicarious liability

literally means that a master is responsible for the actions of the servant. In the case at point here, it could be construed that the agency director, the supervisor, or even the board of directors is not only responsible for the action of the worker, but also for the safety or well-being of the worker. In cases involving harm to client–or, as suggested here, harm to the social worker–typically a broad net is cast with many of the above parties named in the suit.

COMPOSITE OF STRATEGIES FOR SAFE AND EFFECTIVE HOME VISITS

How can a social worker or a social service organization become better equipped to minimize or counter the risks associated with home visiting? What strategies can be shared or structural changes implemented that will enhance the safety of social work home visitors? It is clear that not every strategy applies in every situation. For example, workers employed in child protection often have special safety concerns and legal procedures, and, as a result, may need specific training based on unique agency policies and client characteristics. Workers dealing with community-based psychiatric patients may also require additional training. The following suggestions, which emerged from our own experiences, research, and review of the literature, should be useful not only to workers, but also to supervisors and agency administrators in their quest for increased worker safety and for deceased liability. The composite focuses on three primary areas of intervention: (1) actions for which the agency has primary responsibility; (2) specific actions to be undertaken by the worker; and (3) shared responsibilities. The latter frequently become a major responsibility of the supervisor who serves as the link between the responsibilities of all members of the agency/organization.

Strategies for Agencies

Table 1 presents an overview of the responsibilities of the agency. In addition to developing a safety plan, it is the responsibility of the agency to provide training in content areas that facilitate the conduct of safe social work.

It is the responsibility of workers and supervisors to implement the training guidelines developed by the agency. It also is important they fulfill their responsibility in providing feedback and input on the agency plan. Role playing frequently is helpful in sensitizing clinicians to the

TABLE 1. Strategies for Agency Action

1. Develop an agency safety plan that includes home visitation emergency contacts and procedures. Post the plan in a high visibility spot within the agency and within agency manuals.
2. Educate ALL agency employees about the policies and practices contained in the agency safety plan.
3. Make a commitment that employees receive thorough and appropriate training upon employment, as well as throughout their tenure with the agency. This should include
   - non-violent crisis intervention training,
   - personal safety techniques, self-defense training,
   - de-escalation techniques, and
   - risk assessment.
4. Ask for and respect feedback and input from all employees including workers and supervisors.

roles and feelings of each of the individuals involved in a variety of safety-related situations, and in helping administrators and supervisors appreciate individual issues related to clients' feelings, and workers' sensitivity to criticism, control issues, or asking for help.

Strategies for Workers

Table 2 summarizes the responsibilities of workers making home visits. Worker strategies pertain to visit preparation, behavior in the home, and crisis management. Visit preparation deserves thorough and thoughtful attention. The worker should prepare a comprehensive assessment of the client prior to the visit, so that there is clarity about the purpose for the visit, the client's history (including any evidence of violence), and the client's needs and living circumstances. It is essential to know culturally competent etiquette and behavior, and to be as knowledgeable as possible about the client's own cultural background and practices. In some cases, it might be wise to confer with other professionals who know the family, such as a family physician.

The worker should prepare by having an agenda and informing the client as to what to expect of the visit. Visits should be scheduled at specific appointment times. The worker should call ahead to confirm, and should inform office staff of the itinerary, always arriving and leaving promptly. Office staff should have a protocol to follow if the worker is late and does not report in as expected.

TABLE 2. Strategies for Workers Making Home Visits

Visit preparation.
1. Prepare a thorough assessment prior to the visit, including a client cultural profile.
2. Prepare the client and structure the visit schedule and parameters.
3. Know the community.
4. Choose appropriate attire.
5. Travel in pairs.
6. Use technology and equipment that enhance safety.
7. Use reliable transportation.
8. Know the travel route and avoid being rushed.
9. Observe carefully before entering a home.

Visit management.
1. Conduct oneself in a confident, courteous, and assertive manner.
2. Show respect for clients and their "turf."
3. Remain alert and observe carefully.
4. Avoid kitchens, bathrooms, and bedrooms.

Crisis management.
1. Retreat when there is potential danger.
2. Respond to warning signs with attempts to neutralize and defuse.
3. If an incident occurs, observe details, report the incident, and receive care.
4. Provide an opportunity for debriefing and support following an incident.

When indicated, the worker should contract with clients to outline appropriate and inappropriate behaviors, establishing clear boundaries. Animals should be restrained, and it is advisable to make this request beforehand. Family pets can be aggressive with visitors.

The worker should know the community and its characteristics, attempting to become acquainted with leaders and shop owners. It is wise to ascertain if a neighborhood is known for bias against individuals of a different race or ethnicity. Workers should be assigned accordingly. Visits should be conducted during the hours that are the safest for that neighborhood, generally during daylight hours when there is the least likelihood of disruption.

"Home visit" clothing and shoes allow for mobility and do not attract undue attention. That does not mean, however, that attire should not be professional.

Traveling in pairs allows for mutual support; at times, it may be advisable to request a police escort. Note, however, that it is necessary to cultivate a relationship with the local police before ready cooperation can be expected.

Proper use of technology and equipment, such as a cell phone, beeper, or two-way radio, can enhance safety. Costs associated with these devices should be funded by the agencies, and agency policy should require their use.

To insure reliable transportation, know the routes and schedules of public transit. If using an automobile, maintain the vehicle properly, have sufficient gas, and travel with doors locked and windows closed. Emergency items should be available in the car, such as food, blanket, emergency flashers, can of tire sealant, flashlight, jumper cables, shovel and scraper for snow. A membership in an auto club that can be contacted in an emergency is also useful. Travel safely by knowing the route, and studying a map carefully beforehand. Avoid the look of "being lost." Choose a parking space that allows the best access. Carry keys in a pocket or hand at all times. Carry some cash including change. Allow sufficient time for travel. Feeling rushed and harried can compromise attention to detail. Circling the area to observe before leaving the car is often advisable. Step back from the door of the client's home after knocking, and observe carefully before entering. Linger on the doorstep a moment to assess. If something seems amiss, do not enter.

Thorough preparation is essential, and worker behavior in the home during the visit is important. Upon entering the home, the worker needs to remain alert and use sharp observational skills, making an immediate visual assessment of the environment, listening for others approaching and for shouting, watching where stepping and sitting, knowing where the exits are, and observing body language. Avoid kitchens, bathrooms, and bedrooms. No matter the intent of the visit, the worker is always in someone else's home, on someone else's turf. The worker's conduct should be courteous, confident, assertive–never aggressive. In line with the Code of Ethics, it is important to respect the dignity and worth of the client and conduct oneself in a manner that displays that respect. Using basic "guest techniques" includes being respectful and courteous, stating clearly the purpose of the visit, and maintaining boundaries and limits.

Even with careful preparation, a crisis can occur. Ideally, the worker should retreat from the home when potential danger is signaled. Under some circumstances, however, the worker may need to remain to protect others, such as a child or other vulnerable individuals. Avoid threatening questions and confrontations if the client appears agitated or hostile. Crisis management skills include responding to agitation with attempts to neutralize or defuse a situation, and to reduce client agitation. If an incident of violence occurs, the worker should observe as much detail as possible, such as the appearance of an intruder (hair/eye color, height,

weight, scars, tattoos, clothing) and report the incident both to authorities and to agency administration. Lastly, the worker should receive proper care to attend to physical or emotional harm.

Strategies for Supervisors

Table 3 presents guidelines to be used by supervisors. These guidelines serve as the interface between the organization and the line worker. Although agency policy applies to all employees, generally it is the supervisors who have the greatest day-to-day responsibility in ensuring its implementation. Supervisors need to feel supported by the agency; workers need to feel supported by both the supervisor and the agency for the plan/policy to be implemented fully.

CONCLUSIONS AND NEXT STEPS

Although concerns have been raised about educating social workers to combat violence and to minimize risk of harm (Griffith, 1995; Weinger, 2001), many social workers still report receiving limited or no preparation to deal with the safety risks at hand. The above suggestions should be incorporated into training and operating procedures of all agencies providing home visits. Workers should be well-prepared for the risks at hand; supervisors should be prepared to discuss those risks with their

TABLE 3. Strategies for Supervisors

1. Discuss with supervisees the items suggested above for workers making home visits.
2. Make certain that workers have ample time to prepare for a safe home visit.
3. Present an open environment for discussion of fears, concerns, and preparation tips.
4. Provide opportunities for supervisees to discuss reactions to home visits.
5. Inform the agency of the needs/concerns identified by workers for the conduct of safe home visits. Examples include the need for cells phones, safe vehicles, escorts, additional training.
6. Remind the agency of its responsibilities in providing on-going safety training for all employees.
7. In the event of an assault or a threat, make certain the worker has sufficient opportunity to discuss the incident and knowledge about how to file an incident report. Arrange or facilitate follow-up care for any supervisee involved in a safety incident.
8. Arrange a debriefing about all home visitations upon return to office, in order to remain aware of patterns that should be addressed and that might pose a risk. Provide in-depth opportunity for debriefing for all incidents involving threats to safety.

supervisees and follow up in helping workers appropriately process any negative aspects related to home visits. Every agency should have a thorough and effective worker safety policy that includes comprehensive training on home visitations, and every worker, including receptionists, volunteers, and students, should receive general safety training in a thorough and timely fashion. These policies should be written and administered not just by an executive, but also by a safety committee comprised of representatives at all levels of employment, including line workers.

Because the Council on Social Work Education (CSWE) does not mandate safety training for students, educators may not believe there is a need to engage in formal curriculum building designed to prepare students to address the risks of home visiting. This view leaves that responsibility primarily to the social service agencies providing field practicum experiences for the students. Given the lack of administrative preparedness of agencies, the potential risks to students cannot be ignored. Potential risks must be acknowledged and minimized through providing preparation and training, not only to protect social workers and social work students, but also to avert potential lawsuits for the program (Tribbensee, 2004). In short, schools need to address the safety of students, as well as appeal to the agencies and professional organizations such as NASW and CSWE to prod policy makers and agency administrators into action.

The preparation offered by schools should encompass an orientation to safe practices, an overview of safe and effective home visiting that introduces the more thorough training that will come from the agency, and assistance with worker awareness and use of self. In a self-inventory, the worker conducts self-scrutiny and self-examination to identify one's own attitudes about home visiting and about safety. To what extent can the worker tolerate risk? Does the worker identify with any of the features of the "naive/compassionate," "bravado," or "clueless" types? What is the worker's ability to perform in crisis conditions? This includes assessment of size and physical abilities, the tendency to respond to danger with fight or flight, and attitudes about responding in a physical way. The goal is for all workers to become the "informed" type of worker: the frightened/avoidant type will gain courage, the clueless type will gain commitment to safety, the naive/compassionate type will gain respect for personal well-being, and the bravado type will gain awareness of personal vulnerability and fallibility.

"The issue of agency liability is extremely complex and information on the subject is limited" (National Resource Center on Child Abuse and Neglect, 1997, p. 21). Employers can be held liable for injuries to social workers on the job, just as educational programs can be held liable for

the safety of their students. An important concept to consider is that of vicarious liability. It is familiar to anyone involved in risk management efforts or malpractice and/or injury cases.

When liability cases are filed, a broad net is cast encompassing everyone and anyone who has contributed to the situation–whether it be deliberately or unintentionally by intent or neglect. What this means is that agencies, as well as educators, supervisors, or even agency boards or academic institutions or departments can be challenged regarding their contributions to lack of worker safety (Tribbensee, 2004).

In addition to developing risk management strategies such as agency training and social work curriculum safety components, attention should be directed toward appropriately responding to actual incidents challenging worker safety. Any incidents that threaten safety should be formally reported, and the victim of violence should be provided medical attention, critical incident stress management, and trauma crisis counseling. All should be aware that the situation may require ongoing support, and that the worker should be provided the full spectrum of responses appropriate to the incident. A report should include the date, time, and location of the incident; the names of workers and the client and/or family involved; a detailed description of the events; details on injuries sustained and medical attention obtained (name of hospital or health provider); law enforcement details (officer and department); the status of any legal action being considered; and any other relevant comments.

Schools/educational departments of social work and the profession can and should find remedies to the ambivalence about safety and the lack of information about worker-safe home visiting. All workers should strive to become the "informed" type on how to conduct a safe and effective home visit. There is reason to be optimistic that home visiting can be done in a manner that reduces undue risks; however, more empirical data need to be collected so that intervention is not based on anecdotes and speculation, but rather on hard facts.

The profession can play its part by striving to maintain a national database of incidents of risk to safety, developing a formal curriculum to train workers in worker-safe practices, and creating a climate in which social workers are regarded with respect by the public. As a profession, we must challenge the idea that the only completely safe alternative is total abstinence from social work. Clearly, refraining from service to clients is not a reasonable option; instead, exaggeration, fear, and denial should be replaced with rational and solution-oriented methods. As a profession, we must respond to the concerns of Robert Reich (Occupational Safety and Health, 1996), former Secretary of Labor, who lamented the fact that

social workers are frequently in jeopardy. With consciousness-raising among agencies, educators, clinicians, and students, accompanied by ongoing educational and training programs and agency safety initiatives, the home visit will become a safer and more effective endeavor. One cannot guarantee safety, but one can commit to preventive measures, incorporating good risk management strategies. One can strive to support the "informed" worker–and prepared agency–one informed about risks as well as strategies for practicing "safe" home visiting.

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