

LOG REPORT VIOLENCE AGAINST SOCIAL WORKERS

The NASW Committee for the Study and Prevention of Violence Against Social Workers is keeping a log of violent work related incidents and threats against social workers in Massachusetts.

We will use this information to keep accurate statistics and to design relevant trainings and consultation to agencies and individuals so that the workplace can be as safe as possible.

Please fill out the form below if you have had an incident within the last three years, or if you are afraid of one occurring. You may also fill it out for another person.

Return to: **NASW, 14 Beacon St., Suite 409, Boston, MA 02108; Attention: Committee for the Study and Prevention of Violence Against Social Workers**
THIS REPORT MAY BE RETURNED ANONYMOUSLY.

Date: _____

1. Name & Phone of Victim *(optional)* _____

2. Date of Assault _____

3. Age and sex of Victim _____

4. Location of Incident _____
(Optional and only if relevant to our understanding of the incident)

5. Highest Social Work/Mental Health Degree _____

6. Date of Degree _____ 7. Licensing Level _____

8. Work setting where incident took place:

- | | |
|---|--|
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Outpatient Mental Health |
| <input type="checkbox"/> Employee Assistance | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Forensic | <input type="checkbox"/> Residential Settings |
| <input type="checkbox"/> Income Maintenance | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Inpatient-Psychiatric | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Medical Social Work | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Academic Setting | <input type="checkbox"/> Other <i>(please specify)</i> : |

9. Type of Work: (check all that-apply):

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Research |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Other <i>(please specify)</i> : |

10. Briefly describe assault or threat including events leading up to the incident if known.

11. Description of assailant (if relevant to our understanding of the incident)

12. Please describe the physical and psychological injuries sustained by the victim.

- Physical _____
- Psychological _____

13. Was intervention needed by others to stop the assault? yes no

14. Was intervention available? yes no

15. How useful is intervention?

16. As a result of this physical assault:

- | | | | | |
|---|------|---------|----------|-------------|
| a. The physical impact on you was: | none | mild | moderate | severe |
| b. The emotional impact on you was: | none | mild | moderate | severe |
| c. The amount of time lost from work: | none | hours | days | weeks |
| d. Did you seek medical services? | yes | no | | |
| e. Did you seek psychological services? | yes | no | | |
| f. Were charges ever pressed? | yes | no | | |
| g. How would you rate the level of support in the workplace following this assault? | none | minimal | moderate | significant |

17. As a result of this verbal assault on you:

- | | | | | |
|---|------|---------|----------|-------------|
| a. The physical impact on you was: | none | mild | moderate | severe |
| b. The emotional impact on you was: | none | mild | moderate | severe |
| c. The amount of time lost from work: | none | hours | days | weeks |
| d. Did you seek medical services? | yes | no | | |
| e. Did you seek psychological services? | yes | no | | |
| f. Were charges ever pressed? | yes | no | | |
| g. How would you rate the level of support in the workplace following this assault? | none | minimal | moderate | significant |
| h. Is the client still in treatment with you or the agency? | yes | no | | |

18. Do you want a consultation from our committee? yes no

May we contact you in the future if we need additional information? yes no

Name *(optional)* _____

Phone number *(optional)* _____