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The Role of Self-Efficacy in Mediating Personal and Environmental Factors that Influence Practice with Crime Victims: Implications For Professional Development

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Assistance to crime victims has emerged as a practice issue that cuts across many social work fields of practice. Over the past 30 years, crisis response to crime victims has grown into a separate field of practice that includes services to victims by community-based organizations and the criminal justice system. Recognizing the effects of crime victimization has produced a better understanding of mental health problems from trauma due to violent acts. Since effective service to crime victims is partially dependent upon competent helping professionals, it is important to identify factors that enhance the capacity of social work practitioners, making them more able to meet the needs of this population. One starting place is to look at the professional self-efficacy of social workers, including both individual and environmental influences, to provide services to crime victims. Using a structural equation model, this study examines factors that support social workers' self-efficacy. The role of social work administrators in promoting professional development for their workers and themselves is explored.

Literature Review

Although violent crime rates have dropped in recent years, during 2003 the National Crime Victimization Survey estimates that there were 5.4 million violent crimes including rape, sexual assault, and domestic violence

(Catalano, 2004). Victims of violent crimes suffer serious psychological, social, and economic injuries resulting from the trauma that may continue long after their physical injuries have healed. Victims may experience depression, anger, embarrassment, helplessness, and fear (Brown, 1991) as well as posttraumatic stress disorder (Ochberg, 1988). Besides unplanned medical costs, such as emergency medical treatment and long-term rehabilitation care, the financial impact of the crime may include expenses for relocation, lost wages, funeral costs, as well as mental health counseling (Miller, Cohen & Wiersema, 1996).

Professionals who work with this population are at high risk for "secondary trauma" or "compassion fatigue" (Figley, 1995). Essentially, those who work with suffering often suffer themselves because they endure emotional trauma as a consequence of experiencing the reality of violent events in the lives of their clients. Additional hazards of practice include the elusiveness of "success" with traumatized individuals who often have needs greater than social service, educational, or health systems can meet (Skovholt, 2001). Consequently, professionals may lose their sense of empowerment, well-being, comfort, and purpose when assisting victims of violence (Figley, 2002).

There is little information regarding what factors influence social workers' response to

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crime victims; however, the ability of professionals, in general, to respond to victims of domestic violence-related crime has been previously addressed. Nationally, domestic violence victims account for over 50% of persons receiving assistance from community-based victim assistance agencies (Danis, 2003a). Additionally, social workers irrespective of their practice settings see domestic violence victims in their caseloads (Danis, 2003c). Important factors studied thus far, and also addressed in this study include: academic preparation (Tilden, et al, 1994; Parsons & Moore, 1997; Danis, 2004), professional experience (Davis, 1984; Davis & Carlson, 1986; Molliconi & Runyan, 1996; Danis, 2004), personal experience (Davis & Carlson, 1986; Tilden et al, 1994), practice setting (Davis, 1984; Davis & Carlson, 1986; Moore, Zaccaro, & Parsons, 1998), practice setting support (Olson, Anctil, Fullerton, Brillman, Arbuckle, & Sklar, 1996), and continuing education training (Davis, 1984; Saunders & Kindy, 1993; Parsons & Moore, 1997; Moore et al, 1998; O'Neal & Dorn, 1998).

Theoretical Framework and Previous Studies

Social cognitive theory (Bandura, 1986) is an attempt to understand human agency, which is referred to as the intentional acts of a person and the factors that influence such behaviors. Social cognitive theory assumes that people are “capable of self-reflection and self-regulation and that they are active shapers of their environments rather than simply passive reactors,” (Maddux, 1995, p.4). The core principle of this theory is the concept of “triadic reciprocal causation” or “triadic reciprocity” (Bandura, 1986). The following three forces influence each other and, consequently, these interactions determine the actions of any individual: 1) behavior, 2) internal personal factors (including cognitive, affective, and biological events), and 3) the

external environment. Although these influences are reciprocal, they are not of equal strength nor do they operate at the same time. The relative influence for each of these factors will vary across people, situations, and activities. These factors serve as the major antecedents of perceived self-efficacy, “the extent to which people believe that they are capable of exercising influence and control over the events that affect their lives” (Bandura, 1994, p. 421). “It is not just the skills that people have but their judgment of what they can do with whatever skills they possess” (Bandura, 1986, p.391).

Self-efficacy theory has been applied in a variety of health settings and to the diverse needs of both clients and professionals. In a meta-analysis looking at the relationship between self-efficacy appraisals and subsequent health behaviors, self-efficacy was found to consistently predict subsequent physical health-related outcomes for clients (Holden, 1991). Abusabha and Achterberg (1997) also found that self-efficacy is a good predictor of healthy behavior. Interventions that modify maladaptive behavior or embrace new behaviors or skills are recommended as effective social work strategy in raising the self-efficacy of clients (Furstenberg & Rounds, 1995).

In regard to professionals, self-efficacy is the belief that one is able to perform well in their work roles (Cherniss, 1999). This concept has been applied extensively to the training and development of helping professionals including social workers, psychologists, nurses, and physicians. With regards to the development of social work professionals, the theory has been applied within the context of hospital social work practice (Holden, et al, 1996), teaching research skills to social work students (Holden, Barker, Meenaghan, & Rosenberg, 1999; Montcalm, 1999), generalist social work student outcomes (Holden, Meenaghan, Anastas, & Metrey, 2002), impact of service

learning on perceived self-efficacy of social work students (Williams, King, & Koob, 2002), and providing services to victims of domestic violence (Danis, 2004). These studies found that higher levels of professional experience and workplace support were associated with higher levels of perceived professional self-efficacy and, therefore, increased levels of knowledge and skills in working with clients.

The aim of this study is to determine professional levels of self-efficacy in social workers who work with crime victims. Therefore, the hypotheses include: 1) those who have more professional experiences and receive more support from their agencies are more likely to have higher levels of professional self-efficacy; and, 2) those who have higher levels of self-efficacy will have higher levels of knowledge and skills for working with crime victims.

Methods

Sample and Data Collection

A survey was mailed to all licensed social workers in a large southwestern state to gather information about their current practice behaviors and preparedness for working with clients who are victims of crime. A total of 1,406 completed surveys were returned for a response rate of 18%, which included responses from all geographic areas of the state (Texas). The majority of respondents were European American (75%) women (78%) holding MSW degrees (79%). Respondents had professional experience ranging from less than one year to 53 years. Nearly half (45.6%) indicated they worked in a direct practice role, 8.5% described their current role as administrative, while 27% described their role as both direct practice and administrative. Nineteen percent did not indicate their current role.

Respondents worked in diverse fields of practice, including adult mental health (27%), medical social work (19%), child and family

services (17%), services to older adults and persons with disabilities (10%), emergency services (7%), public and private child welfare (6%), adult and juvenile corrections/probation (3%), victim assistance (1%), substance abuse (1%), social work education (1%), and military social work (1%). Seventy-four persons did not indicate their current field of practice.

Variables and Instruments

In this study, individual factors influencing self-efficacy were represented by academic preparation and professional experience and development which included direct work with crime victims and continuing education on the topic. Environmental factors included practice setting, access to experts, and agency policies and procedures.

Professional Factors

Professional experience and development was operationally defined as the amount of professional experience providing services to survivors of violent crime, and the amount of continuing education workshops or in-service training on working with adult victims of crime since their professional degree was granted. For example, respondents were asked to what extent they had attended continuing education programs specifically addressing working with crime victims. This scale consisted of 3 items with a 5-point response format, which ranged from 1 (not at all) to 5 (a great deal). Cronbach's alpha was .82 in the current sample. Higher scores reflect higher levels of experience and training in this area.

Environmental Factors: Practice Setting Support

In this study, environmental factors are represented by practice setting support from the agencies that respondents currently work with. Practice setting support within the context of practice with crime victims is defined as organizational recognition about how crime victimization impacts its clients and its professional staff. Practice setting support

is operationally defined as the extent to which social workers perceive support from their workplace, supervisors, and peers with regards to providing them with access to expertise for working with crime victims and the extent to which their workplace has policies and practices that screens clients for victimization, participates in community activities, and recognizes and addresses the potential for secondary trauma on its workers. The constructs of “access to expertise” and “agency policies and practices related to crime victims” are defined below.

Access to expertise was operationally defined as the extent to which social workers have access to a supervisor, co-worker, or consultant with expertise in crisis intervention with crime victims and in working with clients who have posttraumatic stress disorder. This scale consisted of 2 items rated with a 5-point response format, ranging from 1 (not at all) to 5 (a great deal). Cronbach’s alpha was .76 in this present sample. Higher scores reflect greater levels of access to expertise about the impact of victimization on clients within the organization where the respondent was currently employed.

Agency policies and practices related to crime victims was operationally defined as the extent to which there were specific questions on agency intake forms to screen for violent victimization, agency participation in community coordination for victim assistance services, agency policies that address secondary trauma issues for social workers, and policies that address violence in the workplace. Examples of survey items included, “To what extent does your agency policies address secondary trauma issues for workers and to what extent does your agency participate in community coordination efforts for victim assistance services?” Since many communities are now developing coordinated community responses to crime, it was felt this item would indicate an agency’s commitment to addressing the needs of crime victims. This

subscale consisted of 5 items rated with a 5-point response format, ranging from 1 (not at all) to 5 (a great deal). Cronbach’s alpha was .76 in this present sample. Higher scores reflect greater attention to the impact of victimization on clients, the community, and service providers by the organization where the respondent was currently employed.

Professional Self-Efficacy

Crime victim assistance professional self-efficacy was defined as the extent to which social workers believe they are capable of performing the practice tasks associated with intervening with crime victims. Since self-efficacy is context specific (i.e., self-efficacy in one area does not necessarily translate into self-efficacy in other areas), the researcher developed a context specific measure. This subscale consisted of 10 items and a 5-point response format was used, which ranged from 1 (totally disagree) to 5 (totally agree). Survey items included such statements as, “I am capable of identifying victims of violent crime in my caseload” and “I am confident in my ability to help a victim of crime through the criminal justice system.” Cronbach’s alpha was .90 in the current sample. Higher scores reflect higher levels of perceived capability to work with crime victims.

Social Work Practice

Social work practice with crime victims depends on practitioners’ knowledge about the impact of violent crime on individuals, their ability to apply their knowledge, and their skill in screening for victimization among their caseloads. An expert panel of experienced victim service providers reviewed survey items for the subscales of knowledge of victimization and victim assistance screening skills for face validity (Danis, 2002).

Knowledge of victimization was defined as the information necessary for assessment and intervention with crime victims, including knowledge of PTSD, local resources available, and issues related to cultural sensitivity.

Survey items included such statements as, “I can distinguish between normal and abnormal PTSD reactions,” and “I am aware of different impact issues for crime victims of different races, ethnic groups, and cultures.” This subscale consisted of 5 items rated by a 5-point response format, ranging from 1 (totally disagree) to 5 (totally agree). Cronbach’s alpha for the scale was .83 for this sample. Higher scores reflect more in-depth knowledge of the impact of violent crime, thus increasing the potential for the implementation of appropriate intervention strategies.

Victim assistance screening skills included questions about screening for past and present victimization and sexual abuse. Survey items included such statements as, “I ask all my clients if they have ever been a victim of a violent crime,” and “I ask all my clients if anyone is currently forcing them to have sex when they don’t want it.” This subscale consisted of 5 items rated by a 5-point response format, ranging from 1 (totally disagree) to 5 (totally agree). Cronbach’s alpha for the scale was .71 for this sample. Higher scores reflect the potential of more effective identification of clients who have been victimized in the past or present.

Data Analysis

Data were analyzed using the SAS system’s CALIS procedure (Hatcher, 1994), and the models tested were co-variance structure models with manifest variables and latent variable including multiple indicators. Causal relationships among variables as well as the relationship between latent variable and observed variables were examined by structural equation modeling, using a maximum likelihood method for the estimation of parameters of the proposed model. In the measurement model, the process of model modification was explained according to the goodness-of-fit index, along with a test of reliability of all the variables. In the structural equation model, a theoretically

meaningful and statistically accepted model was presented, including direct and indirect effects of manifest variables.

In order to determine the appropriateness of the model fit, the chi-square test statistic for goodness-of-fit was used. The literature suggests that researchers should not rely solely on chi-square because it does not work equally well with various types of fit indexes, sample sizes, estimators, or distributions (Bentler & Bonett, 1980; Bollen, 1989; Hayduk, 1987; Joreskog & Sorbom, 1992; La Du & Tanaka, 1989; McDonald, 1989). Therefore, the alternative goodness-of-fit indices provided by the program included the Goodness of Fit Index (GFI), Bentler’s Comparative Fit Index (CFI), Bentler & Bonett’s Normed Fit Index (NFI), and McDonald’s Centrality Index (MCI).

Results

Characteristics of Respondents

In terms of professional factors, nearly 82% had experience working with clients who were crime victims. However, 60% said they had “little to no” course work on the impact of violent crime on individuals, and nearly 63% said they had “little to no” course work on crisis intervention with adult victims of violent crime. Approximately 30% had “moderate to a great deal” of continuing education on working with adult victims of violent crime. Concerning practice setting, 44% reported that they had no questions on their agency’s intake forms to screen for adult violent victimization and 43% said they had no questions on their intake forms to screen for violent victimization of children. Over 50% of respondents said they had “some to a great deal” of access to persons with expertise in crisis intervention with adult victims and over 60% had access to expertise in posttraumatic stress disorder, one of the most common mental health risks for crime victims. Nearly 50% of respondents reported being personally affected by violent crime either directly or through family

members or friends. With the possibility for secondary trauma so critical, it was surprising and dismaying that 53% of respondents said their agency personnel policies did not address secondary trauma for workers.

As shown in Table 1, significant correlations were evident ($p < .01$) among all variables. Professional self-efficacy (.75), professional experience and development (.60), access to expertise (.47), and agency policies and practice (.46) positively and significantly correlated with knowledge of victimization. Professional experience and development (.49), agency policies and practices (.48), professional self-efficacy (.46), and access to expertise (.40) also significantly and positively correlated with victim assistance skills.

Model Testing

A review of the model’s residuals revealed that the distribution of normalized residuals was asymmetrical, and that two of the asymptotically standardized residuals were relatively large (in excess of 4.0). Lagrange Multiplier and Wald test suggested academic preparation, having high asymptotically standardized residuals, be dropped from the

revised model. Thus, the Goodness of fit chi-square statistic for the revised conceptual model was nonsignificant ($p = .051$), indicating that the model is compatible with the observed data. Goodness of fit indices also showed that the proposed model displayed values of .95 on GFI, .95 on CFI, .95 on NFI, and .93 on MCI, indicating that values on all goodness-of-fit indices of the proposed model were well within the acceptable range (in excess of .90).

Measurement and Structural Model Evaluation

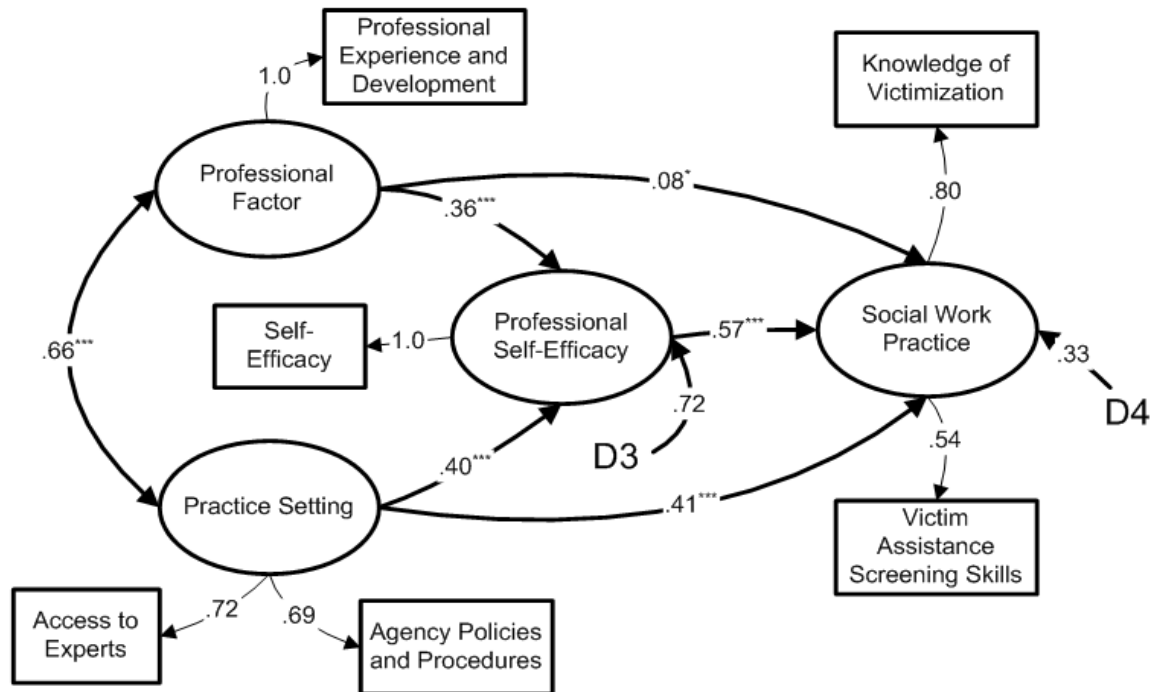
Figure 1 shows that professional and practice-setting factors had a direct positive impact on self-efficacy, indicating path coefficients of .36 and .40, respectively. The subsequent analysis supported self-efficacy as a mediator and had a direct positive impact on social work practice, indicating path coefficient between the two factors of .57. Professional and practice setting factors also had a direct positive impact on social work practice, indicating path coefficients of .08 and .41, respectively. In addition, the correlation

Table 1. Means, Standard Deviations, and Correlations Among Measured Variables

Variable	1	2	3	4	5	6
1. Professional experience & development						
2. Access to expertise	.52 **					
3. Agency policies & practices	.51 **	.50 **				
4. Self efficacy	.68 ***	.48 **	.50 **			
5. Knowledge of victimization	.60 ***	.47 **	.46 **	.75 ***		
6. Victim assistance screening skills	.49 **	.40 **	.48 **	.46 **	.47 **	
Mean	2.82	3.02	2.77	3.19	3.32	2.31
Standard Deviation	1.18	1.40	1.19	.87	.84	.99

Note: $N = 1406$, * $p < .05$, ** $p < .01$, *** $p < .001$

Figure 1: The Revised Conceptual Model (Involving Path Coefficients)



Notes: N = 1406 * p < .05 ** p < .01 *** p < .001

between two exogenous manifest variables (professional and practice setting factors) was .66. In this model, the indirect effect of professional factors on social work practice with crime victims was significant [.21 = (.36 × .57)]. Indirect effect of practice-setting factors on social work practice was also significant [.23 = (.40 × .57)]. (See Table 2).

As seen in Table 2, all path coefficients were statistically significant (p < .001), ranging from 2.46 to 25.29 (t value). Squared multiple correlation (R-Square) for structural equation was .48 on self-efficacy, indicating

that about 48% of the variance of structural equation of professional self-efficacy was explained by both professional factors and practice setting; R-square was .85 on social work knowledge and skills, indicating that about 85% of the variance of structural equation of social work tasks was explained by professional factors, practice setting, and professional self-efficacy acquired through both professional factors and practice setting.

Professional Self-Efficacy & Crime Victims

Table 2. Structural Parameter Estimates for the Revised Conceptual Model

Path		Standardized Coef.	Standard Error	
<u>Direct Effect (→)</u>				
Professional Factors	Professional Self Efficacy	.36	.03	
Practice Setting	Professional Self Efficacy	.40	.03	
Professional Factors	Social Work Practice	.08	.02	
Practice Setting	Social Work Practice	.41	.03	
Prof. Self Efficacy	Social Work Practice	.57	.03	
<u>Correlation between Exogenous Constructs (↔)</u>				
Professional Factors	Practice Setting	.66	.05	
<u>Indirect Effect (→ →)</u>				
Professional Factors	Prof. Self Efficacy	Social Work Practice	.21	.07
Practice Setting	Prof. Self Efficacy	Social Work Practice	.23	.06
<u>Squared Multiple Correlations (R²) for Structural Equations</u>				
Professional Self Efficacy		.48		
Social Work Practice		.85		

Discussion

This study’s findings highlight how individuals with more professional experience and support from their practice settings were more likely to have higher levels of professional self-efficacy, and, therefore, were more apt to have the knowledge and skills necessary to work with crime victims. These findings are consistent with previous studies that show how self-efficacy can predict subsequent professional behavior (Holden, 1991; Abusabha & Achterburg, 1997). The relationship of professional experience to self-efficacy is also consistent with previous studies comparing self-efficacy rates of social work students with the self-efficacy rates of practitioners in the field (Holden et al., 1996; Holden, Cuzzi, Rutter, Chernack, & Rosenberg, 1997).

Practice-setting support (i.e., access to expertise and agency policies/practices related to crime victims) demonstrated a stronger relationship with social work practice and self-efficacy than professional experience. Perhaps due to the difficulty in assessing “success” in working with crime victims, self-efficacy develops more from one’s ability to actively reflect on his or her work with supportive and knowledgeable mentors than from the development of a sense of mastery over the process. For this study, client outcomes were not addressed. Instead, agency support was the essential factor in influencing how social workers reported their sense of effectiveness in responding to the needs of clients dealing with victimization (Davis, 1984; Foshee & Linder, 1997).

This study highlights how providing practitioners with access to supervisors, co-workers, and/or consultants with expertise in working with crime victims enhances their self-efficacy. Optimal professional development is a long slow process enhanced by an open and supportive environment that encourages professional reflection on one's work experiences (Skovholt, 2001). The support of mentors or supervisors, therefore, needs to go beyond the novice practitioner to include even those that are more seasoned, due to the unique stressors of working with crime victims (e.g., secondary trauma). In addition to work pressures, almost half of the respondents reported that they or members of their families had been personally affected by violent crime. Care must be taken by agencies to examine the differing effects that personal experience may have on professional experience as emotionally negative experiences may be a barrier to self-efficacy (Maddux, 1995).

Implications for Continuing Education

Several implications for continuing education grow out of this study. Social workers have already identified a number of issues for continuing education programs including information on the impact of violent crime on individuals and families, culturally competent practice, and posttraumatic stress disorder (Danis, 2003b). Administrators and supervisors have a responsibility to facilitate the professional development of their workers and to educate themselves on how this topic impacts the effectiveness and productivity of their staffs. Administrators can engage experts on these issues for in-service training and on-going consultation and can assist workers in attending appropriate workshops and conferences. Considering the high percentage of social workers who have the added challenge of being victims themselves, administrators and supervisors should consider

attending continuing education and in-service training on supportive supervision as well.

Safety and comfort for workers can come not only from supportive supervision, but also from agency policies/programs that address the hazards of practice with crime victims, particularly secondary trauma (Figley, 2002). Sustaining the professional self amidst human suffering naturally takes an emotional toll on practitioners and often the cost is empathy, a skill in identifying with and understanding a client's situation. Surprisingly, this study's findings indicate that less than half (47%) of the participants had agency personnel policies that address this issue. Attending workshops on developing effective organizational strategies to address secondary trauma would be appropriate for administrators. Bandura (1994) cautions that in order to raise people's beliefs in their capabilities, situations must be structured to allow them to experience success. For example, agencies might structure their work environment so that no worker is the sole provider of direct practice to crime victims and thus is at increased risk for secondary trauma. This would include setting caseload limits and offering a variety of agency activities for workers to be involved in besides direct practice, such as public presentations, program development, writing grants, and community organizing (Bell, 2003).

Several limitations to this study not previously been mentioned. A less than ideal response rate to the survey limits generalizability of the study findings. It is also possible that practitioners who routinely uncover violent victimization in their clients were more likely to respond to the survey than ones who did not. Social workers in other states may have more or less exposure to practice with crime victims, and thus their perceived self-efficacy may be different from this sample. As this was an exploratory study, efforts to replicate the study with a national representative sample of licensed social workers should be undertaken. The

professional self-efficacy scale and social work practice knowledge and skills also could be validated against generalist practice task scales. Additional exploration of the relative effect of the variables within the professional and environmental factors is also indicated.

Conclusion

With the emergence of crime victim assistance as a field of practice and the recognition that many persons seeking social work services may have been victims of crime, it is important to assess the capacity of social workers to respond to the needs of this population. This study was an initial inquiry into the professional and environmental factors that may influence social work practice with crime victims. The findings of this study support the theoretical framework that professional self-efficacy is an important mediating factor. Consequently, social workers with higher professional self-efficacy have a better chance of engaging in more effective practice with crime victims than social workers with low self-efficacy.

Administrators have an important role to play in providing relevant in-service training and continuing education opportunities to enhance the capacity of their workers and their agencies to respond to the needs of victims of violent crimes. Administrators should also seek out opportunities to personally attend workshops related to developing effective policies and organizational practices that address secondary trauma among social workers.

This study provides a model for examining social work practice with the newly identified population of victims of violent crime. It is also the first application of structural equation modeling in both the exploration of the role of professional self-efficacy in the social work profession and in addressing practice with crime victims. It is an important step forward as this statistical technique can identify the relative strength of factors that contribute to

self-efficacy and their relationship to social work practice.

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