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**Research Proposal**

**Exposure to community violence: Mental Health Outcomes in Social Workers**

**Abstract**

Social workers play an essential role in providing help to those who are exposed to community violence (CV). Few studies have examined exposure to CV related to social work, and fewer have investigated the consequences of exposure to violence in social workers themselves, as they provide services and support for their clients. We aim to investigate the associations between the social workers’ exposure to CV and their mental health outcomes. We will study psychological well-being, secondary traumatization, and role stress as outcomes, and whether supervision, social support, and collective efficacy may serve as protective factors against the effects of exposure to CV. We will conduct a quantitative study of a random sample of 150 Palestinian and Jewish social workers in Israel who work in heterogenous cities in social services departments. The participants will receive a link and will be asked to fill out a self-administered questionnaire to examine the levels of their exposure to violence and the outcome variables. Additionally, we will conduct a qualitative study to investigate (a) social workers’ perceptions of their exposure to CV and its influences on personal and professional levels, and (b) their directors’ perceptions of the influences of such exposure on the professional levels of the social workers. We will carry out face-to-face, semi-structured interviews with 40 social workers, 10 directors of the social services departments, and 5 policymakers (supervisors) from the Ministry of Welfare and Social Affairs. The findings of the study will contribute to our understanding of the complex reality of social workers who share a similar traumatic reality of exposure to CV with their clients. Ultimately, our findings can be used to reduce the negative consequences of exposure to violence and inform the improvement of social workers’ services.

**Introduction**

Over the last three decades, extensive studies have examined exposure to community violence (CV) among children, adolescents (Linares et al., 2001; Haj-Yahia et al., 2013; Leshem et al., 2016), young adults, and adults (Ali-Saleh Darawshy & Haj-Yahia, 2018; Fagan et al., 2014; Scarpa et al., 2006). In this particular study, CV refers to interpersonal behavior in a community (outside the houses, on the roads; Aisenberg & Ell, 2005; Vorhies et al., 2011), which causes or threatens to cause injury (e.g., assaults, chasing, use of cold weapons, gunfire; Guterman et al., 2000). Exposure to such violence relates to direct experiences (e.g., personal experiences, victimization, chasing, or beating) and indirect experiences (e.g., witnessing physical threats, hearing gunshots, hearing about violent events, or knowing about victimized persons; Cooley-Strickland et al., 2009).

Social workers play a key role in providing support for clients exposed to CV. There is a concern that clients may hide their experience with CV from social workers and professionals. Research by Guterman and Cameron (2000 or 1999) indicated that therapists have not worked with young clients who have been exposed to CV. Arab and Jewish adolescents often fail to seek any help following their exposure to CV, and only rarely do they seek help from a mental health professional (Guterman et al., 2010).

Since social workers are not trained in treating CV, and there is a lack of implementation treatments for the client’s CV experiences, social workers may face challenges when they are exposed to CV. They may be directly or indirectly exposed to CV via their clients’ experiences. In the two domains of exposure to CV (direct or indirect), the social workers' challenges may appear on personal and professional levels as exposure to violence can be considered a traumatic event for them. To the best of our knowledge, there is no research on social workers’ exposure to CV and the consequences such exposure can have on them both personally and professionally.

The aims of the proposed study are: (1) To learn about the extent of exposure to CV among social workers and to examine the differences between two separate groups of social workers: Arab minority vs. Jewish majority in Israel. (2) To examine the adverse outcomes of such exposure on their mental health, psychological well-being, role stress, and secondary traumatization (3) To investigate protective factors that may help to deal with these negative consequences such as collective efficacy, supervision, and social support. I will achieve these aims by using a mixed-method design with both qualitative and quantitative components. Firstly, a self-report questionnaire will be distributed via a link created by the Qualtrics software platform, to social workers from departments of social services. This will examine the extent of exposure to CV, the consequences of such exposure, as well as the moderating and mediating factors that may mitigate the negative consequences of exposure to CV. I intend to examine these factors at both individual and professional levels. Secondly, I will take a qualitative approach to understand social workers’ perceptions of exposure to CV, mental health outcomes, professional consequences, and their implications for interventions with clients. I will conduct face-to-face, semi-structured interviews with social workers and managers of departments of social services, as well as stakeholders from the Ministry of Welfare and Social Affairs (supervisors). The results of the current study will contribute to our understanding of the consequences of exposure to CV on social workers, how they can provide services to their clients, and will inform how social workers can be supported in dealing with the negative outcomes of exposure to CV.

**Keywords:** Witnessing community violence, experiencing community violence, consequences, social workers, Arab vs. Jewish, practice, sharing a traumatic reality.

**Literature Review**

Exposure to CV is a serious public health issue and has been studied extensively over the last three decades. Some consider it a “public health epidemic” especially among children and youth (Krug et al., 2002). Studies on exposure to CV have examined several aspects, including the extent and frequency in children, youth, young adults, and adults, in various countries. They have also considered the adverse outcomes and consequences of such exposure among these populations, as well as the relevant risk and protective factors related to exposure on multiple levels (individual, familial, and in the community domains; Ahlin & Lobo Antunes, 2017; Gardner & Brooks-Gunn, 2009).

**Rates and consequences of exposure to community violence**

Studies of exposure to CV in many countries have revealed alarmingly high rates of ECV in children, youth (Schwab-Stone et al., 2013), young adults, and adults, including parents (DeCou & Lynch, 2015; Kliewer & Zaharakis, 2013; Scarpa et al., 2006).

All these groups have documented negative behavioral and psychological consequences (Shields et al., 2010, Ali-Saleh Darawshy & Haj-Yahia, 2018; Vorhies et al., 2011). These consequences include internalizing and externalizing symptoms, as well as cognitive and social effects (Ali-Saleh Darawshy, 2020; Chen et al., 2013; Schraft et al., 2013).Internalizing symptoms include anxiety, distress symptoms, post-traumatic stress disorder or its symptoms, and depression or its symptoms (Haj-Yahia et a., 2018; Garrido et al., 2010; Kennedy et al., 2009; Leshem et al., 2016). Externalizing symptoms may include aggression, interpersonal behavior problems, anti-social behavior, delinquency, violence, crime, possession of weapons (Card et al., 2008; Chen et al., 2013; Lambert et al., 2012; Schraft et al., 2013), substance abuse, and risky sexual behavior (Fagan et al., 2014; Voision et al.,2014).

The majority of these studies were conducted on clinical samples from high-risk populations (Halliday-Boykins & Graham, 2001; Gottlieb, 2002), whereas few studies have randomly sampled participants from wider populations (Perez-Smith et al., 2001; Ali-Saleh Darawshy & Haj-Yahia, 2018). Furthermore, most samples consist of children and youth, with few studies on adults (Scarpa et al., 2006). Moreover, most studies focused on the victim or the witness (Kennedy & Ceballo, 2014); very few have dealt with the effects of CV on the victim’s nuclear or extended family members, friends, peers, acquaintances, or therapists. Examining the professionals who provide support for victims is essential, as the victims’ ECV may be reflected in social workers and other practitioners (Lambert et al., 2010; Javdani et al., 2014; Vorhies et al., 2011).

**Community violence in the Israeli context**

Very few studies on exposure to CV have been conducted in Israel. The results of studies that have been conducted in Israel show that more than one-third of Jewish adolescents reported experiencing victimization, and almost all of them reported witnessing CV during the previous year. Furthermore, more than half of Palestinian adolescents in Israel reported direct experience of CV, and almost all of them witnessed such events during the previous year (Guterman et al., 2010). Another study conducted on a semi-systematic random sample of 760 Palestinian parent-adolescent dyads from Israel showed that most of the adolescents and parents had witnessed CV, and more than one-third of adolescents and almost half of the parents had directly experienced such violence during their lifetime (Ali-Saleh Darawshy & Haj-Yahia, 2018).

These studies also documented adverse consequences in the mental, emotional and behavioral domains and considered individual (internalizing and externalizing symptoms, academic problems) and parental aspects, such as parental stress, low levels of parental monitoring, and low levels of psychological well-being, as well as low levels of self-efficacy and low levels of collective efficacy. These results call for professional intervention with families who experienced violence: supporting them, decreasing the negative consequences of exposure, and enhancing their abilities for coping with this problem (Ali-Saleh Darawshy & Haj-Yahia, 2018).

**Exposure to community violence and social workers**

Social workers have an important role to play in supporting people who have been exposed to CV. However, social workers remain an understudied group concerning this topic. All research on social workers and violence to date has focused on clients’ violence towards social workers and has documented that social workers suffer from anxiety, stress, and post-traumatic stress symptoms as outcomes ([Koritsas et al., 2010](https://journals.sagepub.com/doi/full/10.1177/0886260512468230?casa_token=QJjTNVKAQqcAAAAA%3AtAhJfGkIdf1fFif22jOSajDgpGVlYF6Vlkft0IOhQyqId-PlykjqamX18S-7x8j_QYNjqYWmZ8Ql_1o" \l "bibr28-0886260512468230); Jayaratne et al., 2004; Stanly & Goddard, 2002). A qualitative study conducted on social workers in Israel who were exposed to aggressive behaviors by clients identified both short- and long-term emotional, cognitive, and behavioral consequences, that go beyond the individual and affect the organizational aspects [of what? missing word?] (Enosh et al., 2013).

**Secondary traumatization**

Recently there has been increasing recognition among therapists and social workers of the effects of dealing with trauma victims (e.g., victims of domestic violence) on social workers, and some studies have investigated secondary traumatization (Ben-Forat, 2015; Dagan et al., 2015), or secondary traumatic stress (Beckerman & Wozniak, 2018; Bell, 2003). Secondary trauma is defined as behaviors and emotions that result from knowing or hearing about a traumatizing event. Therapists who work with survivors of trauma may experience feelings similar to those felt by the survivors (Ben-Porat and Itzhaky, [2011](https://link.springer.com/article/10.1007/s10615-018-0678-1#ref-CR9)), including symptoms similar to post-traumatic stress symptomologies, intrusive thoughts and avoidance, and overwhelming feelings that impact their ability to treat their clients, such as feelings of fear, sadness, guilt, and anger (McLaughlin et al., 2013). One study conducted on clinical social workers who provided mental health services to youth exposed to chronic CV documented they were at high risk of developing burnout and vicarious traumatization (Gottlieb, 2002).

**Sharing traumatic reality**

Sharing traumatic reality describes a situation in which therapists or social workers and their clients are subjected to the same traumatic events (Dekel & Baum, 2010). Social workers, as members of the same communities as their clients, may live under threat or risk and may share a similar traumatic reality with their clients. This is especially the case for social workers with shared circumstances who live in the same community or close to their clients that were exposed to CV. Social workers may also face challenges in supporting their clients when they themselves feel threatened (Dekel & Baum, 2010). To our knowledge, there is no research on how a shared environment of CV affects social workers, and sharing the same reality with their clients may affect the treatment they offer. Exposure to violence, either directly or indirectly, may be associated with secondary traumatic stress for the helpers, and that stress may be manifested in role stress, low levels of psychological well-being, and secondary traumatization.

**Risk and protective factors for community violence exposure: An Ecological Framework (Bronfenbrenner, 1979)**

The ecological approach (Bronfenbrenner, [1979](https://link.springer.com/article/10.1007/s10615-018-0678-1#ref-CR22)) is frequently utilized in social work practice and in violence research that pays close attention to the social, psychological, organizational, and cultural contexts of the individual-environment relationship.

Despite the extensive literature from the last three decades that shows thatCV is multi-faceted and multidimensional in terms of its risk and protective factors among various populations, few have examined exposure to CV in a social work context. Hence, in the current study, we will use a social-ecological framework (Bronfenbrenner, 1979; Salzinger et al., 2002) to investigate the extent and consequences of exposure to CV in social workers, with an examination of the protective factors thatcan ameliorate secondary traumatization (Ben-Porat & Itzhaky, 2011; Canfield, 2005).

Protective factors can be examined at multiple levels. At the individual level, we will focus on a few socio-demographic characteristics (e.g., ethnic affiliation, gender, years of experience). The familial domain focuses on family support (Kennedy et al., 2009). The third level involves factors that pertain to supervision, and the fourth level looks at factors relating to structural features in the community, such as collective efficacy.

**Group differences in exposure to CV**

The context of exposure to CV affects the coping mechanisms used (Boxer & Sloane-Power, 2013). Context can refer to the affiliation to the majority vs. minority population, geographic environment, residency in urban or rural areas, or central or peripheral areas (Bradshow et al., 2013; Spano et al., 2009; Sullivan et al., 2004), or socio-ethnic, ethnonational, and socio-cultural contexts (Vorhies et al., 2011) that could ultimately exacerbate or ameliorate its effects. Palestinian citizens of Israel are involuntarily the largest minority in the country, comprising approximately 21% of the population. Social workers who belong to the minority Arab society deal with social, economic, and political stressors, at various levels, such as facing discrimination, poverty, and high rates of crime (Ben-Porat, 2021), hence they may be more overwhelmed than their counterparts, and therefore unable to address the many effects of CV in their daily work. Hence, we will examine the differences in exposure to CV between Palestinian-Israeli social workers and Jewish-Israeli social workers.

**Study Goals**

In the current study, I will explore exposure to CV and its consequences among social workers, and investigate their perceptions regarding how these exposures affect them at the individual, familial, professional, and community levels.

**With the above in mind, this study aims to**: Examine the extent and characteristics of exposure to CV in social workers, the differences in the extent and characteristics of exposure to CV between Palestinian Israeli and Jewish-Israeli social workers, and the associations between exposure to CV and secondary traumatic stress, psychological well-being, role stress, collective efficacy, supervision, and social support.

* High rates of exposure to CV among social workers will be associated with high levels of secondary traumatic stress, high levels of role stress, and low levels of psychological well-being.
* **Mediation model**: Collective efficacy, supervision, and social support will explain the associations between exposure to CV and social workers’ high levels of secondary traumatic stress, role stress, and low levels of psychological well-being.
* **Moderating effects**: ethnic group affiliation will moderate the relationships between exposure to CV and high levels of secondary traumatic stress, role stress, and low levels of psychological well-being. We predict that Palestinian-Israeli social workers exposed to CV will show more negative outcomes than their Jewish-Israeli counterparts.

Using a qualitative approach, we will conduct semi-structured, in-depth interviews aiming to:

* Understand social workers’ day-to-day experience of CV, types of violence in the community, consequences, perceived underlying risk, and protective factors.
* Understand from the social workers’ perceptions how their exposure influences their support of and interventions with clients.
* Understand other stakeholders’ (managers of departments of social services) perceptions of how social workers' exposure to CV may affect their professional work.

**Method**

**Research Design and Sample**

Most studies in the field are quantitative, cross-sectional studies using self-report questionnaires to estimate exposure to CV (Spano et al., 2012). However, others report that the conceptualization of “community violence” is problematic in that there is a wide range of definitions and instruments measuring such exposure (Aisenberg & Ell, 2005; Kennedy & Ceballo, 2014; Guterman et al., 2000; Haj-Yahia et al., 2021; McDonald & Richmond, 2008). Hence, we plan to refine our understanding of exposure to CV by using a mixed-method study with both quantitative and qualitative research approaches.

**Quantitative Method**

A random sample of 150 social workers (75 Arabs and 75 Jewish) will be recruited. Using G\*Power software, the target sample size was estimated to be 140 (70 per group), providing 80% power to find a moderate effect size between groups (Cohen's d=0.5), assuming 10% attrition. Inclusion criteria are that participants will be social workers from social service departments who have had at least 6 months of job experience, and who have received regular supervision. After providing written informed consent, participants will get a link and will be asked to fill out a self-administered questionnaire in either Arabic or Hebrew. We will use scales that have been previously tested for validity and reliability in these languages.

Bilingual Arab and Jewish scholars specializing in social and behavioral sciences will compare the two different language versions of the questionnaire to ensure consistency. A pilot study will be conducted on a sample of 20 Arabic- and Hebrew-speaking social workers to ensure the language is clear and to assess whether they felt comfortable completing the questionnaire.

We will obtain lists for the departments of social services from the Ministry of Social Welfare and Affairs. Then we will contact editors of the departments of social services from diverse regions, different types and sizes of localities and communities, cities and villages, across the country, from central, intermediate (between center and periphery), and peripheral regions. After emailing the directors of the social services department and getting their permission to participate in the research, we will send a link for the questionnaires to all the social workers in these departments.

**The questionnaire consists of the following measures:**

1. Demographics: Respondent’s age, gender, religion (spirituality and faith), population size of the community, family status, number of children, family’s average monthly income in Israeli currency, level of education, employment status, professional seniority, and type of locality.
2. Exposure to CV will be measured using the revised version of My ECV (Selner-O’Hagan et al., 1998). The original questionnaire examined exposure to witnessing and experiencing various types of violence. It consisted of 36 items examining different types of violent incidents (e.g., chasing, beating), their location (e.g., at the home of a stranger, at school), and their frequency (never, one time, or a number of times). The original version of the instrument was translated into Arabic and Hebrew by Haj-Yahia et al. (2011).
3. Secondary Traumatic Stress will be examined using a questionnaire developed by Bride et al., (2004) and translated into Hebrew by Ben-Porat and Itzhaky (2009). The questionnaire aims to examine symptoms that arise in therapists during the course of their work with trauma victims and includes 17 items relating to traumatic symptoms, as expressed in three areas: (1) intrusion, (2) avoidance, and (3) arousal. Participants will be asked to indicate how often they have experienced the different types of symptoms as a result of their work over the past seven days. The measure uses a 5-point Likert scale, from 1 (never) to 5 (very frequently). One total score is derived, which reflects the participants’ overall level of secondary traumatization.
4. Psychological well-being. This variable will be examined using the Mental Health Inventory (MHI), which was developed by Veit and Ware (1983). For the purposes of the present study, we chose one of three subscales that relate to well-being and include general positive affect as well as emotional ties. Participants will be asked to rank their responses on a 6-point Likert scale ranging from 1 (always) to 6 (never).
5. Role Stress. This variable will be examined using a 16-item occupational stress questionnaire (Bhagat, Allie, & Ford, 1991). The scale includes components of role stress: role ambiguity; role overload; role conflict. Participants will ask to rate their feelings about each component of their current role, on a scale ranging from 1 (very small extent) to 7 (very great extent).
6. Supervision. This variable aimed to measure the effectiveness of supervision in social work by using a self-report questionnaire adapted by Lazar and Itzhaky (2000). It includes seven items relating to the impact of supervision on the supervisee. Responses are made using a 5-point Likert scale, ranging from 1 (very small extent) to 5 (very great extent).
7. Perceived Social Support. This variable will be measured using a multidimensional scale developed by Zimet et al. (1988) which aims to investigate participants’ perceptions of the emotional and social support they have received. The scale consists of 12 items that examine support from three sources: (1) family, (2) friends, and (3) significant others. Participants will be asked to indicate the extent to which they agree with each statement, on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree).
8. Collective efficacy will be measured using a scale developed by Sampson et al. (1997), which includes two subscales. The first subscale measures social cohesion and trust among neighbors. The second subscale measures informal social control as well as willingness to intervene on behalf of the common good and consists of five items relating to the expectation that neighbors will intervene in certain situations. Participants will ask to rank their responses on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

**Analytical plan**

SPSS version 21 will be used for descriptive statistics (frequencies, means, and standard deviations) for all questions and variables. Bivariate analyses using Pearson's correlations will be conducted for some of the study variables. Independent samples t-tests will be conducted to compare the means for the extent and consequences of exposure to CV between Palestinian-Israeli and Jewish-Israeli participants.

The socioeconomic and socio-demographic variables will be considered as control variables if they show significant associations with the negative outcomes at the beginning of the analysis. Mediation will be tested using path analysis, using AMOS (Arbuckle, 2014). Path analysis is intended to describe the direct and indirect relationships among all variables in the model. The results of the mediation-moderation analysis will be obtained using Hayes' (2013) PROCESS analysis and bootstrapping procedures.

**Qualitative Study**

We aim to better understand exposure to CV and the practical consequences of this exposure by examining participants’ perceptions of CV (Aisenberg & Herrenkohl, 2008; Masten & Coatsworth, 1998). We hope this will give us some insight into adaptive coping in the face of high stress and traumatic exposure to repetitive CV among social workers in the personal and professional domains. We will conduct semi-structured, in-depth, face-to-face interviews with 40 social workers from the social services department. Furthermore, we will obtain in-depth interviews with key stakeholders, including (a) five policymakers (supervisors) from the Ministry of Welfare and Social Affairs; and (b) ten directors of departments of social services. Interviews will take place in a closed room and will continue until we reach 20 participant social workers at each site.

**Interview Guide**

The interview guide was developed by the PI for the current study. Participants will be asked about the extent and various forms and types of violence they have experienced and/or witnessed in their community, or on their way to work, and the consequences of this exposure. Follow-up questions will delve into the people involved in violent events and the places where they occurred. We will also ask our participants about their responses to exposure to CV on (a) an individual level (emotional and behavioral, coping skills, self-perceptions), (b) a professional level (relationships with colleagues, connectedness, organization atmosphere, social support, skilled governance, effective services), and (c) the community level (social atmosphere and connectedness in the community). Finally, it is important to understand social workers’ perceptions of sharing the same reality of exposure to CV with their clients, as well as the social work mandate in intervening with clients exposed to daily or ongoing CV. Therefore, we will also share their suggestions for support services, intervention, and prevention programs, and use the findings from our study to provide recommendations for facing exposure to community violence.

**Procedure**

After receiving the Institutional Review Board’s approval for the research from the Ethics Committee of Bar-Ilan University, we will obtain permission from the Ministry of Welfare and Social Affairs to conduct the research, and submit requests to the directors of the social services departments. After receiving the directors’ agreement to participate in the research, the main researcher will contact the office directors by phone and send an email with an explanation form relating to the research goals, rationale, and ethical approval permission.

At the end of the questionnaire, we will add a question that asks if the participant is interested in taking part in the qualitative study and if they will permit us to contact them to arrange interviews.

Two research assistants who are master’s degree students of social work from the department of social work at Bar-Ilan University. One will be fluent in Hebrew and the second will be fluent in Arabic (both spoken and written). We will recruit them based on their experience and their knowledge of research skills. We will guide and train them to follow up on the questionnaires in Qualtrics and to contact participants who agree to be interviewed by email and set up times to interview the participants.

**Recruiting Participants**

The process for recruiting participants will be managed by the principal investigator (PI) with assistance from two research assistants who are Master's degree students in social work. For the interviews with policymakers from the Ministry of Welfare and Social Affairs and directors of departments of social services, the PI will obtain the contact lists for potential participants and contact them by phone. In parallel, assistants will send emails including a description of the research and details of ethical approval to the participants.

All participants will be asked to sign their written, informed consent. The research assistants will then set up in-person meetings. These interviews will be audio recorded.

Two research assistants will be recruited and trained on the ethical guidelines. This includes seeking consent, sharing information related to the study goals and details, conducting interviews, interacting with interviewees, sending the link to the questionnaires, and respecting confidentiality and anonymity. The guidebook for the researchers describes the questionnaire and outlines the interview procedures and guidelines on how to select interviewees and how to deal with potential problems arising during interviews. The research assistants will be trained to recruit participants from heterogeneous backgrounds (ages, religious groups, and areas).

**Thematic Analysis**

Interviews will be audio recorded and transcribed. The dataset will be analyzed inductively following the six stages of thematic analysis as set out by Charmaz (2008). Thematic analysis is an essentialist method, used to examine the experiences and personal meanings of participants’ reports of exposure to CV. The transcribed text of each group interview will first be coded thematically; next, similarities and differences between the interviews will be evaluated, and themes will be grouped to create broader structures. During the analysis, comparisons will be repeated between interviewees, within the groups, between groups, and between researchers.

**Ethical issues**

The study will be submitted to the Research Ethics Board at Bar-Ilan University and the Ministry of Social and Welfare Affairs. Participants will be informed that if they feel any inconvenience as a result of filling out the questionnaires, or during the interview, they have the option to stop participating. In such cases, the researcher and the research assistants will direct them to talk with the supervisor in their department of social welfare, or to providers of counseling. All responses will be kept confidential. Questionnaires will be saved on Qualtrics and downloaded into SPSS for analysis.

**Preliminary results:** I have conducted 5 interviews with social workers to ensure the interview guide questions are clear and will not lead to any uncomfortable feelings. Interviewees shared the difficulties, fears, and worries they feel when they intervene with clients exposed to CV. Some shared that they didn’t feel safe in their community, and this was reflected in their work domains. (Neveen is working to develop this section).

***Theoretical Model of Social Workers' Exposure CV***

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**Resources available to the researcher to carry out the study**

I have expertise and experience with quantitative and qualitative research methods, access to the community of social workers, and previous research on CV. My research experience on the topic of CV is based on conducting a large study of 760 parent-adolescent family dyads, which included administering questionnaires. I worked with a multidisciplinary team and I was responsible for 30 research assistants—undergraduate students from colleges and universities in Israel—who I trained on recruitment and survey administration in family homes. I have the practical, methodological, and analytic skills and experience necessary to complete the proposed research. As a social worker with 10 years of experience with treatment in connection to violence, I have a great deal of familiarity with social workers and their practice, and an understanding of their job and the circumstances they face in the field. More recently as a lecturer in the School of Social Work at Bar-Ilan University, I have taught courses on exposure to CV to students for the master's program in the social work department.

**Expected results and pitfalls**

The results of the proposed study will have important theoretical implications for social work practice and social services. The results will tell us about the extent and consequence of social workers’ exposure to CV, as well as the influences on their interventions with clients who are victims of CV.

This work could also have important policy implications for the development of more appropriate interventions to reduce the negative consequences of exposure to CV in social workers. We anticipate that recruitment may be difficult, as some social workers may be reluctant to share the challenges and limitations they face when dealing with clients. My experience in violence treatment and intervention, in addition to experience from my membership in the Israeli social work community, will assist to deal with this limitation, and I can offer advice for reviewers and reviewees. We also expect that directors of social services departments may have entrenched opinions and a protective approach toward social worker employees. It will, therefore, be important for us to foster a collaborative approach by building a trusting relationship and providing more in-person explanations related to the topic. We will obtain a list of directors and contact them as potential participants and suggest providing lectures in their departments regarding CV in order to enhance awareness among employees.

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